

A photograph of a woman and two children laughing joyfully on a grassy field. The woman is in the center, holding a young girl on her left and a young boy on her right. They are all laughing heartily. The image is overlaid with a green diagonal gradient.

TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Annual Report & Financial Statements

2022

tusla.ie

OUR VISION

Families & communities are empowered and strengthened to keep children safe and nurtured, recognising a child's right to protection, stability and the support of a family and community network.



OUR MISSION

Dedicated and committed to working in partnership with children, families & communities to ensure that children in need or at risk of harm are supported, protected and connected to people who can safeguard and promote their wellbeing throughout their lives.

Our Values & Behaviours



Trust

We will be honest, truthful and responsible when providing our services

We will respect privacy

We will seek your feedback and use it to inform how we improve

We will follow through on our commitments



Respect

We will treat people with dignity and fairness

We will collaborate and work in partnership with others

We will be informed and influenced by the opinions and experiences of others

We will communicate in a way that helps others to understand and we will listen to ensure we understand



Kindness

We will show care and compassion with those who need our help

We will help where we see others that require assistance

We will be compassionate in explaining decisions even when the decision is difficult



Empowerment

We will work hard to go the extra mile to help someone achieve their best

We will ensure we continuously learn and develop our knowledge and skills

We will work collectively with our stakeholders to achieve our collective goals

We will work hard with others to find solutions that work

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A Message from our Chairperson



I have pleasure in presenting the 2022 Annual Report and Financial Statements for Tusla, the Child and Family Agency.

The Reform Programme underway in the Agency had, by the end of the year, begun to reach the frontline but there is more to be done. The purpose of the Reform Programme is to ensure consistent and integrated service delivery to the children and families who need our services. We can report real progress in 2022 but recognise that we must continue to strive for improvement.

Although Tusla is a young agency, it has already experienced ever-changing challenges due to events beyond our control. After a pandemic and a cyber-attack, nobody forecast a war on European soil or anticipated the consequences it would bring to our shores. In addition to those seeking international protection, the arrival of young people - especially unaccompanied minors - from Ukraine has put enormous pressure on the system. Apart from our formal obligations, human decency and the empathy of the Irish people requires us to do everything in our power to meet the need that arises.

I want to thank our management and staff for their dedication during the year. I want to acknowledge the transformative contribution of Bernard Gloster who signalled at the end of the year that he would be taking up the role of HSE Chief Executive during 2023. My thanks go

to my Board colleagues who have always been prepared to go the extra mile, not least in their committee work.

In keeping with good governance, the Board submitted to external evaluation during the year, an exercise that was insightful, helpful and positive. The Board's appreciation is due to the Board Secretary and administration for constant professional support throughout the year.

Once again, I wish to record our appreciation to Minister Roderic O'Gorman for his consistent support for the work of the Agency as well as to Department Secretary General Kevin McCarthy and his senior officials.

The Interim CEO, Kate Duggan will establish and lead an Integrated Governance Team to drive the implementation of the Reform Programme during 2023 and I know that, in the interests of the children and families that need our services, everyone will give that programme full support.

A handwritten signature in black ink that reads "Pat Rabbitte". The signature is written in a cursive, flowing style.

Pat Rabbitte
Chairperson

A Message from our CEO



Together with the Chair and Board members I am pleased to endorse the 2022 Annual Report in what has been another busy and challenging year for the Agency.

This Annual Report ensures that we meet our statutory obligations, but also provides key stakeholders with greater insight into the significant and broad range of work undertaken by the Agency in 2022, our key achievements, and the steps we have taken on our journey of reform.

The demand for our services significantly increased in 2022, in the context of policy and legislative changes, the increased global movement of people, and the incredibly significant and complex issues that individuals, children and families are experiencing.

It is because of the hard work and commitment of our workforce, funded partner agencies, regulators, statutory partners, staff organisations, department colleagues and foster carers that we have continued to deliver services, but also to expand and improve services during this period. A special thanks to all of you for what you have done in 2022 to make this possible.

To maintain and further improve services in 2023, we are committed to implementing the next stage of our Reform Programme, across Practice, Structure & Culture.

I look forward to meeting with all stakeholders to ensure that we collectively deliver on our commitments to improve access to services, recruit & retain staff, promote the delivery of high-quality services, and continue to build trust and public confidence in the Agency.

A handwritten signature in black ink, appearing to read 'Kate Duggan'.

Kate Duggan
(Interim) CEO

2022

At a Glance

Child Protection and Welfare

82,855

referrals to child protection and welfare services in 2022.

22,033

cases¹ were open to social work nationally at year end.

72%
(15,920)

of open cases were allocated to a social worker; the remaining 28% (6,113) were awaiting allocation.

58%
(3,537)

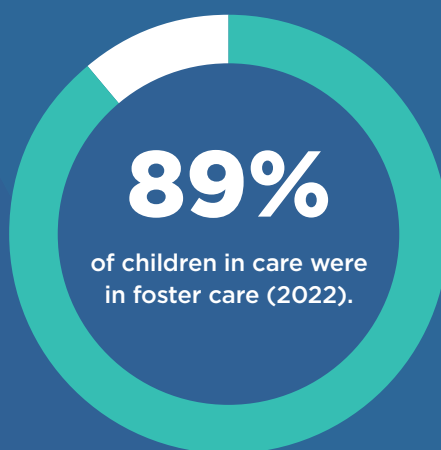
of cases awaiting allocation at the end of 2022 were 'active' on a duty system.²

Alternative Care Services



5,755

children in the care of the Agency at year end.



2,949

young persons/adults in receipt of aftercare services at year end.

Tusla Education Support Services

6,199

Tusla Education Support Services worked with 6,199 children in the 2021/2022 academic year.

Family Support Services



26,792

children received a family support service in 2022.³



2,320

Meitheal processes requested in 2022, with 79% (1,837) proceeding to Stage 2 (Discussion).



120

Child and Family Support Networks in place at year end.

Children's Services Regulation

4,074

Early years services registered with the Early Years Inspectorate at year end

2,480

Inspections of early years services

1,931

Children on the register for home education at year end. (1,290 applications received for home education in 2022.)⁴

175

Inspections of non-statutory residential services

2022 Budget

€1.03bn

Staffing

4,676 (WTE) working across our services in 2022.

For more information on our 2022 performance please visit:

<https://www.tusla.ie/data-figures/2022-performance-data/>

1. Open cases include cases held on duty, allocated and unallocated child protection and welfare cases and children in care.
2. A case awaiting allocation may be 'active' on a 'duty' system. This means that there are actions being undertaken by a dedicated duty team or rotating social workers on a duty roster to progress the protection and welfare of the child. Examples of actions being undertaken include telephone calls relating to the concern, visits to see children, completing initial assessments and child in care reviews or care plans. The actions undertaken must have occurred within the monthly reporting period.
3. Figure is based on a response rate of 84% and is also of the total number of children referred in 2022 (40,510).
4. Figure includes valid and invalid applications.

2022

Our Year in Review

It was another busy and challenging year for the Agency, with ongoing challenges due to COVID-19 and the war in Ukraine impacting on the delivery and demand for Tusla services.

The ongoing commitment of staff, structural change and the implementation of many significant initiatives across the Agency have enabled the delivery, expansion and improvement of many service areas.

This year in review provides a high-level overview of the work undertaken and key achievements in 2022.

Service Delivery

January 2022 saw the challenges of COVID-19 continue into the New Year, having a continued impact on our service delivery. Public health measures resulted in service restrictions, and there was an increase in both the number of referrals to the Agency and the complex needs of individuals and families referred to services.

The demand for Tusla services was significantly increased because of the Russian invasion of Ukraine in late February 2022, resulting in an immediate need to accommodate Ukrainian children arriving as unaccompanied minors, and to work with community and voluntary partners to support Ukrainian children and their families accommodated in communities across the country. There was also a marked increase in the numbers of unaccompanied and separated children seeking international protection (SCSIP) originating from countries other than Ukraine, with arrivals mainly from Somalia and Afghanistan. Across 2022, the Tusla SCSIP team had 597 referrals in total, with 261 of those relating to unaccompanied children from Ukraine. The increased referral rates resulted in the SCSIP team providing placements for no fewer than 350 children including 191 Ukrainian children. This represents a 200% increase in the number of unaccompanied children in the care of Tusla at the end of 2022 versus year end 2021.

The flexibility, responsiveness and innovations of Tusla staff and partner agencies in seeking and putting in place solutions to challenges in a resourceful manner were a major contributor to minimising disruption and risk to services.

Overall referrals to the Agency increased, with a total of **82,855** referrals to child protection and welfare services in 2022. At year end, **22,033** cases were open to social work nationally, with **72% (15,920)** of these allocated to a social worker; the remaining **28% (6,113)** were awaiting allocation. **58% (3,537)** of these cases awaiting allocation were 'active' on a duty system, receiving a social work service. All children requiring an immediate response are prioritised, and any case waiting is monitored and reviewed on an ongoing basis for any change in circumstances that may require immediate action.

26,792 children received a family support service in 2022, with **2,320** Meitheal processes requested. TESS, the educational welfare service, also worked with **6,199** children in the 2021/2022 academic year and implemented a new reporting system for children on Reduced School Day, while the Home School Liaison Scheme and School Completion Programme were expanded to an additional 160 new to DEIS schools.

There were **813** admissions to care (excluding SCSIP) in 2022, with **666** children coming into care for the first time. Admissions to care were down **51 (6%)** on 2021 (**864**), while **28 (4%)** fewer children came into care for the first time.

In total, there were **5,755** children in the care of the Agency at the end of 2022 (108 fewer than in 2021), with **89%** of children in foster care. Tusla fostering recruitment campaigns resulted in 182 new Tusla foster carers being approved in 2022, with a further 29 going through the process of approval at year end. However, recruitment of sufficient numbers of foster carers remains a significant challenge, and when leavers are considered, there were 75 fewer foster carers than were approved in 2022.

There were **511** referrals to Aftercare Services in 2022, with **2,949** young people in receipt of an aftercare service at the end of 2022, representing a decrease of **4% (110)** on the previous year. **74%** of those aged 18–22 years inclusive were in education/accredited training and **82%** of those that were assessed as needing an aftercare worker in their aftercare plan had one allocated.

Tusla has continued to work with partners in the community and voluntary sector on key initiatives and to provide a wide range of commissioned services and supports for children and families in the community. In 2022, Tusla provided €206m in funding to 641 organisations spanning a broad range of services including community-based counselling, Domestic, Sexual and Gender-Based Violence (DSGBV) services, school completion initiatives, Family Resource Centres and locally commissioned services. Further details on commissioned services are available in Appendices 1–4 of the Annual Financial Statements (Part II of this report).

Structural Reform

February 1st, 2022 marked a significant and important milestone in the Agency's Structural Reform Programme, with the formal establishment of the new Executive Management Team, reporting to the CEO, and responsible for overall governance of the Agency.

The new Executive Management Team were introduced as:



Kate Duggan
National Director of
Services and Integration
(Interim CEO as of March 2023)

Kate was appointed as National Director of Services and Integration (Deputy CEO) in November 2021, having held the role on an interim basis since August 2020.



Pat Smyth
National Director
of Finance and
Corporate Services

Pat was appointed National Director of Finance and Corporate Services in January 2022. Pat has been with the Agency since its creation in 2014 having previously held the post of Head of Finance, Child and Family Services, HSE.



Rosarii Mannion
National Director of
People and Change

Rosarii joined Tusla as National Director of People and Change in January 2022.



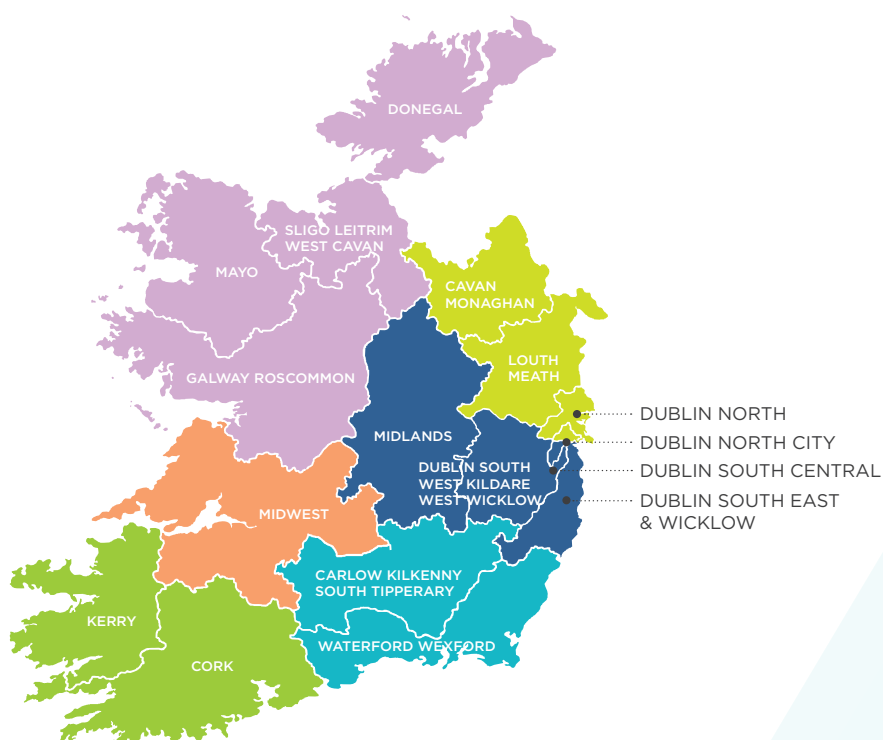
Dr Anthony O'Leary
National Director of
Quality and Regulation

Anthony was appointed National Director of Quality and Regulation in January 2022.



Fergus O'Cuanachain
Chief Information
Officer

Fergus was appointed Chief Information Officer in January 2022. Fergus has been with the Agency since 2017, having previously held the post of Director of ICT.



Regional Structures

Dublin North East

Dublin Mid Leinster

South East

South West

Mid West

West North West

As Part 2 of the Structural Reform Programme, six Regional Chief Officers (RCOs) were also appointed. These RCOs are delegated to have overall governance and accountability for Tusla services within each region. The six RCOs were introduced as:



Eilidh MacNab
Dublin North East



Patricia Finlay
Dublin Mid Leinster



Clare Murphy⁵
South East



Anne Ryan
South West



Dr. Caroline Cullen
Mid West



Gerry Hone
West North West

5. As of March 2023, Clare Murphy has moved to the role of (Interim) National Director of Services & Integration

Service User Feedback

2022 saw a continued increase in local resolution of complaints, with **62.14%** being locally resolved, which is a further increase on the 2021 percentage and represents a year-on-year increase over the life of the corporate plan.

Year	% Complaints Locally Resolved
2020	26.5%
2021	48.6%
2022	62.14%

Table 1: % of complaints locally resolved.

This exceeded the 2022 national target of 35% set in our corporate plan and reflects a continued increase in responsiveness to complainants at a local level. The target for 2023 as set in our Corporate Plan is 40%.

Tusla saw a continued decrease of almost 25% of complaints open for longer than 12 months, appreciating that the context and complexity of a small cohort of complaints will always require extended time to understand and investigate properly.

Tusla's commitment to promoting and improving the quality of complaints handling continued in 2022 with the launch of the Tusla Applied Complaints Review Officer Training, which now completes Tusla's 5 Module Complaint Training Suite for all staff managing complaints.

In 2022, 749 formal complaints were received, which represents an increase on complaints received in 2021. Tusla has had a focus on improving reporting of complaints and views an increase in complaints as a positive indicator, reflecting that service users are supported to and feel able to use the complaint process.

Tusla aims to ensure that 100% of complaints data is available for analysis, and has engaged in a programme of improvement concerning data capture to make this a reality. In 2022, 98.04% of data captured for complaints investigated at stage 2 had sufficient detail to be analysed. This is a significant increase from 63.71% in 2021.



Complaint Issue	2020	2021	2022
No. of Complaints Received	647	598	749
Behaviour or Attitude	17.22%	9.61%	15.52%
Insufficient Service	10.22%	9.40%	15.16%
Delivery of Information	6.71%	3.88%	8.29%
Unfair Treatment	6.10%	8.17%	10.93%
Lack of Response/Action	4.27%	6.13%	8.82%
Poor Communication	3.21%	4.90%	10.93%
Delayed Response/Decision	3.51%	2.45%	3.35%
Lack of Consultation	3.21%	2.65%	5.47%
Outcome of Assessment	1.07%	3.27%	4.06%
Negligence	0.91%	1.02%	4.59%
No Response to Communication	0.77%	1.02%	0.71%
Failure to Adhere to Policy	1.38%	3.27%	1.76%
Poor Application of Standards	0.16%	1.22%	1.59%
Poor Condition of Building	0.00%	0.20%	0.00%
Failure to Adhere to Legislation	0.77%	0.61%	1.59%
Poor Record Keeping	0.68%	2.04%	1.41%
Discrimination	1.38%	1.22%	1.76%
Telephone Unavailability	0.31%	0.20%	0.18%
Breach of Procedure	4.27%	2.45%	1.94%
Catering/Food	0.16%	0.00%	0.18%
Sub-total	66.31%	63.71%	98%
No Concerns Recorded (New)	33.69%	36.29%	↓1.76%
Total	100%	100%	100%

Table 2: Trends in complaint concern identified at stage 2 for 2022.

Closed complaint investigation outcomes	Upheld	Partially Upheld	Not Upheld	*Informally Resolved	*Excluded Under Legislation
% outcomes at stage 2	11.37%	10.85%	42.38%	19.89%	15.51%

Table 3: Complaint outcomes at stage 2.

(*These figures reflect the percentage of the total number of complaints closed at stage 2 without a formal investigation).

Upheld complaints were predominantly related to poor communication, followed by breach of procedure and insufficient service. Partially upheld complaints predominantly related to lack of consultation and delivery of information. However, as previously noted, most complaints were resolved through local and informal resolution in line with Tusla's complaints policy Tell Us.

Positive Feedback	2020	2021	2022
Total	492	596	618
% Increase	104%	21%	3%

Table 4: Positive feedback received 2022 and percentage increase.

Tusla also experienced further increase in receipt of positive feedback, from 596 in 2021 to 618 in 2022, which reflects a year-on-year increase since 2019. Tusla wishes to continue to develop how it solicits and engages with the service user insights it receives and to evidence this at corporate level with a view to informing and driving service improvement. In line with this, an enabling project in the structural reform programme to scope and develop a service experience insights framework was also initiated.

Here is a snapshot of some of the feedback we received in 2022 from families, children and young people:

She has been our saviour at times, even when it's stuff she doesn't want to hear, she always listens and provides support.

Service User

“

Social work are different this time... I am glad for the children that the new way of working means social work allows [me] to care for my grandchildren for the time being and everyone on the network is told what's going on.

Grandmother

”

“

I don't think it's the best place but it's pretty good I don't hate it or love it or like being in a care home so that's why I gave it a good rate.

Young person in Residential Care

”

“

My [Social Worker] has been there for me. I haven't made it easy... but they keep turning up, even when I'm ranting, they are there for me. When they have to discuss difficult things, they are very clear and straight... I really appreciate it.

Service User

”

“

They stated they felt safe and happy in the centre and included in decisions in relation to any behaviours or risks they may need support with... they felt supported in their health and education requirements and knew the complaints process'

”

Extract from an interview with young people in residential care

Complaints - Funded Services:

Tusla has a responsibility to report on complaints received by all Tusla-funded services. In 2020 Tusla's Commissioning Unit developed a new component on their commissioning portal to capture complaint data from our funded services. In 2022, 68 complaints were reported as received in relation to Tusla's Commissioned Services. Work continues to embed and improve the use of this system in 2023. Table 5 below sets out the breakdown of these complaints into the various complaints categories, while Table 6 notes the outcomes.

Category of complaint	Total
Behaviour/Attitude	15
Breach of Procedure	8
Catering/Food	1
Delayed Response/Decision	4
Delivery of Information	7
Discrimination	1
Failure to Adhere to Policy	2
Insufficient Service	9
Lack of Response/Action	2
No Response to Communication	1
Outcome of Assessment	2
Poor Application of Standards	1
Poor Communication	4
Poor Condition of Building	6
Unfair Treatment	5
Grand Total	68

Table 5: Complaints to Commissioned Services.

Resolution Type	Total
Excluded under Policy	2
Not Upheld	11
Partially Upheld	5
Resolved Locally	42
Upheld	3
Withdrawn	5
Grand Total	68

Table 6: Complaint outcomes for Commissioned Services.

In line with Tusla's commitment to gathering feedback and promoting involvement from service users, Tusla supported the ongoing promotion of the involvement of the Tusla Advisory Group (TAG) in providing feedback on its services. A survey of young people's experiences of transitioning from care to aftercare and also of young people's experiences in Tusla-run residential centres was presented to the Service and Quality Committee of the Tusla Board in March 2022 and was launched publicly in May 2022. A TAG member reflecting on the experience of presenting told us:

I had the chance to present to the service and quality committee of TUSLA back in 2022 and it was a very exciting opportunity. We had the opportunity to present findings from a national survey that we had completed as a group. Being able to present to this committee show that TUSLA are taking the work of TAG seriously as they asked us to keep them updated on the survey and if anything comes from it. During the meeting everyone on the committee had the chance to ask us questions and we ended up having a very detailed discussion so overall it was a very positive experience, albeit a bit nerve wrecking.

TAG's annual report will be available on the TAG webpage: <https://www.tusla.ie/about/service-user-engagement/tag/>

People Strategy 2022–2024

In July 2022, the Agency launched a three-year strategy to build a connected support structure to lead, manage and develop the contribution of Tusla staff and to create an environment sympathetic to their health and wellbeing.

Tusla's new People Strategy 2022–2024 is a living plan and statement of intent and action that details eight strategic but tangible aims, each with clear and measurable key performance indicators. It will strengthen, build on and consolidate the reorganisation work already underway to deliver services more locally to people across the country, bolstered by key support services at the centre. People are at the heart of everything we do, and we aim to provide an effective, safe, quality service that not only meets the needs of children, young people and families but also attracts and retains the best staff.

Like so many other agencies involved in social service provision in Europe, Tusla is facing a recruitment and retention challenge. This three-year plan will look at innovative ways to attract graduates and others experienced in our area of work, by providing an agile work environment, conducive to career longevity, flexibility and making Tusla an employer of choice.

Tusla Excellence and Innovation Awards 2022

In December 2022, in recognition of the key achievements of staff across the Agency in supporting children and families, and their colleagues, Tusla launched the inaugural Excellence & Innovation Awards. This ceremony took place at Farmleigh House & Estate in Dublin's Phoenix Park and was hosted by Tanya Ward, CEO, Children's Rights Alliance.

Awards were presented to staff members involved in a project or service, across the organisation, that made a real and lasting difference to children and families. There were seven award categories:

Category 1

Improving Experience for Children & Families:

Showing how changes or initiatives resulted in improved experiences of Tusla services for children and families.

Category 2

Innovation in Service Delivery:

Showing how innovative thinking has made an improvement to the service received by service users, children and families and for staff delivering the service.

Category 3

Improving the Employee Experience:

Showing how changes or initiatives have brought about improvements in the experience of our staff.

Category 4

Promoting Inclusion and Diversity:

Showing how inclusion and diversity were enhanced and promoted for children and families/employees within Tusla.

Category 5

Engaging a Digital Solution to Provide a Better Service:

Showing how the utilisation of a digital solution improved a process/service in an area.

Category 6

Best Retention Initiative:

Showing an innovative approach to staff retention that is sustainable and transferable.

Category 7

CEO Award:

Awarded to the standout entry from among all the categories.

Here is a snapshot of some of the winning initiatives:

Improving Experience for Children & Families was won by The Dublin Mid Leinster's Backpack Project,

which provides a pack containing overnight essentials for children coming into care for the first time. The project provides backpacks that contain pyjamas and other essential clothing, a washbag containing toiletries, cuddly blanket and toy for young children, a diary and, most importantly, a message of care and hope from other young people with care experience from the Children in Care Fora. Initially piloted in two areas in Dublin Mid Leinster, the project has been rolled out across Ireland. At the end of 2022, more than 1,600 packs had been distributed around the country.

Promoting Inclusion and Diversity was won by the Tusla Employment Support Scheme, which is a collaborative initiative between the Chief Social Worker's Office and People and Change. Ensuring that marginalised and disadvantaged voices are heard is key to building an inclusive society, and it was with this in mind that the National Traveller and Roma

Inclusion Strategy was born. As part of that strategy, Tusla has developed this initiative for students of the Traveller and Roma communities who are undertaking courses in social care and social work. Operating in conjunction with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), and Department of Further and Higher Education, Research, Innovation and Science (DFHERIS), the Scheme applies to academic courses that meet the requirement for employment in social work and social care with Tusla. Successful applicants are offered the opportunity to complete six weeks' paid work experience in Tusla during the summer of their academic courses and offered an employment contract with the Agency upon graduation. In 2022, 11 students were on the Scheme, all of whom will be offered contracts of employment with the Agency following their graduation.

Best Retention Initiative went to Dublin South Central's FYI, a peer-led mentoring, support and educational group that helps social workers in their first year of practice. FYI had its genesis in 2019, when the Children in Care Principal Social Worker (PSW) for Dublin South Central, Aonghus Hourihane, approached five



Dublin Mid Leinster's Backpack Project: A sample backpack displaying some of the contents included for children coming into care

experienced social workers with the idea of running a year-long pilot project aimed at supporting newly graduated staff. Following on from this, a mentoring system was born that not only has helped recruits, but has brought staff from all quarters together, enabling them to share knowledge and build a community spirit across the area. The mentoring programme supports new recruits and helps them to put evidence-informed practice into play. It provides a space where people have someone they can go to who understands the pressures of their work, and who can also teach a little self-care.

The category of **Innovation in Service Delivery** recognised the innovative thinking involved in making an improvement to the service received by service users and their families, and for staff delivering that service, in a specific location. Key to the development of the state-of-the-art premises in Dromlonagher, Donegal, was the participation of Donegal Youth Voices, a group facilitated by Foróige in partnership with Tusla to ensure that the young people were involved in the building's design process. It was through Donegal Youth Voices that young people were able to provide a report that showed their vision of the design and fit-out of the primary care centre. The children's report suggested design themes for the reception area, canteen and family room, as well as meeting and activity rooms to reflect a warm, welcoming atmosphere. In line with the principles in

Tusla's Child and Youth Participation Strategy, the young people were provided with the necessary support and information to put their suggestions into action. The young people also completed a number of painted art pieces representing the United Nations Convention on the Rights of the Child and incorporated these into an artwork project in the centre's conference room. Other art showing child-friendly depictions of trust were incorporated into a colourful wall display, and artwork by the children was also hung in the staff quarters.

The **CEO Award** went to the Office of Chief Information Officer for the migration of all Tusla staff from the HSE ICT network to Tusla's own IT system, called TuslaIRL.

Following the cyber-attack on the HSE in May 2021, which affected Tusla's IT systems, it was thanks to the work of Fergus O'Cuanachain and his team that Tusla's systems were swiftly put back online, and all data was restored. All areas, all national services and all residential care centres completed the switch over to Tusla's new IT system.

In total over 5,000 staff, including all their devices, files and emails, 200 office locations and almost 1,000 file shares and database systems have been successfully migrated to TuslaIRL.



Anita Comerford presents the Best Retention Initiative Award to Dublin South Central's Brendan Murphy, Eamonn Redmond, Simona Girtan, and Aoife Farrell, along with Regional Chief Officer for Dublin Mid Leinster, Patricia Finlay



Bernard Gloster presents the CEO Award to the Office of Chief Information Officer team members Paul Rochfort, Bernie Redmond, Fatima Ghuloom, Louise Fagan, David Holland, Colm Callan, Emma Lawlor, Tom Rochfort, and Oisín Bridges, along with Chief Information Officer, Fergus O'Cuanachain

Retention Project Taken Back to Schools

It is never too late to learn new things, but it is also never too early to educate and inform, which is why in November we began piloting an information programme designed for Transition Year students.

There are up to 30,000 students taking Transition Year (TY) in 560 schools across the country. TY provides opportunity for students to gain awareness of different career paths, learn more about their own communities and have help in deciding what it is they would like to do with their lives in the future.

Tusla developed a short course for TY students, offering an overview of what the Agency does, the wide area of services it provides and the opportunities that are there for anyone interested in taking up a career with Tusla.

The aim of the course is to explain the wide range of services that Tusla offers, and to give accurate, factual information about what we do, why it is important, and the types of services that are available.

Seven schools scheduled for the pilot; it is hoped that this figure might rise to 10 by the time the pilot programme ends in May 2023.

Students' feedback will inform content to incorporate into future programmes.

The pilot, which began in November, was developed in line with one of the steps in the Tusla People Strategy. Work was also undertaken to develop a careers booklet for school-leavers, promotional videos featuring Tusla staff and an online presence on recruitment portals.

By informing students and teachers about the Agency's work, a new generation of young people will learn the value that our services can bring to the lives of children and families nationwide.

Quality & Regulation

Our Quality and Regulation services achieved significant improvements throughout 2022. Enhanced engagement with stakeholders across the early years sector resulted in the completion of over 4,000 registrations in 2022. The Alternative Education Assessment and Registration Service (AEARS) revised, updated and translated guidance and application forms for children educated at home or attending an independent school. These documents are now available in Ukrainian and Russian in addition to Irish and English.

A new internal practice audit framework was rolled out across Child Protection and Welfare and Children in Care services. The 79 audits completed drove continuous improvements in these services.

Listening to the feedback from our services helps us to learn and improve our services. Where issues arise and result in a complaint, responding promptly is important to us. One of Tusla's aims was to reduce the amount of time it takes to respond to complaints received. We achieved a 25% decrease on the time to closure for significant complaints during 2022.

Providing an evidence basis to our decisions is important in how we deliver our services. 10 additional Research and Information mentors were recruited across Tusla regions and national services in 2022. This support further embeds our research culture of evidence-supported practice and building our own knowledge base.

Health, Safety and Welfare

With the safety of our staff being paramount, a number of initiatives were rolled out across the Agency in 2022. The Tusla Safety Management System was initiated across all major Tusla sites nationally, covering over 80% of employees, with the initial focus on the implementation of Site-Specific Safety Statements. This was reinforced by the delivery of over 3,000 training sessions. A comprehensive Violence, Harassment and Aggression (VHA) Strategy was developed and this Strategy will be launched in 2023.

Public Sector Equality and Human Rights Duty

One of our commitments in our Corporate Plan was to implement the Public Sector Equality and Human Rights Duty. This duty places a statutory obligation on public bodies to consider how their policies and decisions affect people who are protected under the Equality Act. In 2022, a cross-directorate Public Sector Duty Working Group was established to build a consistent framework across all nine vectors of Human Rights and Equality of service users and staff.

Data Protection and FOI

Further progress in enhancing our data privacy compliance in 2022 was achieved. Tusla's data privacy governance framework is designed to enable and support effective local governance, accountability and compliance. Tusla is striving to embed privacy by design⁶ and Freedom of Information (FOI) awareness in work practices. Under the direction of the Agency's Integrated GDPR Steering Group, a risk-based prioritised programme of work was set and achieved in 2022.

ICT

In 2022, the main focus of Tusla's ICT activity was targeted at the delivery of three major strategic initiatives, namely the TuslaIRL, Tusla Case Management (TCM) System and Cyber Security programmes.

- The TuslaIRL programme delivered the implementation of a new ICT infrastructure for the Agency and the migration of ICT services from the HSE.
- The new TCM System developed by the internal ICT Apps team was extended as part of an ongoing programme to deliver a single integrated case management system for all services across the Agency.
- The Cyber programme commenced a €13 million investment in security infrastructure over a five-year plan 2022-2026 as part of an overall Information Security programme.

In addition to these programmes the ICT Directorate delivered a range of initiatives across analytics, digital transformation, infrastructure and records management to enhance the use of technology and innovation in supporting the work of the Agency. The ICT team also continued the delivery of help desk and support services to all staff and other users of Tusla's systems.

The following sections of this report provide an overview of the significant work that has been undertaken to further progress the achievement of our corporate goals and objectives in 2022.

6. Privacy by design is data protection through technology.



Our Corporate Goals

The goals of our Corporate Plan (2021–2023), under which we have linked our objectives, are to:

- 1** Ensure children, young people, families and communities receive a consistent, quality and integrated response from all our services.
- 2** Deliver an independent regulatory service focused on the safety and wellbeing of children and young people through continuous improvement and partnership with stakeholders.
- 3** Ensure that our staff and leaders are supported and empowered to continuously learn and improve so that children, families and communities benefit from our service.
- 4** Ensure our local teams and services are facilitated and supported by national systems and resources that promote integration and accountability.

Goal 1: Ensure children, young people, families and communities receive a consistent, quality and integrated response from all our services

Embedding and developing a consistent national approach to practice across all our response pathways

In 2022, as part of our Practice Reform Programme, the Signs of Safety practice model continued to be embedded across all regions and the 17 service areas, with the implementation of the Joint Practice Review (JPR) initiated in three areas. Implementation in these three areas will identify risk issues and key dependencies, and provide a blueprint for roll-out to other areas in 2023. It will also further enhance the depth of practice and good decision-making on case management.

In 2022, Tusla enhanced our response to children, young people and families who may not require a social work response, but require other significant supports, through the implementation of five new response teams in five pilot pre-implementation locations across the country. Following extensive analysis of need and with an additional 25 posts allocated to these teams in 2022 (five in each pilot site), four of the sites will be operational in January 2023 with the remaining site operational once recruitment is completed.

Actions to ensure cohesive and integrated supports to vulnerable groups, including survivors of DSGBV, Traveller and Roma communities and LGBTI+, were progressed substantially in 2022. This included an additional five DSGBV units of safe accommodation in 2022 and allocation of a DSGBV worker in each Tusla area to support victims of DSGBV. The plan to bring DSGBV services into a single state structure was progressed through finalisation of a Memorandum of Understanding (MoU) with DCEDIY and Department of Justice.

Tusla has also continued implementation of actions under the National Traveller and Roma Inclusion Strategy 2017-2022, including an additional nine students from the Traveller community supported in education programmes (social work and social care) through the Employment Support Scheme.

Continuing to implement quality assurance and service improvement systems across our response pathways

The key 2022 commitment to embed a standardised quality and risk governance structure for operational services aligned from area to regional to national levels was achieved through the National and six Regional Operations Risk Management and Service Improvement Committees (NORMSIC and six RORMSICs). The new Practice Audit Framework for all Practice Assurance and Service Monitoring (PASM) reports, developed and piloted in 2021, has been fully implemented across 2022.



The specific project to develop a consistent approach to preparing for Health Information and Quality Authority (HIQA) inspections, share learning and improve inspection outcomes across our services was completed in 2022. According to HIQA Reports published in 2022, the Agency recorded (across all standards inspected for all Tusla services) a 74% rate of compliance/substantial compliance, a 22% rate of moderate non-compliance and a 4% rate of major non-compliance.

A full programme of 79 practice audits/reviews, led by area and regional priorities across Tusla services, was completed. A new Practice Audit Framework to provide a rating system for recommendations arising from practice audits and reviews to allow for greater benchmarking of performance was successfully implemented.

2022 saw the further embedding of an integrated and collaborative approach with National Operations with a greater emphasis on service improvement planning and the verification and implementation of existing actions from inspection, practice audit and external regulatory reports. Key developments included:

- Ongoing development of a National Recommendations Tracker to facilitate service improvement activity.
- Implementation of a new programme of monitoring visits to provide oversight of Special Emergency Arrangements in each of the six Tusla Social Work Regions and the Service for Separated Children Seeking International Protection.
- Ongoing development of a new Quality Management System (QMS) for the Agency. The QMS Project Working Group was established in Q1 2022, and a QMS Project Manager appointed in Q3 2022. An analysis of Tusla structures, systems and processes in place to support quality management has been completed, and the working group are progressing a benchmarking exercise to inform development of QMS.

Supporting permanency planning for children and young people in care and supporting our carers and care providers to provide safe and nurturing homes for children that promote lifelong relationships

Under Tusla's Integrated Practice Reform Steering Group (IPRSG) and a Care Planning Sub-group, a Permanency Handbook was launched in July 2022. Care planning reviews of all children in care over 16 years old were completed and guidance for dealing with child protection concerns (safety planning) for children in care was finalised in 2022 for implementation in 2023. The Care Planning Framework and associated practice approach have been substantially developed and are planned for completion in 2023.

'Aftercare has given me opportunity to have some amazing experiences and helped me on a personal level

Young person in aftercare.

2022 also saw the publication of the Tusla Strategic Plan for Residential Care Services for Children and Young People 2022–2025, and Strategic Plan for Foster Care Services for Children and Young People 2022–2025. These plans represent the first two phases of the Agency's overall approach to improve Alternative Care services across the continuum of care, for children and young people who cannot live at home for periods of their lives, and for those transitioning into Aftercare Services. The Tusla Strategic Plan for Aftercare Care Services for Children and Young People was finalised for roll-out in early 2023.

The Birth Information and Tracing Act was signed into law on 30 June 2022. The act provides for a full and clear right of access to birth certificates and birth and early life information for all persons who were adopted, boarded out, or the subject of an illegal birth registration. It also allows for access to information by a child of a relevant person where their parent has died, and for access by the next of kin of a child who died in an institution.

Tusla commenced implementation of the Birth Information and Tracing Legislation in October 2022, through the provision of its Adoption, Birth Information and Tracing Service. This service provides adopted people and other affected persons with the means through which they can obtain the information they have sought for a long time about their identity. Additionally, the Act provides a legal basis for the tracing service and provides enhanced powers to the Agency to seek information on foot of an application to inform and assist tracing of a birth family. This enhanced service facilitates those who wish to contact birth relatives to connect with families or to share information.

To facilitate provision of the service, Tusla approved a new suite of national policies and procedures and developed an online portal application process and a dedicated case management system. Tusla also recruited an additional 30 new posts for the service and put in place several key data-sharing agreements with other government agencies to support service delivery.

There was a significant delay in the release of information to individuals due to several factors, including a significant initial surge in application and the complex nature of the files to be reviewed (paper-based, poor quality and in dispersed locations). The Agency has publicly apologised for the impact of this delay and further additional resources were allocated to minimise delays. At the end of 2022, the service had released over 622 information requests and the feedback from clients has been positive in terms of the information released to date.

Working collaboratively with other agencies to investigate, assess and support children, young people and adults who have been abused

The Barnahus model is being extended to Cork under Tusla governance and to the East under the governance of Children's Health Ireland (CHI). Working collaboratively with colleagues in DCEDIY, AGS and HSE, the Barnahus model provides an integrated medical, justice and welfare service in cases of sexual abuse. A referral process has been approved by the Barnahus National Agency Steering Committee (BNASC) and is set for implementation, while a draft Therapeutic Framework for Barnahus is being developed and will be considered for approval by BNASC in Q2 2023.

Under the Tusla Practice Reform Programme, the development of wider Tusla therapeutic services for children in care was advanced in 2022. Six regional Therapeutic Managers have been recruited and six learning sites have been identified (one site in each region) to progress multi-disciplinary assessments for young people newly admitted to care. The regional Therapeutic Managers will support the finalisation of the Tusla Integrated Framework for Therapeutic Services for Children in Care and each learning site will be recruiting a Senior Occupational Health Therapist, a Senior Speech and Language Therapist and an administrative support staff member to work with existing area-based therapeutic staff. Multi-disciplinary assessments will commence once onboarding of therapists is complete early in 2023.

Safeguarding children and young people from potential harm by sharing necessary and proportionate information with others

Following extensive stakeholder consultations, staff training and development of an ICT system, the Child Abuse Substantiation Procedure (CASP) became operational on 27th June 2022.

CASP is a revision of the 2014 'Policy and Procedures for Responding to Allegations of Abuse and Neglect'. It is based on learning that indicated the need to further enhance consistency of practice when carrying out substantiation assessments across the Agency. Changes were also required to incorporate new legal judgements in this complex area of law and practice. CASP is currently the best-informed approach to this complex aspect of our work within the current legislative framework, and the need to ensure best practice, fair procedures, and many other requirements, including data protection.

Since the June 2022 implementation date, dedicated CASP teams operate in each of Tusla's six regions, providing the necessary knowledge and training in applying the procedure more uniformly and effectively to facilitate social workers across the country to implement a consistent standard of child protection practice when carrying out substantiation assessments.

Continuing to drive improvements in the health and safety of staff and our service users, and our compliance with our statutory and regulatory requirements

In 2022, the Tusla Health and Safety Department have progressed five key elements of work, namely **(1)** the rollout of Safety Statements (a written action programme which details how health and safety is managed) covering 80% of staff located in 106 key sites, increasing coverage from 27% of staff in 2021; **(2)** 2,300 Health & Safety e-learning sessions being completed by managers and staff; **(3)** delivery of in-house manual handling training to 500 staff; **(4)** 2,000 employees completing ergonomic assessments; **(5)** delivery of face-to-face specialised Violence, Harassment and Aggression (VHA) training to 800 frontline staff.

Under our VHA programme, in 2022, an in-house face-to-face training to 800 staff was delivered, a VHA e-learning module was developed, a procurement process was completed for personal alarms, a VHA Policy and operational manual were drafted and our Social Media Policy was launched.



Continuing to ensure we have effective people, processes and systems to support and meet our statutory and regulatory obligations when we process personal data

The GDPR Programme is led by an Integrated GDPR Steering Group, a governance structure that latterly spans the Agency and comprises key leaders, ensuring ownership and accountability for GDPR compliance in each Directorate. Under the direction of this group, a risk-based prioritised programme of work was set and achieved in 2022, and this programme will continue through to 2024.

Under the direction of the GDPR Steering Group, the Data Protection Unit provided significant support in the analysis and remediation of risk associated with high risk data-processing activities in 2022, with the following Data Protection Impact Assessments (DPIAs) carried out: CASP Review, Section 3; Section 3 Appeals Process (PSAA); Adoption Birth Information and Tracing; and the transfer of data from NCCIS to the new Tusla Case Management (TCM) System, as well as a further 15 Data Protection Impact Assessments. The final agreed Memorandum of Understanding between An Garda Síochána (AGS) and Tusla was signed in February 2023.

The Data Sharing Agreements (DSAs) identified as priority for 2022, i.e. AGS, HSE and Commissioning, are progressing in conjunction with the third-party bodies, and a further 33 DSAs were agreed in 2022.

In 2022 work commenced on reducing the backlog of subject access and FOI requests accrued due to COVID-19 and the HSE cyber-attack through a centralised process team (CPT). Of the 870 requests in the backlog, 694 requests were processed up to the end of 2022 (79%) by the CPT. The combination of this centralised model and collation of performance data has assisted in identifying process efficiencies, which will be the subject of process improvement across the Privacy and FOI Network.

To continually embed privacy and FOI awareness across the Agency, updates are included in the Tusla e-Bulletin each quarter; a yearly Data Protection Awareness Week is held, supported by regional data privacy champions, with guest speakers from the Data Protection Commission (DPC) and Office of the Information Commissioner (OIC); and, in 2022, information sessions on 'Protecting Personal Data When Sending Post' were delivered by Privacy Officers.

The Agency continues to manage the remediation actions identified by the DPC as part of its statutory inquiries and at the end of 2022, one action out of 44 remained open; 98% were complete.

The OIC closed the section 44 investigation in Tusla in 2022, explicitly commenting on Tusla's improvement with FOI compliance in its 2021 Annual Report: *'TUSLA (is) continuing to make significant inroads in implementing the measures it identified to streamline its FOI services on foot of our section 44 investigation.'*

The Data Protection Unit continues to support the Agency in alleviating the effects of the HSE cyber-attack.

Type	Received/Reported in 2022
Freedom of Information (FOI) requests	1120
Data subject access requests	815
Data Protection Commission complaints	28
Personal data breach incidents reported	408
Data protection helpdesk queries	404

Goal 2: Deliver an independent regulatory service focused on the safety and wellbeing of children and young people through continuous improvement and partnership with stakeholders

Advancing children's safety, development and wellbeing by strengthening partnership and communications with stakeholders

In 2022 the AEARS developed guidance and translated application forms to facilitate and manage applications for home schooling for families from Ukraine.

The *Early Years Inspectorate* hosted and published seven webinars on a range of topics including renewal of early years registration and safeguarding in early years services.

Parental information on the Tusla website was developed and enhanced to provide clear and helpful information about the work of the Early Years Inspectorate and to facilitate feedback from parents about their experiences of inspection. During the year, 143 communications from parents were received.

Links and alignment with the Department of Education's Inspectorate were strengthened in 2022 and thereby delivered clear messaging to the sector about respective roles and functions.

The Inspectorate developed and published a range of resources to support the early years sector with vetting requirements for new and existing members of staff. It also developed and published a range of resources for services needing to renew their registration in 2022. This range of resources includes eLearning, guidance documents and FAQs.

The forum for engagement with third-level colleges was expanded and offered Early Years programmes to include more than 100 colleges nationwide.

To inform policy development, a survey of Registered Providers involved in services operating outdoors was also undertaken by the Inspectorate in 2022.

All unsolicited referrals to the *Child Safeguarding Statement Compliance Unit* were processed rapidly (within 5 days).



Ensuring that we have effective systems, and we can identify where regulated services are not meeting the required standard

The *Alternative Care Inspection and Monitoring Service* (ACIMS) inspected all Private Residential centres where there are young people in placement. All of escalated Significant Event Notifications (SENs) received from Tusla's Children's Residential Services were screened, risk assessed and actioned.

The *Early Years Inspectorate* successfully facilitated the registration renewal of 4,338 early years services in accordance with regulatory requirements. A small number of services that failed to renew were identified and relevant action was taken.

A process to provide up-to-date registration certificates to all eligible early years services in accordance with regulatory requirements was developed and implemented. 100% of required certificates had been provided at year end.

To support intelligence and planning to ensure that inspections of early years services are timely and effectively focused, enhancements were made to our systems and tracking.

All of the early years services that were identified as high risk in 2022 were inspected and all of early years services were inspected in accordance with the three-year inspection cycle.

Standard Operating Procedures and associated documents across the inspectorate were reviewed and enhanced; instant access to these was enabled for all staff. These were developed as part of the implementation of a QMS to support standardisation of documentation and processes.

The registration and inspection of School Age services where concerns about the operation of the service have been identified was also continued in 2022.

Providing information, guidance and support to regulated services to enable them to meet their requirements

Extensively revised and updated guidance information is available on the ACIMS website. Published documents include a guide to the Inspection Process, a guide to the role of Mandated Persons, and a guide to the registration of supported accommodation for young people seeking protection from the Ukraine crisis. A Framework for Privately Operated Specialised Residential Care Pilot Project was also implemented to support the registration of centres to accommodate young people.

All applications received from independent schools were processed.

Under the work of the *Child Safeguarding Statement Compliance Unit* the Disability settings compliance project reviewed the safety statement of 908 services. These organisations were supported through advice, support and guidance to achieve compliance.

The Early Years Inspectorate broadcast and published seven webinars aimed at improving understanding and supporting compliance with regulation. Topics covered included Governance, Policy Developments & Safeguarding in Early Years Services, review of Feedback & Concerns received in the year and focused guidance on registration renewal for Early Years Services.

Specific guidance documents to support compliance were reviewed and published. These included a Guide to Building Safety – Fire and Planning Requirements and Guidance on vetting requirements for new and existing members of staff.

Goal 3: Ensure that our staff and leaders are supported and empowered to continuously learn and improve so that children, families and communities benefit from our service

Assessing, actioning and reviewing the embedding of our values and behaviours and ensuring that we implement the Public Sector Duty on Equality and Human Rights

In 2022, the roll-out of our Values and Behaviours Programme commenced under the umbrella of the Tusla People Strategy. 52 peer-nominated values leaders were identified across the Agency to promote the critical behaviours required to embed Tusla's values into our everyday work.

There continues to be a significant focus on implementation of the Tusla National Traveller and Roma programme at student, staff and service levels in 2022.

Tusla responded to the DCEDIY and the Department of Education (DoE) in relation to the National Action Plan Against Racism with five proposed actions for the Agency.

The Tusla Occupational Health and Employee Assistance Programme (OHEAP) reported on the Disability Census to DCEDIY and has reported the 2021 Unconscious Bias Report.

The Tusla Equality Diversity and Inclusion (TEDI) Charter was updated and published in 2022 to reflect the Agency's values.

Activity in relation to 'self-assessment of the Agency compliance with Public Sector Duty' was superseded by a broader strategy. A cross-agency steering team of senior managers, with leadership across various aspects of diversity for service users and employees, was established. The work of this group will incorporate the new government priorities on anti-racism. The intent is to use the National Human Rights and Equality Framework to develop a Tusla Strategy, prioritising actions identified as part of Tusla's commitment in relation to Public Sector Duty (Policy, Implementation, Training, Oversight, Data Collection and engagement with appropriate experienced service users/advocacy groups).



Developing and implementing a strategic plan for the Agency that drives increased research in the evaluation of outcomes, and commissioning prioritised research projects

Tusla's internal Research and Information Needs Analysis (RINA) continued in 2022. The RINA seeks to develop an ongoing conversation with all staff in the agency to recognise the close relationship between research, information and knowledge, embed this awareness in all areas of work of the agency and incorporate scanning of trends emerging within the external research and information sphere.

Outputs from the RINA and the results from additional reviews conducted informed the development of a draft Research Strategy and Framework in 2022. The Tusla National Research Database was progressed in collaboration with Tusla ICT, with an electronic Research Ethics Application process implemented.

In 2022, the DCEDIY received Ministerial approval to commission a research and data project to address Action 65 of the Ryan Report. This project is led by the DCEDIY in collaboration with Tusla as a key partner.

There are four elements to the project:

1. **The ongoing development of the capacity of the National Child Care Information System (NCCIS) in Tusla to dynamically track the individual pathways of children through the care system.**
2. **A once-off study of those who left care 10 years ago to generate data quickly on the long-term outcomes for those who leave care and the lessons arising.**
3. **A longitudinal study of children in care from the age of 16, which will take place over a 10-year period.**
4. **Further bespoke research studies on children in care and aftercare where more detailed information is needed about their circumstances. This will complement improved system data and provide children in care with an opportunity to have their voices heard.**

Developing a sustainable workforce where our employees are recruited, retained and supported to have the required knowledge, skills and competencies to deliver high-quality and integrated services

To deliver on our agreed 2022 objectives, several initiatives were completed and will be further embedded in 2023. The Tusla's Staff Engagement Survey was completed, with a 62% response rate. Our Visible Values programme commenced, and Values Leaders have been established, with a critical few core behaviours agreed.

A collaborative 'all employer' forum was established with HSE, Probation, Irish Association of Social Workers (IASW) and government departments to explore increased social work academic courses/places. To address resourcing needs, overseas recruitment of social workers commenced and a targeted recruitment initiative to the Philippines is underway.

In terms of diversity and inclusion, Tusla has committed to the AsIAM 'same chance' pledge, joining AsIAM's autistic communities of practice engagement forum. The 'AsIAM' Training and Accreditation Department supports organisations nationwide to become more autism-friendly through our online and in-person Autism Acceptance and Understanding Training and Accreditation programmes. Autism-friendly employer training and accreditation for Tusla is to commence in Q2 2023.

Promoting Tusla as an employer of choice was ongoing throughout 2022. There was an increased focus on promotion with social work and social care graduates and a new pilot programme for TY students commenced in November 2022. The pilot programme provides TY students with accurate information about the type of work that Tusla staff engage in and about the type of careers available in Tusla, in both front-line and support roles.

Encouraging, promoting and supporting shared learning across the Agency and continuous professional development for our staff

A sponsorship for Tusla employees to become qualified social workers by distance learning with Robert Gordon University commenced with the first cohort of 10 staff. Additionally, a sponsorship programme for Tusla employees to become qualified social care workers commenced.

A new induction policy for the Agency was completed and brought forward an eLearning programme – Ustart. In addition, the 'Welcome Days' initiative commenced and provided a support network for new entrants. Consultation on the Tusla Employee Lifecycle Model to aid retention is underway.

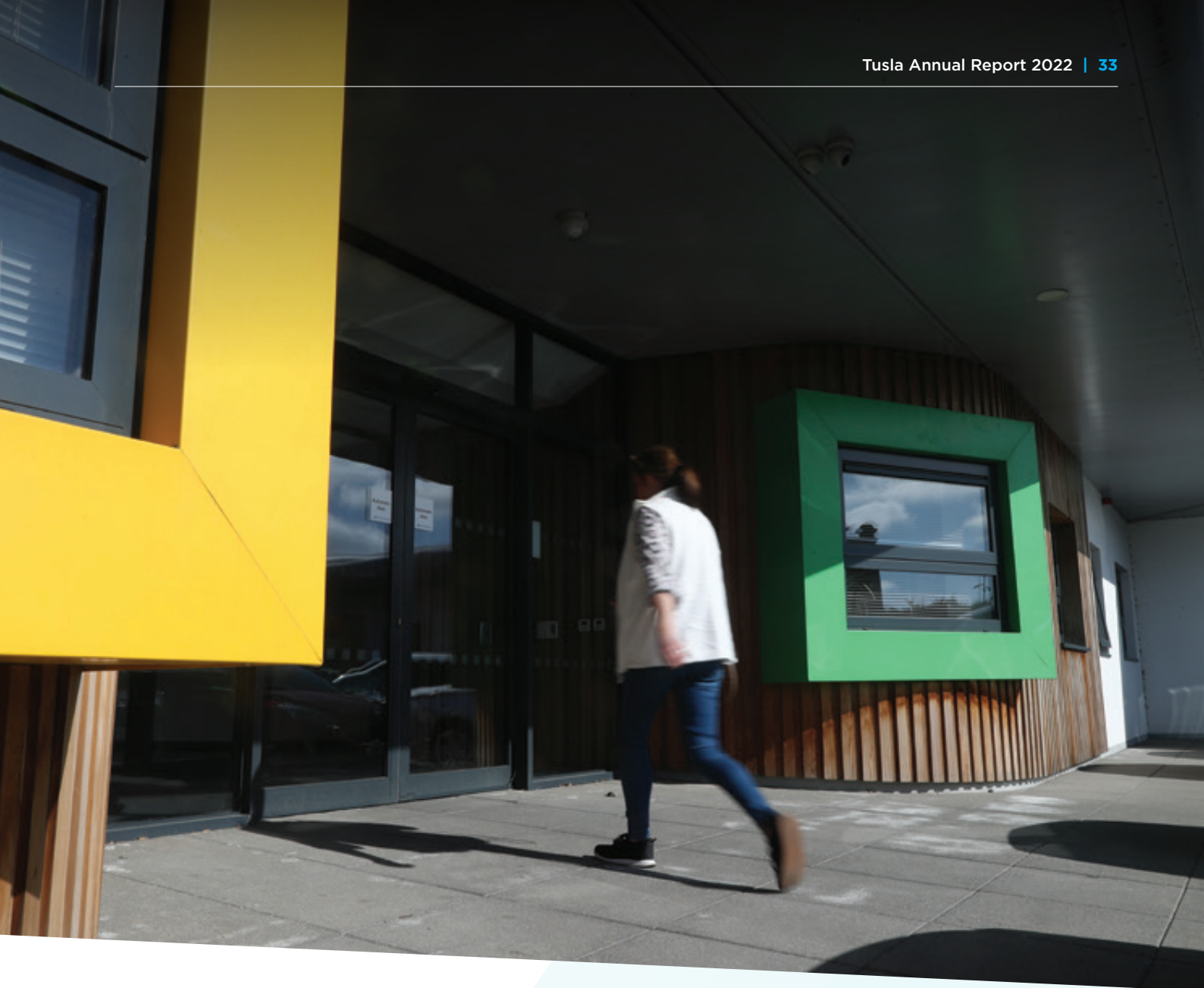
A Careers Booklet was designed which will be a resource for the Transition Year Programme and be available to all for information purposes. This booklet will provide support and foundations for other projects such as the Careers Portal and Capability Framework, which are continuing in 2023.

Enhancing Tusla's local, regional and national performance system using meaningful measures that promote improved outcomes for the people we serve

Practice Assurance and Performance Systems:

A major project to develop and implement an Outcomes Framework for the Agency, which will be used to promote greater outcomes focus on the delivery of services, was progressed during 2022.

The development of a new business analytics capability for the Agency was also progressed in 2022. This new capability will improve the use of data to drive evidence-based decisions and improve the performance of the Agency.



Enhancements were made to our performance reporting through the development of a new suite of performance reporting dashboards to support data visualisation; this will facilitate enhanced performance reporting and analysis.

Risk and Incident Management: A revised Risk Management Policy was launched on 31 January 2022, followed by an Agency-wide awareness programme which extended the implementation of the digital risk register platform. The revised Incident Policy and guidance, launched at end of 2021, was implemented throughout 2022. Risk and incident management engagement and training sessions were held across the Agency throughout 2022 and will be continued and expand in 2023.

Protected Disclosures: The Internal Investigation Unit (IIU) was established and bedded down within Tusla's Office of Legal Services in 2022. All ongoing and new Protected Disclosures (PDs) were processed and managed by the PD team in 2022. In 2022, six new protected disclosures were received. Further, an additional member of the IIU (qualified legal professional) was recruited and appointed, and work commenced on establishing and training expert PD panels within Tusla. Furthermore, work commenced on general awareness training for applicable Tusla staff and, finally, on a dedicated training (Continuing Professional Development type) programme for IIU members to increase capability within the unit.

Goal 4: Ensure our local teams and services are facilitated and supported by national systems and resources that promote integration and accountability

Establishing a National Executive Management Team and six Regional Service Areas and integrating national services into the revised regional governance structures

In 2022, the Executive Management Team was established, with five National Directors reporting to the CEO. Six Regional Chief Officers were appointed, delegated to have overall governance and accountability for Tusla services within each region. The initial design for the regional structures to support the Regional Chief Officers has been completed and is scheduled to be implemented in Q3 2023.

Strengthening interagency forums at local and national levels (including HSE and An Garda Síochána)

After a successful pilot, a new joint Tusla/An Garda Síochána (AGS) electronic child abuse notification system (eCANS) has been implemented since December 2022. Review of the Tusla/AGS Joint Protocol has continued with assistance from Tusla/AGS senior local management liaison forums. A memorandum of understanding (MOU) and Data Sharing Agreement (DSA) with supporting procedures have been developed for implementation from 2023, along with a revised training programme for Specialist Interview Training with extra capacity for Tusla staff.

The Tusla/HSE Joint Protocol for Children with Disabilities, revised in 2021, continued implementation in 2022; however, issues with HSE's ability to identify appropriate funding in some Community Health Organisations (CHOs) have persisted. Tusla continues to work with HSE to progress the full implementation of the Protocol, with commitment to jointly audit its implementation in 2023.

Tusla also worked with DCEDIY across 2022 to develop the framework for the Review of Children and Young People's Services Committees (CYPSC). This work will continue in 2023.



Implementing the ICT and Data Management Strategies

The TuslaIRL programme delivered the implementation of a full ICT capability in Tusla and the migration of Tusla's ICT devices, users and data that were previously hosted and managed by the HSE to a new Tusla-only ICT infrastructure known as the TuslaIRL network. Tusla now has a modern ICT network connecting over 250 Tusla offices and with over 6,000 staff equipped with high-quality devices and access to the latest technologies.

The new Tusla Case Management (TCM) system was developed by the internal Tusla ICT team in partnership with social work, social care, education support and other services across Tusla. TCM provides a single adaptable case management system giving a single view of the child and supporting the integration of Tusla services. In 2022, TCM was successfully implemented across four additional Tusla services – Adoption, CASP, Barnahus and Fostering enquiries. The system will be further extended in 2023 for Child Protection and Alternative Care, Residential and other services.

The cyber security project commenced a €13 million investment in security infrastructure over a five-year plan, 2022–2026, as part of an overall Information Security programme. In 2022, a range of major projects were successfully delivered to establish a new internal cyber security unit and to enhance Tusla's device, email and network security infrastructure.

In summary, the following targets and measures were delivered in 2022:

- €18.5million investment in ICT services and infrastructure.
- 1,517 new joiners to the Agency were set up and provided with ICT devices.
- 18,143 general ICT help desk support requests from staff were handled.
- 17,619 application support requests from staff, partners, professionals and members of the public across the various apps supporting the work of the Agency (such as the Tusla Portal and Case Management systems) were handled.
- 238 offices across Tusla had ICT infrastructure enhancements delivered, such as new network connectivity or audiovisual fit-outs.
- Nine digitisation/app development projects were delivered to enhance the use of digital solutions across the Agency.
- Four data analytics programmes were delivered to provide performance and operational reporting for the services involved.
- 6,300 users are now set up and supported on Tusla's new ICT network.
- 21 additional ICT staff were recruited to increase the internal team to a total of 80 ICT technical and service professionals.





Ensure the effective management of our agency's financial resources

The 2021 annual Financial Compliance Statements (FCS) process for funded agencies yielded a 99% return from funded agencies (2021 – 99% return on 2020 FCS). Enhancements were made to financial reporting and training for commissioners regarding funded agencies.

The Control Assurance Survey was completed by 527 staff. This reflects 99% of those eligible to complete the survey in 2022, which was up on the previous year's completion rate of 98% and 484 staff completing in 2021. As part of the annual assurance process the Agency, on behalf of the Board, completed a comprehensive review of the internal controls as set out in the Code of Practice for Governance of State Bodies.

Work was completed in 2022 on the set-up of an automated system for production and electronic distribution of financial reporting via Power BI.⁷ This is being rolled out on a test

basis with Regional Finance Managers in early 2023, with subsequent broader stakeholder roll-out following satisfactory testing. This system will significantly increase the ease and speed of production and issuing of financial reporting to key service managers and decision-makers.

Tusla Finance and Procurement completed a significant body of work with the HSE in 2022 in preparation for the deployment of IFMS (Integrated Financial Management System). IFMS is due to go live for Tusla in Q3 2023. IFMS is expected to significantly enhance the financial processing and reporting capabilities of Tusla through the use of best-practice processes and the latest financial technology in SAP 4/Hana.

Corporate Procurement Plan 2022–2024: The implementation of the Corporate Procurement Plan commenced during the period and continues to be implemented in 2023. The annual procurement plan for 2023 was agreed by the Audit and Risk Committee (ARC) in February 2023 and is ongoing and in line with the Corporate Procurement three-year plan.

7. Power BI is an interactive data visualisation software which supports business intelligence.

Providing fit-for-purpose accommodation for the provision of safe and quality services

Tusla Estates expended a total of €10.024m on its ongoing capital programme in 2022. Major projects in Limerick and Portlaoise were completed, while a second phase in Limerick is ongoing. These projects involve the phased refurbishment/extension of existing buildings in HSE campuses with a view to providing fully compliant and fit-for-purpose accommodation for Tusla public-facing services.

The Minor Capital/Infrastructural Risk Programme is an annual one which primarily deals with ongoing risks, for example fire safety, access/egress, failure of building fabric and asset integrity issues, as well as minor building upgrades to ensure as far as possible that buildings are fit for purpose, pending the availability of funding for new purpose-designed accommodation. It also includes provision for the fitting out of newly acquired leased accommodation.

Other projects completed in 2022 included the purchase of five residential properties in pursuance of the national Children's Residential

Services (CRS) Strategy, and the ongoing annual equipment replacement programme. Initial design and planning has commenced in relation to proposed capital projects including ones in Carlow, Castleblayney and Finglas.

In 2022 Tusla Estates continued to progress the acquisition of bespoke accommodation within Primary Care Centres, with completions in Buncrana, Donegal, Ennis and Enniscorthy. Progress continued in respect of other planned locations including Castlebar, Newcastle West, Nenagh, Arklow and Bantry. Separately, a major lease acquisition was progressed in Mallow, which is due to be completed in 2023. Other leasing activity also took place, usually involving small acquisitions of short-term accommodation pending the identification or delivery of longer-term solutions in the areas in question.

Following an earlier national Facilities Management review, progress continued in 2022 towards the establishment of a national Facilities Management support structure which will assist the Agency in formulating an appropriate strategy to deal with the challenges presented by the day-to-day management and operation of an extensive range of diverse buildings.



Tusla Board, Executive and Corporate Governance

Board Report

Corporate Governance comprises the systems and procedures by which organisations are directed, controlled and managed. Tusla is committed to achieving the highest possible standards of corporate governance.

The Agency, in pursuit of its governance objectives, has adopted the Code of Practice for the Governance of State Bodies (2016) and put procedures in place to seek to ensure compliance with the Code. The Code of Practice for the Governance of State Bodies sets out the standards of good practice in relation to Board leadership, effectiveness and accountability, and takes account of governance developments, public sector reform and stakeholder consultations.

The Board is accountable for the management of the Agency and is strongly guided by the principles set out in the Code in meeting its responsibility to ensure that all activities meet the highest standard of corporate governance. The structure of this section broadly follows the key principles identified in the Code of Practice for the Governance of State Bodies (2016).

Leadership and Effectiveness

The Role of the Board

The Board provides leadership and direction through its governance framework. The key relationships supporting the governance

framework include the Board committee structure, Chief Executive Officer (CEO), Executive Management Team and the Minister and Department of Children, Equality, Disability, Integration and Youth. The functions of the Board are set out in Section 8 of the Agency's governing legislation, the Child and Family Agency Act 2013.

The Board is collectively responsible for establishing the Agency's overall strategic direction within the limits of its statutory authority. The Board agrees the Agency's strategic aims with the Minister and ensures optimal use of resources to meet its objectives.

This is the final year of the Agency's Corporate Plan 2021-2023. The Plan identifies three high-level strategic areas – **Practice, Culture and Structure** – under which the Agency's goals and objectives have been established. These strategic areas are interconnected and are focused on addressing our challenges and ensuring a process of continuous improvement.

The Board is responsible for ensuring the integrity of the Agency's accounting and financial reporting system and for ensuring that effective systems of internal control are instituted and implemented.

The Board reviews the Agency's controls and procedures to provide itself with reasonable assurance that such controls and procedures are adequate to secure compliance with its statutory obligations.

Board Composition and Structure

The Child and Family Agency Act 2013 makes provision for the appointment of a Chairperson, Deputy Chairperson and seven Ordinary Board Members. The Chair of the Board submitted a request to the Minister to increase the membership of the Board of Tusla by two ordinary members, providing for the appointment of nine Ordinary Members. The required provision was enacted in the Family Leave and Miscellaneous Provisions Act 2021. The appointment of the two additional Ordinary Board Members was made in 2022 along with the appointment of a Board member to replace the outgoing Board Member, Deirdre Kiely.

Board members are appointed by the Minister for Children, Equality, Disability, Integration and

Youth with the consent of the Minister for Public Expenditure, NDP Delivery and Reform. The term of office for Board members ranges from three to five years.

Board members have the appropriate range of skills to allow them to discharge the functions required of them. In the furtherance of their duties, Board members may take independent professional advice where they judge it necessary to discharge their responsibilities as Board members.

Gender Balance in the Board membership

As of 31 December 2022, the Board had 5 (45%) female and 6 (55%) male members. The Board therefore meets the Government target of a minimum of 40% representation of each gender in the membership of State Boards.

The gender balance of the Board is taken into consideration when appointing new Board members. In 2022 three new members were appointed – two female members and one male member – ensuring the Board continues to meet the Government gender balance target.

Board Meetings

In 2022 the Board held 10 meetings (in accordance with Section 22 (2) of the Child and Family Agency Act 2013). A detailed report on the composition of the Board, its membership, Board committees, schedule and attendance at Board and committee meetings in 2022 is contained in the Governance Statement and Board Members' Report within the Annual Financial Statements (Part II) of this report. Board meetings were in-person meetings with Board committees opting for a combination of virtual and face-to-face meetings.

CEO and Executive Management Team

The Board delegates the day-to-day management, control and direction of the Agency to the CEO except for the specific functions it reserves to itself. Oversight of decisions that are delegated by the Board is retained through a robust reporting framework involving the Board committee structure, CEO and Executive Management Team. In 2021 the Board approved revised structures for the Agency. The new structures incorporated the establishment of a five-person Executive Management Team reporting to the CEO

as well as the creation of six regions with devolved responsibility and accountability to a new Regional Chief Officer. Recruitment to the new positions took place in 2021, with the new reporting and accountability arrangement coming into place on 1 February 2022.

In 2022, the CEO, Bernard Gloster, advised the Board of his intention to resign to take up a new post. Kate Duggan, Deputy CEO, was appointed as the Interim CEO (Designate) as of 6 March 2023. The Board wants to thank the outgoing CEO for his transformative contribution to the work of the Agency and wish him well in his new post.

Executive Management Team in 2022

Mr Bernard Gloster,
Chief Executive Officer
(to March 2023)

Ms Kate Duggan,
National Director,
Service and Integration
(to March 2023)

Dr Anthony O'Leary,
National Director,
Quality and Regulation

Ms Rosarii Mannion,
National Director,
People and Change

Mr Fergus O'Cuanachain,
Chief Information Officer

Mr Pat Smyth,
National Director,
Finance and Corporate Services.

Board Effectiveness

The Board conducts an annual evaluation of its own performance in compliance with the Code of Practice for the Governance of State Bodies 2016. The purpose of the evaluation is to review the Board's own operation and identify ways to improve effectiveness.

In 2022 the Board commissioned an external evaluation to assess the current level of Board effectiveness and performance relative to

relevant corporate governance standards and Board best practice. The purpose of the evaluation was to review the Board's own operation and identify ways to improve effectiveness. Most of the observations and recommendations arising from the independent effectiveness evaluation will be considered as part of the Board's and the committees' normal work programmes and agenda. The key recommendations will be tracked and reported on throughout the year.

To develop and maintain its effectiveness, Board members are provided with opportunities to enhance their understanding of the work of the Agency by meeting with Tusla staff and commissioned service providers, site visits, presentations from external stakeholders and invitations to Tusla conferences and events. In 2022 the Board visited Donegal to meet with the Regional Chief Officer, Tusla staff and commissioned services including Fóroige, Donegal Youth Service and Donegal Parenting & Family Support. The Board/committees also received presentations from the Ombudsman for Children, EPIC (Empowering People in Care) and TAG (Advisory group for Care Leavers) as part of their commitment to ongoing stakeholder engagement.

An induction programme is in place to familiarise new Board members with the work of the Agency. Key elements of the induction programme include meetings with the Chair; briefing by the Board Secretary; and meetings with the CEO, Executive Management Team and managers on specific topics as required. New Board members are also invited to observe the meetings of each of the committees to support their understanding of the governance and scope of the Board's committee structure. Board members, as part of a continuing development programme, are encouraged to attend relevant courses and invited to Tusla conferences and events.

The Chairperson of the Board engages with the Minister and the DCEDIY on Board succession, to ensure an appropriate mix of skills, diversity and experience on the Board. The Organisation and Development Committee expanded its remit to include Board succession planning following the Board's independent review of effectiveness in 2022.

Codes of Conduct, Ethics in Public Office and Additional Disclosure of Interests by Board Members and Protected Disclosures

The Ethics in Public Office Acts 1995 to 2001 set out statutory obligations which apply to Board members and employees. The Board complies with the Ethics in Public Office Acts 1995 to 2001 and has adopted, in accordance with the Child and Family Agency Act 2013, its own Code of Conduct which is available on the Tusla website.⁸

In addition to the Ethics in Public Offices Acts 1995–2001, Board members make an annual disclosure of any potential or actual conflict of interests. Board members are responsible for notifying the Board Secretary on an ongoing basis should they become aware of any change in their circumstances regarding conflicts of interest.

Tusla has established and maintains procedures for the making of protected disclosures and procedures for dealing with such disclosures. In 2021 the Board reviewed and approved a revised Protected Disclosures Policy and developed guidelines for making a protected disclosure. The revised Protected Disclosure Policy came into effect on 1 March 2022. In accordance with Section 22 of the Protected Disclosures Act 2014, Tusla will publish an annual report on the number of protected disclosures received in the previous year and resulting actions.

Accountability

Compliance with the Child and Family Agency Act 2013 and Corporate Governance Codes

The Agency has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to seek to ensure compliance with the Code. The Code of Practice for the Governance of State Bodies 2016 sets out the principles of corporate governance that State Boards are required to observe.

The Agency monitors its compliance with its legal and governance obligations as set out in the Child and Family Agency Act 2013 and the Code of Practice for the Governance of State Bodies 2016 with the assistance of compliance checklists and biannual meetings with the Department of Children, Equality, Disability, Integration and Youth Governance Unit. The Agency is compliant with all aspects of the Child and Family Agency Act 2013 and complies with the principles of corporate governance, which the Board is required to observe under the Code.

Tusla's Code of Governance

The Agency is required under Section 50 of the Child and Family Agency Act 2013 to prepare and submit a Code of Governance to the Minister for Children, Equality, Disability, Integration and Youth for approval. The Child and Family Agency Act 2013 and the Code of Practice for the Governance of State Bodies 2016 form the basis of Tusla's Code of Governance. The work and responsibilities of the Board, Chairperson and CEO are set out in Tusla's Code of Governance, which also contains matters specifically reserved by the Board for decision.

The Board reviews the terms of reference of each of the Board sub-committees on an annual basis, approves the Agency's Standards of Integrity and Code of Conduct and reviews its vision, mission and guiding principles having regard to its statutory functions when developing the Agency's Corporate Plan.

In 2022 the Board reviewed its key governance documents including its Terms of Reference and Standing Orders and its Code of Governance. As part of this review the Agency undertook the development of a digital version of its Code of Governance. The digital Code will be based on the Code of Practice for the Governance of State Bodies 2016 principles and provisions and the Agency's legislative requirements. The Board reviews adherence to its Code of Governance through ensuring clear lines of responsibility and compliance with the Board's terms of reference, standing orders and reporting requirements.

8. https://www.tusla.ie/uploads/content/HR_Code_of_Conduct.pdf

Oversight Agreement

Under Section 8.4 of the Code of Practice for the Governance of State Bodies 2016 the Department of Children, Equality, Disability, Integration and Youth is required to ensure that it has a written Oversight Agreement in place with Tusla. The Oversight Agreement is required to reflect:

- the legal framework of Tusla,
- the environment in which it operates,
- the purpose and responsibilities of Tusla,
- Tusla's level of compliance with the Code,
- details of the Performance Delivery Agreement, and three arrangements for oversight, monitoring, and reporting on conformity with the oversight agreement.

The arrangements set out in the current Oversight Agreement apply with effect from April 2022 until the date the next oversight agreement is signed, subject to any other agreed arrangements in the interim.

Financial and Business Reporting

In accordance with the Child and Family Agency Act 2013, the Board is required each year to prepare and adopt an Annual Report in relation to the performance of the Agency's functions and to approve the Annual Financial

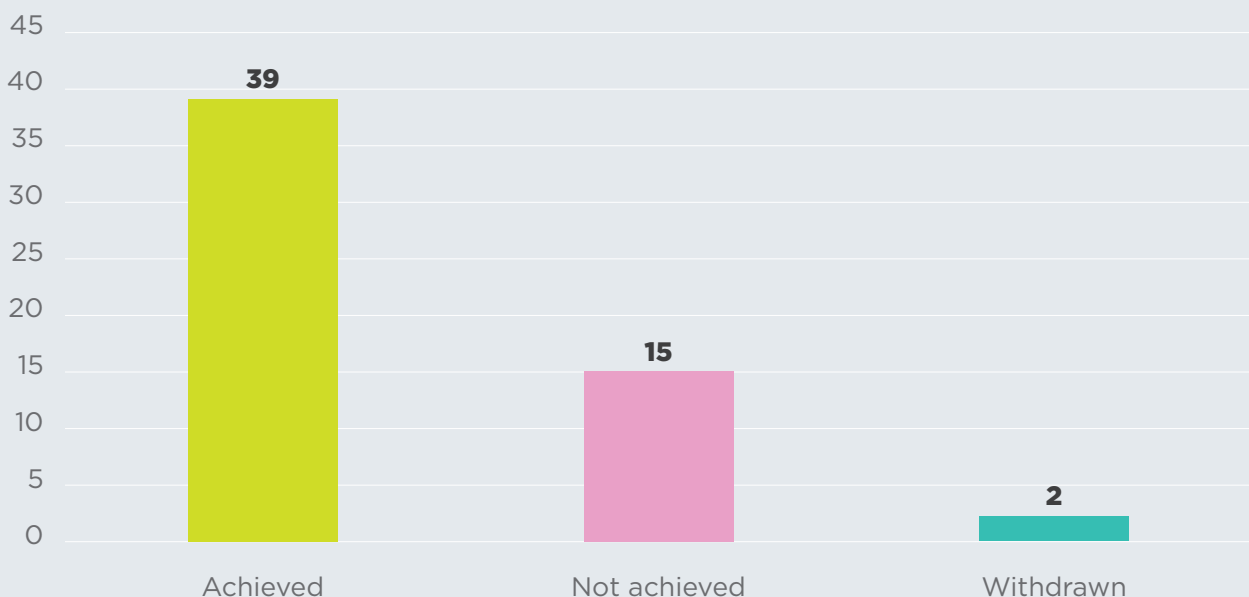
Statements (AFS). The Board consider the Annual Financial Statements to be a true and fair view of the Agency's financial performance and its financial position at the end of 2022. The Board members' responsibilities regarding the financial statements are set out in the AFS 2022.

The Annual Financial Statements and Annual Report for 2022 have been drafted in compliance with the Code of Practice for the Governance of State Bodies 2016. The 2022 Annual Report is the ninth Annual Report published by the Agency and the second report published under the Corporate Plan 2021-2023.

Board Evaluation of Performance against 2022 Business Plan

The 2022 Business Plan was prepared in accordance with the requirements of Section 46 of the Child and Family Agency Act 2013, and in response to the Performance Statement 2020, issued by the Minister for Children, Equality, Disability, Integration and Youth to the Chair of the Board. Business Plan 2022 detailed a total of 71 Business Plan actions (56 aligned to our objectives and 15 aligned to our TESS and AEARS services whose actions were detailed separately to reflect the policy direction of the DoE for this services). The following chart provides a summary overview of the end-of-year status of the 2022 Business Plan Actions:

Status of Business Plan Actions @ end Q4 2022





The actions that were not achieved in 2022 have been included within the actions of the 2023 Business Plan. The withdrawn actions have become part of wider strategies and are being progressed through those strategies.

Statement on Internal Controls

In 2022 the Board continued and improved on the work commenced in 2021 in relation to the reviewing of the internal controls and risk management processes in place throughout the Agency. The Board's assessment of the system of internal controls formed the basis of the Statement of Internal Controls (SIC) for 2022. The Board acknowledges its responsibility for ensuring that an effective system of internal control is maintained and operated.

As required by the Code of Practice for the Governance of State Bodies 2016, the Chair of the Board makes a statement on behalf of the Board to demonstrate the arrangements for implementing a system of governance and financial controls.






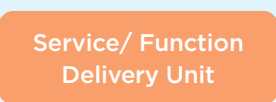

Risk Management

Risk management continues to be a key area of focus for the Board and Board committees and is a standing item on the Board agenda. The Board undertook its annual review of its Enterprise Risk Appetite Statement in 2022 and the Committee Chairs held their annual joint meeting in relation to risk management and respective responsibilities.

Tusla is committed to:

- adopting a proactive approach to the management of risk to support both the achievement of objectives and compliance with governance requirements,
- ensuring that risk management is seen as the concern and responsibility of everyone and embedded as part of normal day-to-day business,
- ensuring risk management principles and practices form an integral part of its culture, governance and accountability arrangements, decision-making processes, strategic and operational planning and reporting, review, evaluation and improvement processes,
- establishing and providing the necessary structures, processes, training and other supports required to implement this policy,
- a high standard of governance and compliance by ensuring risk is managed in line with the Code of Practice for the Governance of State Bodies.

Tusla's Audit and Risk Committee met regularly across 2022 and reviewed the National Corporate Risk Register (NCRR) on a quarterly basis on behalf of the Board, followed by a quarterly review of the NCRR by the full Tusla Board. A full account of those risks and the associated controls and actions is provided at **Appendix 2**, and Tusla's Risk Management Governance Structure is outlined below:

Structure / Reporting Line	Monitor and Oversight of Level Below	Risk Registers	Evaluation and Notification of Risk
Board, Audit and Risk Committee			
Chief Executive and Executive Management Team			
Chief Risk Officer			
Executive Management Team			
Service Delivery / Functional Management e.g. Regional Chief Officers, Service Directors			
Approved Local Management Structures in the Regions and Services			
All Staff			

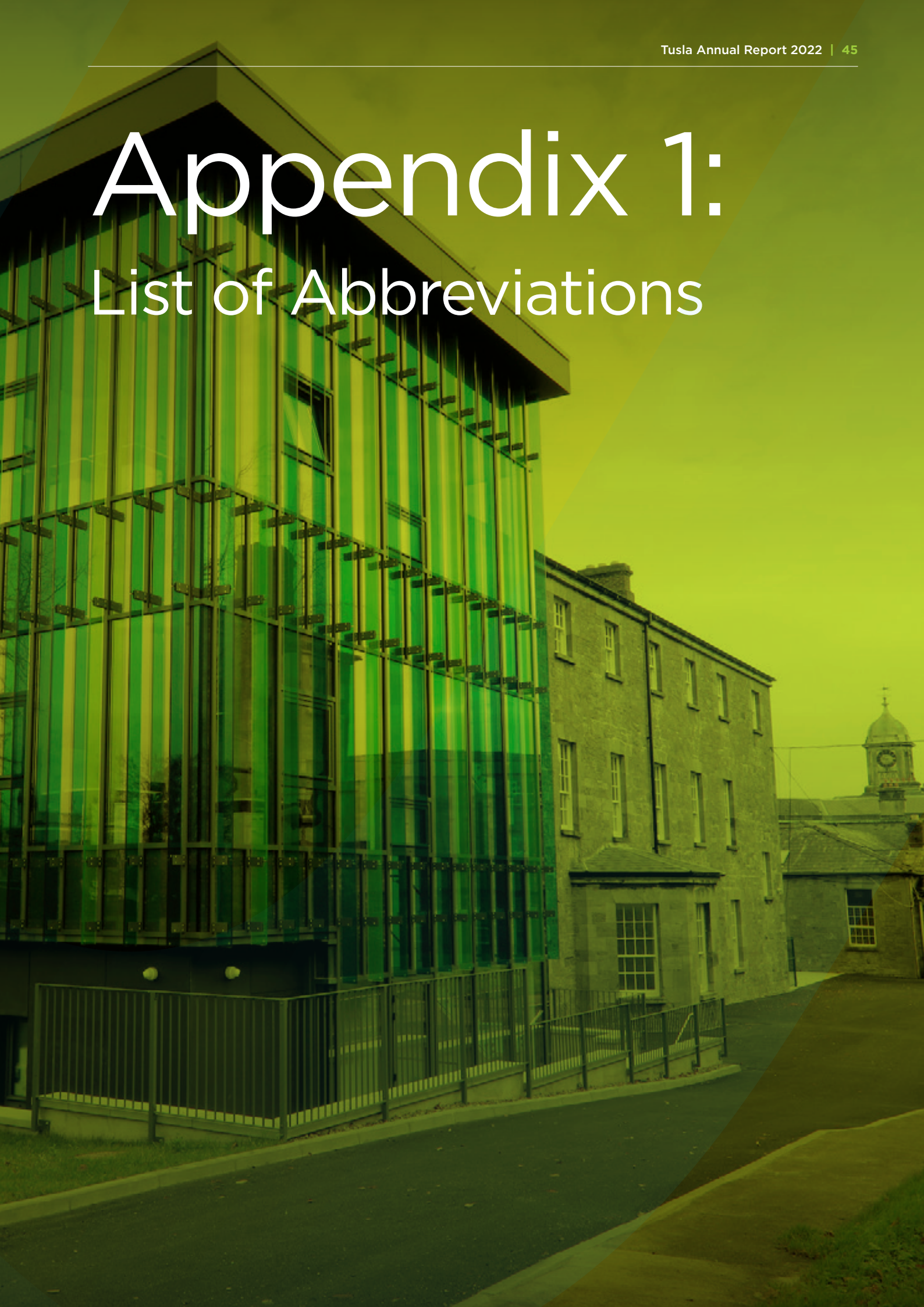
A revised Organisational Risk Management Policy was launched on 31st January 2022, followed by an Agency wide awareness program which extended the implementation of the Tusla digital risk register platform. The implementation of the revised Incident Policy and Guidance documents, launched at end of 2021, occurred throughout 2022. Risk and incident management engagement and training sessions occurred across the Agency throughout 2022 and will be continued and expand in the coming year.

Focus for 2023

In 2023 the Board will be focused on the development of its Corporate Plan for 2024 – 2026. It will continue to focus on the support and implementation of the goals and objectives as set out under the three key strategic areas of Culture, Practice and Structure of the 2021- 2023 Corporate Plan.

Appendix 1:

List of Abbreviations

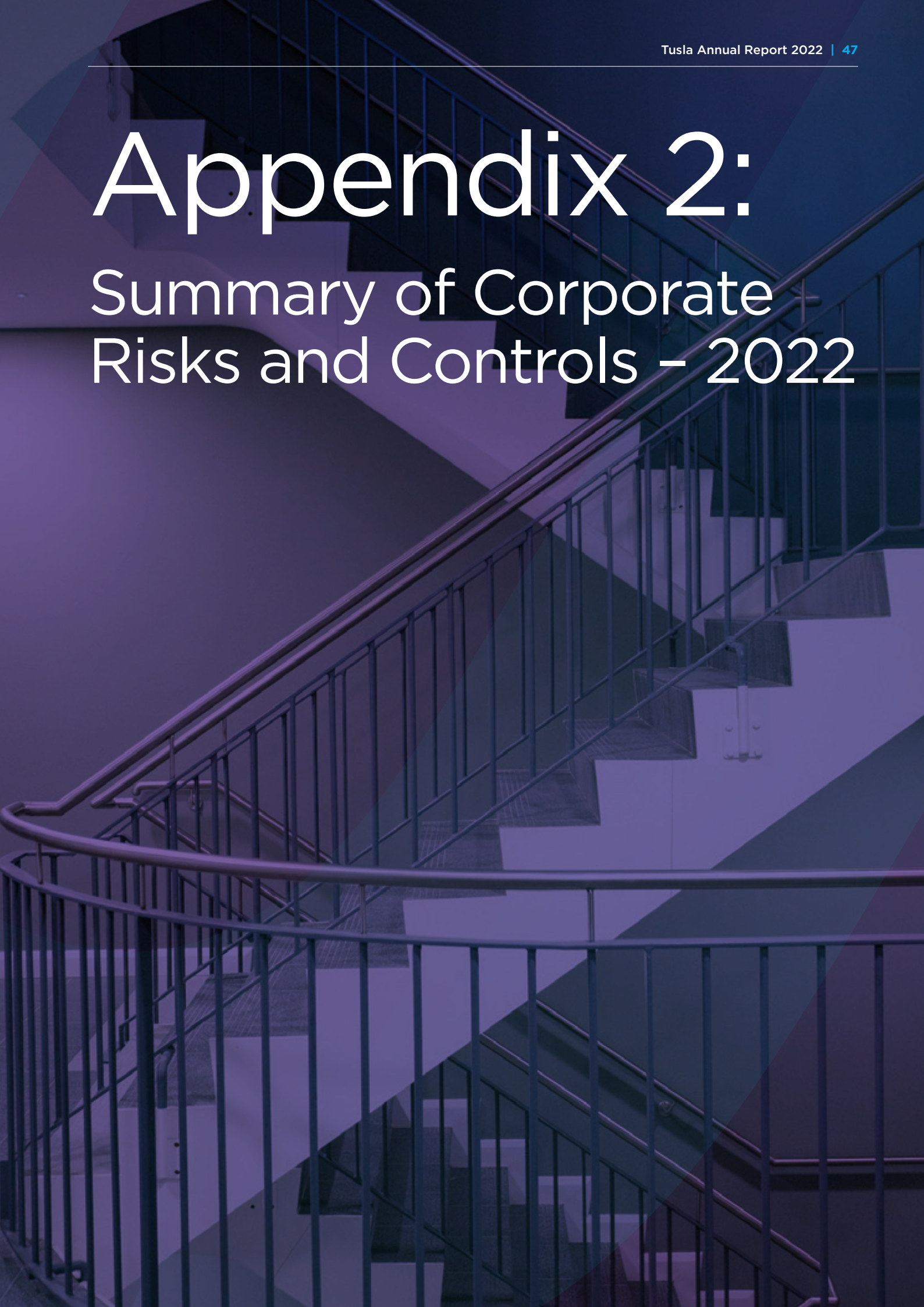


Appendix 1: List of Abbreviations

Abbrev.	Term	Abbrev.	Term	Abbrev.	Term
ACIMS	Alternative Care Inspection and Monitoring Service	EPIC	Empowering People in Care	PASM	Practice Assurance and Service Monitoring
AEARS	Alternative Education Assessment and Registration Service	FCS	Financial Compliance Statements	PD	Protected Disclosures
AFS	Annual Financial Statements	FOI	Freedom of Information	PIC	Person in Charge
AGS	An Garda Síochána	GAL	Guardian Ad Litem	PSAA	Person Subject of Abuse Allegations
ARC	Audit and Risk Committee	GDPR	General Data Protection Regulation	PSW	Principal Social Worker
BNASC	Barnahus National Agency Steering Committee	H&S	Health and Safety	QMS	Quality Management System
CASP	Child Abuse Substantiation Procedure	HIQA	Health Information and Quality Authority	RCO	Regional Chief Officer
CEO	Chief Executive Officer	HSA	Health and Safety Authority	RINA	Research and Information Needs Analysis
CHI	Children's Health Ireland	HSE	Health Service Executive	RORMSIC	Regional Operations Risk Management and Service Improvement Committees
CHO	Community Health Organisation	IASW	Irish Association of Social Workers	SAR	Subject Access Request
CIC	Children in Care	IFMS	Integrated Financial Management System	SCA	State Claims Agency
CPT	Centralised Processing Team	IU	Internal Investigation Unit	SCSIP	Separated Children Seeking International Protection
CRR	Corporate Risk Register	IPRSG	Integrated Practice Reform Steering Group	SENS	Significant Event Notifications
CRS	Children's Residential Services	JRP	Joint Practice Review	SIC	Statement on Internal Controls
DBEI	Department of Business, Enterprise and Innovation	LGBTI+	Lesbian, Gay, Bisexual, Transgender, Intersex	SWEG	Social Work Education Group
DCEDIY	Department of Children, Equality, Disability, Integration and Youth	MOU	Memorandum of Understanding	TAG	Tusla Advisory Group
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science	NCCIS	National Childcare Information System	TCM	Tusla Case Management
DoE	Department of Education	NCRR	National Corporate Risk Register	TEDI	Tusla Equality Diversity and Inclusion
DPIA	Data Protection Impact Assessment	NIMS	National Incident Management System	THA	Temporary Higher Appointment
DSA	Data Sharing Agreement	NORMSIC	National Operations Risk Management and Service Improvement Committees	TY	Transition Year
DSGBV	Domestic, Sexual and Gender-Based Violence	NPPT	National Private Placement Teams	VHA	Violence, Harassment and Aggression
eCANS	Electronic Child Abuse Notification System	OHEAP	Occupational Health and Employee Assistance Programme	WTE	Wholetime Equivalent
EMT	Executive Management Team	OIC	Office of the Information Commissioner		

Appendix 2:

Summary of Corporate Risks and Controls – 2022



Appendix 2: Summary of Corporate Risks and Controls – 2022

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Chief Executive Office	Operational	Special Emergency Arrangements: There is a risk to the Agency in failing to meet several requirements (care standards, procurement, finance) through the increasing use of unplanned emergency responses referred to as Special Emergency Arrangements	Controls: <ul style="list-style-type: none"> The National Director of Services and Integration and the National Director of Finance have established an oversight and quality improvement approach to this with detailed actions. Local arrangements in place to provide assurance in terms of qualification of staff, and Garda vetting of staff. Emergency Care Co-ordinators appointed for Regions. Significant EMT engagement: development of new Standard Operation Procedure and Governance structure will be in place by 1 October 2022. All children and young people have a care plan in place and an allocated social worker. Special Emergency Arrangements tracker has been developed for reporting on a weekly basis. Planned actions: <ul style="list-style-type: none"> Strategic Plan for Foster Care Services for Children and Young People 2022-2025 – implementation of the recommendations by 2025. The Strategic Plan for Residential Care Services for Children and Young People 2022-2025 – implementation of recommendations by 2025. Explore option of 'high needs' procurement 2022/2023. The Tusla Aftercare Strategy is currently in development, due for completion by end of Q4 2022.
Corporate Services	Physical/ Psychological	Health & Safety: There is a risk to the safety, health and welfare of staff, service users, members of the public and others impacted by the Agency's activities due to non-compliance to existing health and safety legal requirements, and the lack of a comprehensive safety management system.	Controls: <ul style="list-style-type: none"> Requirement for all sites to have an up-to-date site-specific Safety Statement and associated Risk Assessments. A Safety Statement Folder, containing 36 Risk Assessments, is currently being rolled out to 105 Tusla premises. As of 13/01/23 all of these premises have functioning safety statements. Approximately 80% of Tusla staff are based at these premises and are now covered by safety statements. There is a requirement to review and update safety statements annually. Phase 2 implementation plan is underway for remaining Tusla properties that will require complex satellite safety statements. Tusla H&S Advisors form part of the Regional Management Teams and participate in teams to promote employee health and safety by providing technical and expert advice to Service Directors to respond to emerging risks and are a conduit for H&S-related advice and guidance. Since Q4 2022 two advisors are on maternity leave and have not been backfilled temporarily. A recruitment process for temporary replacements is planned for Q1 2023.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Corporate Services	Physical/ Psychological	Health & Safety: There is a risk to the safety, health and welfare of staff, service users, members of the public and others impacted by the Agency's activities due to non-compliance to existing health and safety legal requirements, and the lack of a comprehensive safety management system.	Controls: <ul style="list-style-type: none"> The H&S Unit continues to conduct ongoing site inspections and audit visits. Approximately 200 site visits are planned for 2023. Although Regional H&S advisors are available to support staff at a ratio of 1:1,000 staff, this ratio has been impacted due to unplanned advisor absence. A national incident management reporting dashboard has been developed and generates weekly reports for EMT. H&S unit supports follow-up with NIMS incidents, includes engaging with the State Claims Agency (SCA) and the Health and Safety Authority (HSA) for H&S aspects of incidents following up with area/region to ensure identified actions are closed out. Reporting to the SCA and HSA is dependent on accurate/timely information received by H&S function from business units. The H&S function follows up on investigations. The H&S function supports the local area/region to implement any recommendations arising from H&S Authority unsolicited visits. Any actions that cannot be implemented are appropriately escalated to the appropriate owner in the Senior Leadership Team by the Director of Corporate Services. The H&S objectives in the Corporate Plan 2021-2023, where resourced and implemented, are intended to address all risks on the H&S function risk register. Development of H&S Policy Programme to address dealing with occupational Health & Safety risk. A programme of policy development & 12 key policies are currently being developed and implemented including VHA; lone working; night working; slips, trips & falls; manual handling; child seat safety; driving for work; incident management. These actions will be dependent on having a Policy Advisor in post. In conjunction with colleagues from Tusla OHEAP, the H&S team has developed a comprehensive Display Screen Equipment risk assessment which is available to all staff. This is also informed by the Tusla blended working policy. This is supplemented by risk assessments completed in local offices by H&S advisors who are qualified assessors. Development of further (e-learning) health and safety training modules including mandatory VHA e-learning module. Online mandatory manager and employee training module has been developed by the Tusla Health and Safety (H&S) Dept and rolled out nationally via HSELand. 120 mandatory H&S courses we procured during 2022 by the Tusla H&S Dept and distributed nationally. Where procurement rules facilitate it and if there is sufficient attendees available from each region, mandatory H&S classes will again be procured in 2023 by Tusla H&S Department. Significant deficit in certified responders and fire wardens has been noted due to COVID-19 impact on training availability.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Corporate Services	Physical/ Psychological	Health & Safety: There is a risk to the safety, health and welfare of staff, service users, members of the public and others impacted by the Agency's activities due to non-compliance to existing health and safety legal requirements, and the lack of a comprehensive safety management system.	<p>Controls:</p> <ul style="list-style-type: none"> In conjunction with colleagues from Tusla Workforce Learning and Development the H&S team have developed a module on HSELand to facilitate the national management of all mandatory health and safety training delivered to Tusla employees. One member of the H&S team is certified as manual handling trainer and are delivering the online component of manual handling training. A Person-in Charge (PIC) is required to facilitate the installation of site-specific safety statements in each Tusla premises. This person is nominated by the Area Manager and requires specialist training. A PIC training package has been developed by the H&S team and has been rolled out nationally. This training will continue to be offered nationally to regions and is demand driven. In 2022, in conjunction with colleagues from WLD, fire-warden, first aid and Employee Safety Representative training was rolled out nationally. Assuming there is sufficient budget in 2023, this training will continue to be rolled out. Where identified as necessary, the H&S Unit will continue to develop, provide and/or procure online training programmes to address critical business need. <p>Planned actions:</p> <ul style="list-style-type: none"> Design of National Health and Safety Management System is now completed, approved by SLT and ARC and implementation was significantly delayed by COVID-19. Notwithstanding, several key elements of the SMS have been prioritised for delivery, principally VHA management and site-specific safety statements.
Policy and Legislation	Compliance	FOI: Due to inadequate technical and organisational measures and the low level of GDPR maturity (1.5), any or all of the eight Principles of GDPR and other legislation may be breached, resulting in an impact on service users' privacy rights. Due to current resource, organisational, practice and procedures adopted across the FOI function, a lack of compliance of the provisions of the FOI Act will result in failure of statutory obligations and impact on service users and the public to access agency records.	<p>Controls:</p> <ul style="list-style-type: none"> Data Protection Unit (DPU) and Privacy Network are in place to develop, facilitate and support best practice in Data Protection and FOI compliance. 24 Grade VII Privacy Officers are now in place nationally and an additional 10 Grade V Administrators for file retrieval have been recruited. A number of data protection roles were filled in 2022 including Deputy DPO, Privacy Network Manager, Compliance Grade VIII, Governance GM, Regulatory Lead, and a number of administrators. Two campaigns to fill DPO post were unsuccessful. Mandatory eLearning programmes are in place for Data Protection and FOI. Mandatory training programme Sharing Personal Data Safely continues in 2022 with over 4,200 staff having attended to date. Information sessions on 'Protecting Personal Data When Sending Post' – total of 20 information sessions delivered across six regions, adoption service, corporate directorates and the DPU (circa 1,000 attendees). Resources available on the Hub include training, toolkits, policies, procedural documents, and FAQs for implementation of compliance operations. The Tusla Privacy Notice is available on the website and has been communicated throughout the organisation. Specific Privacy Notices for high-risk processing activities such as CASP are in place.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Policy and Legislation	Compliance	<p>FOI: Due to inadequate technical and organisational measures and the low level of GDPR maturity (1.5), any or all of the eight Principles of GDPR and other legislation may be breached, resulting in an impact on service users' privacy rights. Due to current resource, organisational, practice and procedures adopted across the FOI function, a lack of compliance of the provisions of the FOI Act will result in failure of statutory obligations and impact on service users and the public to access agency records.</p>	<p>Controls:</p> <ul style="list-style-type: none"> An action plan to address DPC inquiries is in place. Quarterly engagement with the DPC for 2022 is ongoing. As part of 2022 engagement with the OIC, on 26th April they confirmed that the Action Plan is now closed to the OIC's satisfaction as the majority of actions have been completed and/or are in progression. Engagement with the OIC will continue in 2022. In response to the cyber-attack, an Incident Management Team (IMT) is in place. The temporary Deputy DPO continues to support the response. Operation Return, Chaired by RCO, DML, has been established to design, implement and manage the notification process. A Programme Manager has been appointed and the work resourced by a multidisciplinary team including external specialist resources. IMT remains in place into Q4 2022 until governance of operational returns transitions to RCO, DML. A full programme of work is in place for phase 3 GDPR Programme, comprising four work streams under the governance and ownership of a GDPR Steering Group. The work streams comprise data protection operating model; data protection risk management (DPIAs and third-party risk management); regulatory engagement; change management, training and awareness. The DPO has issued formal advice to the TuslaIRL Steering Group concerning the required data protection controls that should be in place to ensure TuslaIRL compliance with data protection legislation. The following policies are in place and available on the Hub to support compliance with data protection legislation: Data Protection and Privacy Policy, DPIA Policy and Procedure, Third-Party Privacy Risk Management Policy and Procedure, Redaction Policy, and guidance. Data Protection FAQs now available on the Hub. A Data Subject Rights Portal is available on the Tusla website to facilitate service users submitting a request for access to their personal data, to rectify data, to erase data, to restrict the processing of data or to object to the processing of data. The Tusla website provides information for the public on how to submit an FOI request. A Centralised Processing Team (CPT) was established with the objective of clearing the Subject Access Requests (SARs) and FOI backlog. An additional 10 administrative resources have been identified to support regional and service directorate teams in relation to hard copy retrieval of the information to the CPT. The SAR/FOI sourcing framework was implemented, reducing the backlog to date by 79%, and is on target to conclude on time and within budget at the end of March 2023.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Policy and Legislation	Compliance	<p>FOI: Due to inadequate technical and organisational measures and the low level of GDPR maturity (1.5), any or all of the eight Principles of GDPR and other legislation may be breached, resulting in an impact on service users' privacy rights. Due to current resource, organisational, practice and procedures adopted across the FOI function, a lack of compliance of the provisions of the FOI Act will result in failure of statutory obligations and impact on service users and the public to access agency records.</p>	<p>Controls:</p> <ul style="list-style-type: none"> Adoption experiencing significant challenges in meeting business as usual obligations under FOI, GDPR and Birth Information and Tracing applications, further to the recent enactment of the BIT legislation. The DPU is supporting Adoption in preparing a business case for their backlog mitigation approach. Allocation of Privacy Officers and file retrieval staff to BIT applications is a risk to achieving statutory timelines and is likely to result in a further business as usual backlog developing. <p>Planned actions:</p> <ul style="list-style-type: none"> Data Protection Operating Model further refined and implemented: Data Protection email queries are now managed through the newly created Request Management System (RMS) (404 queries were received and responded to within two days by the Helpdesk in 2022). Assist the regions and directorates to optimise the Operating Model for data protection and FOI, ensuring that resources are used in the most effective and efficient manner. Support recruitment deficits required to embed data protection in Tusla. DPU leveraging the Privacy Network for DPC-generated complaints and the OIC Appeal process and supported the recruitment of the 10 file retrieval posts and other data protection recruitment campaigns in Tusla, and a new SharePoint reporting model for Access Requests. FOI is now in use by the Directorates and a revised SAR SOP was approved, Workshops with Regional Chief Officers (RCOs) and their teams are continuing for the ongoing co-design and implementation of a DP and FOI Operating Model. DPU will support information and process owners with the completion of data protection impact assessments (DPIAs) for at least five high-risk processing activities, as prioritised and agreed by the integrated GDPR steering group. Support information and process owners with the completion of third-party privacy risk assessments, as prioritised and agreed by the integrated GDPR steering group. Work with the Integrated GDPR Steering Group to prioritise and agree a structured programme of work that will support the management and remediation of the risks identified in Third Party Risk Assessments and DPIAs completed in 2021. One targeted training or awareness activity delivered per quarter: GDPR features in the Tusla eBulletin quarterly, Data Protection Awareness (DPA) Week took place in October 2022 and information sessions on 'Protecting Personal Data When Sending Post' delivered through local sessions by the Privacy Officers.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Policy and Legislation	Compliance	<p>FOI: Due to inadequate technical and organisational measures and the low level of GDPR maturity (1.5), any or all of the eight Principles of GDPR and other legislation may be breached, resulting in an impact on service users' privacy rights. Due to current resource, organisational, practice and procedures adopted across the FOI function, a lack of compliance of the provisions of the FOI Act will result in failure of statutory obligations and impact on service users and the public to access agency records.</p>	<p>Planned actions:</p> <ul style="list-style-type: none"> The Subject Access Requests (SARs)/FOI outsourcing framework will be implemented, and current (October 2021) backlog reduced by 50% through the implementation of an insourcing model. Support the Agency in building capacity to achieve compliance with SAR/FOI. The SAR/FOI sourcing framework was implemented, reducing the backlog to date by 79%, and is on target to conclude on time and within budget at the end of March 2023. Support the Agency in building capacity to achieve compliance with SAR/FOI, further increasing the regional data protection workforce by 10. Support the regions, directorates and adoption with DSARs and FOI business as usual deficits and support requirements to address increases to deal with substantial increase in processing. Breach notifications will be submitted to the DPC within 72 hours of initial identification. Identify remedial actions required in each area/service/directorate in response to personal data breaches to reduce the risk of further breaches. Where the DPU has identified a systemic issue, it will communicate to the GDPR Steering Group. DPU Helpdesk Queries will be responded to within two days of receipt. Support staff with their data protection queries by responding to all DPU Helpdesk Queries within two days of receipt. Leverage the Privacy Officer Network to ensure that queries answered through the helpdesk are embedded. Engage with DPC and OIC on behalf of the Agency at least once per quarter. Continue to manage the remediation actions identified by OIC and DPC as part of their statutory inquiries. Strategic quarterly meetings were held between Tusla and the DPC to inform the Commission of the inquiry implementation plan progress and the GDPR Programme. Operational meetings concerning complaints, SARs and breaches are held every three weeks/weekly between the DPC and Tusla. TuslaIRL: Provide Data Protection and technical support to ensure Tusla's ICT environment is compliant with GDPR. Manage the end-to-end process of investigating the effects on service users as a result of the cyber-attack and ensure that Tusla is meeting its Article 33 requirements.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Integration and Accountability	Reputation and Profile	ICT Services: That Tusla may fail to protect the confidentiality, integrity and availability of information due to the absence of sufficient risk controls caused by Tusla not having full direct control of its user accounts, systems and devices that are currently hosted on the HSE network.	<p>Controls:</p> <ul style="list-style-type: none"> Tusla ICT Directorate (Tusla ICT) was established in 2017 to create an independent ICT infrastructure for Tusla. Tusla ICT began to implement an ICT Strategy and Data Management Strategy under the Corporate Plan. Tusla ICT has started a programme of work to segregate the Tusla data environment from the HSE data environment. As of the end of Q1 approximately 2,500 staff and almost 100 offices have now migrated to the new Tusla ICT network known as TuslaIRL. Tusla ICT has identified the ICT requirements across all Tusla services and has started to expand the coverage of digital services to all Tusla services. Tusla has increased resources in ICT incrementally year on year. Board approval to expedite the programme of work since the cyber-attack of 14 May 2021. <p>Planned actions:</p> <ul style="list-style-type: none"> Continue to implement the ICT Strategy and Data Management Strategy (as updated for the period 2021-2023) and implement the ICT performance objectives of Tusla Corporate Plan 2021-2023 under strategic goal no. 4: 'Ensure our local teams and services are facilitated and supported by national systems and resources that promote integration and accountability.' Deliver ICT projects which establish independent infrastructure and systems. Deliver ICT projects to digitise paper-based information processes. In response to the incident, every ICT asset was switched off and turned on with enhanced security controls to identify and contain threats. This also scans and alerts for vulnerabilities. Continual monitoring occurs for threats and vulnerabilities. Access controls to all systems in the network environment affected by the cyber-attack were removed and reinstated by justification. All internet access points removed and reintroduced by justification, assessment and newly defined security requirements.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Corporate Services	Operational	Demand on Services: There is a risk to the safety, wellbeing and welfare of children due to insufficient capacity/resources to meet existing levels of service demand for Child Protection and Welfare.	<p>Controls:</p> <ul style="list-style-type: none"> Children with immediate risk of harm are prioritised. Management and governance structures are in place to allow for regular performance monitoring at all levels. Additional budget allocation for staffing from DCEDIY. Additional funding has been allocated to areas of priority as identified in the business plan. The Child Abuse Substantiation Policy and Procedure 2022. Tusla continually endeavours to increase our WTE to support current levels of demand in 2022. Tusla launched its People Strategy that focuses on the development and capacity building within our workforce. 2023 goals and objectives have been identified to support this. Strategic Plan for Residential Care Services for Children and Young People 2022-2025 published in 2022. Recommendations and action plan to be fully implemented by 2025. The 2023 annual PASM Audit/Review plan has been approved by the Service and Quality Committee. Progress, findings and priorities will be reported throughout the year at NORMSIC and RORMSIC meetings. <p>Planned actions:</p> <ul style="list-style-type: none"> Concluded: In addition to the current funded workforce, which is currently 4,869 WTE staff, with additional 218.5 posts have been approved across all services for recruitment by the Director of Services and Integration. This includes a mix of administrative, business support, Social Work and Social Care grades, inclusive of 29 WTEs in Adoption. Ongoing engagement with HR on Workforce Planning process is being embedded to address resourcing needs within our funding allocation throughout the Agency in 2022. Concluded: Tusla has commenced discussions with the Department of Further and Higher Education, Research, Innovation and Science (DFERIS) to explore a social work apprenticeship scheme with a view to increasing the supply of social work in the medium term. The DCEDIY is supporting this initiative with Tusla and DFERIS. This and other engagements with DFERIS will subsume the work of Social Work Education Group with the aim of influencing an increase in the number of social workers graduating annually. The Integrated Steering Group for Practice Reform is actively looking at improving the capability of Social Work practice in Child Protection and Welfare through its work under Embedding Signs of Safety and increasing our capacity and capability to respond to cases awaiting allocation and deemed to be low-harm/high-need cases.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Integrated Supports and Services	Service User Experience	Special Care Placements: There is a risk to the continuity of service delivery for the cohort of young people who require Special Care Services due to the lack of availability of placements as a result of a lack of onward placements for those young people currently in Special Care. Contributing to the current difficulties is the lack of regulation of the Guardian Ad Litem (GAL) Service and capacity issues.	<p>Controls:</p> <ul style="list-style-type: none"> CPL is actively recruiting on behalf of Special Care Services. HR are actively working to increase the range of recruitment agencies to support this process. Engaging with National Operations regarding the provision and management of onward placements. Monthly meetings with RCOs in place to discuss priorities for placements. Increased placement options continue to be procured by the National Private Placement Team (NPPT) to provide a variety of placements to meet the needs of young people requiring residential care. A plan to increase capacity across residential care including special care step down was approved by the Board on 25/03/2022. Ongoing engagement with private providers to provide specialist step-down facilities continues. A property for a step-down service from Special Care has been secured January 2023 and staff are currently being recruited. The NPPT have procured a number of placement options including dual occupancy within the private sector in 2022. The agreed expansion of the qualifications for Special Care continues to apply to widen the cohort of availability in the labour market. In addition to the ongoing rolling and bespoke campaigns in December 2022, a significant high-profile recruitment campaign and initiatives was launched for Special Care units. In 2022 Tusla launched a dedicated Graduate Social Care Campaign which resulted in additional staff in CRS, and the 2023 campaign is currently underway. <p>Planned actions:</p> <ul style="list-style-type: none"> Concluded: CEO coordinated response in July 2021 to include additional and immediate management of 1) full funding approval discharge of cases; 2) full funding approval for CRS to advance step-down framework; and 3) full funding approval for additional therapeutic inputs. Concluded: CEO issued an additional instruction for a coordinated response and management of local complex case management/district course cases. Concluded: Establishment of a task force to review referrals to and transfers to Special Care. Concluded: Tusla has implemented an Integrated Governance Model to ensure timely transition from special care, which includes oversight of the risk of the unlawful detention of a child/young person in special care. Included in the model are guidance documents on legislative criteria for a Special Care intervention and Referral Guidance for Social Workers, and Special Care Referrals.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Corporate Services	Operational	Demand on Services: There is a risk to operational service delivery in terms of social work resources available due to the limited number of social workers graduating in the Republic of Ireland.	<p>Controls:</p> <ul style="list-style-type: none"> The multidisciplinary team is currently working in co-operation with Tusla's Therapeutic Service. The recruitment of Regional Therapeutic Teams is currently underway. Tusla have commenced discussions with DFERIS to explore a social work apprenticeship scheme with a view to increasing the supply of social work in the medium term. The DCEDIY are supporting this initiative with Tusla and DFERIS. This and other engagements with DFERIS will subsume the work of the Social Work Education Group (SWEG) with the aim of influencing an increase in the number of social workers graduating annually. In 2022, Tusla have committed to a number of workforce stabilisation initiatives which are currently underway including Agency Conversion, Temp to Perm contracts and temporary higher appointments (THAs). Social Work Graduate Campaign – an enhanced 2022 Social Work Graduate Campaign was completed where all social work graduates were offered permanent contracts of employment with the Agency. This has been hugely successful, with an increase on the 2021 uptake. Social Care Work Graduate Campaign – mirroring the enhanced Social Work Graduate Campaign, in 2022 Tusla advertised its first Social Care Work Graduate Campaign; this has been completed and 47 new social care work staff are in the process of being recruited. <p>Planned actions:</p> <ul style="list-style-type: none"> The Corporate Plan 2021-2023 highlights a focus on the development of our workforce skills, knowledge and competence while increasing their capability to deliver high-quality integrated services. We will implement retention initiatives to enhance and retain our staff to ensure we have the professional workforce required to deliver our services. Concluded: The pilot bursary/sponsorship programme has concluded, with an additional 18 graduates being directly employed by Tusla in 2021. Future bursary/sponsorship programmes will be targeted and be determined by area(s) of specific particular need. In 2021 Tusla was successful in having Social Work included in the Critical Skills List – Department of Business, Enterprise and Innovation (DBEI). In 2023 Tusla will progress overseas recruitment with the aim of increasing the supply of social workers. Concluded: In 2022 Tusla embarked on an enhanced focused graduate social work recruitment campaign all graduates (including ROI and Northern Ireland).

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Corporate Services	Operational	Demand on Services: There is a risk to operational service delivery in terms of social work resources available due to the limited number of social workers graduating in the Republic of Ireland.	<p>Planned actions:</p> <ul style="list-style-type: none"> A recruitment and retention plan has been developed to focus on initiatives to promote Tusla as an employer of choice and increase retention rates. Concluded: Tusla is progressing a number of workforce stabilisation initiatives to enhance retention and stabilise teams across the operational system. Concluded: Tusla continues to be represented on the Cross Sectoral Steering Group to develop a strategic framework for health and social care workforce planning for Ireland. The National Strategic Framework for Workforce Planning for Health and Social Care (ongoing) Group did not meet in 2020 due to COVID-19.
Integrated Supports and Services	Operational	Foster Care Demand: There is a risk to the safety, welfare and wellbeing of children in foster care, due to inadequate capacity/resources/systems to ensure compliance with national standards for safeguarding.	<p>Controls:</p> <ul style="list-style-type: none"> Range of performance measures and management structures in place to facilitate oversight and control, e.g., allocation of social workers to child and foster carers, up-to-date care plans and Children in Care (CIC) review process. Actions in place to ensure children without an allocated social worker access a social work service, including statutory visits and child in care review and care plan. Foster care placements are subject to a number of safeguards including social work and other Tusla professionals' visits and contact with carers. Garda vetting for foster carers and adult family members. Area plans for CIC reviews, foster care reviews, support and supervision. Additional support can be provided locally, and relative care safeguarding visits are conducted prior to relative carer approval. Pre-approval model for non-statutory foster care providers is in place and is provided by Tusla Children's Regulation Service. The National Operational Framework for the aforementioned has been reviewed. It will increase governance and oversight. A market engagement process is taking place with private providers to ensure adequate contracts are in place. <p>Planned actions:</p> <ul style="list-style-type: none"> The Agency is currently developing an Alternative Care Strategic Plan to ensure that it continues to improve services. The Alternative Care Strategy incorporates a specific plan for Residential Care Services, Foster Care and Aftercare. Operational guidance for the management of child protection concerns for children in care has been finalised and is due for approval in January 2023. Further engagements will take place in February and March 2023 with foster care representative bodies and foster care agencies to support the changes to practice arising from the guidance. In addition, engagements will also occur with HIQA to ensure they are apprised of the national position/plan on complying with HIQA standards.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Relationship, Collaboration and Communication	Service User Experience	Public Confidence: Although reducing contemporaneously with regulatory inspection reports, there remains a risk of reduced public confidence in the Agency due to adverse findings from statutory investigations, inspections and serious incidents. The main remaining factors being that of consistency within practice and legacy issues. Emergency arrangements now separately treated on the Corporate Risk Register (CRR).	Planned actions: <ul style="list-style-type: none"> • Communication strategy in place with all internal and external stakeholders. • Continuous monitoring of threats to public confidence, matched with individual crisis communications plans with appropriate escalations to the CEO are in place. • Programme of improvement in place to increase compliance with regulatory requirements – as evidenced in trends of recent HIQA reports. • National Directors of Service plus Finance/ Corporate Service plus Chief Officers have put in place measures to 1. Reduce rate of unapproved/ad-hoc arrangements; 2. Reduce any compliance or governance concerns in existing c.35 arrangements by year end; 3. Develop sustainable solutions recognising the Agency is limited to doing this in all cases; 4. Improvement programme for regulation compliance now in place and with positive results.
Corporate Services	Financial	Financial Governance and Oversight: There is a risk of loss of public funds and ineffective use of Tusla funding due to insufficient financial governance or oversight arrangements and systems for all services, to include funded services.	Controls: <ul style="list-style-type: none"> • There is in place a Commissioning Unit to oversee various external agencies and relevant strategy developed. • Governance systems developed and established for section 56 and 59 funded agencies, including the setup of the Financial Compliance Unit and issuing of the Tusla Good Governance Framework. • Annual Compliance Statements sought from all Tusla funded agencies. Where these are not returned fully and accurately completed within prescribed deadlines, funding to that agency is put on hold until received. • Tusla-specific financial regulations, policies and standard operating procedures continue to be developed. • Training in procurement delivered to relevant staff members involved in the process. • HSE Memorandum of Understanding in place continue to be relied upon for certain services. • A Financial Compliance Unit is in situ with the role of completing desktop reviews on funded agencies annually and providing guidance to local Commissioners regarding financial governance for funded agencies. • Tusla internal financial controls were amended for Finance Processes during COVID; this document was updated in 2022 to approve e-signatures for all Tusla financial processes until the Financial Regulations have been updated and issued. In 2022 Finance provided a number of training sessions re financial controls.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Corporate Services	Financial	Financial Governance and Oversight: There is a risk of loss of public funds and ineffective use of Tusla funding due to insufficient financial governance or oversight arrangements and systems for all services, to include funded services.	Controls: <ul style="list-style-type: none"> There has been an unsatisfactory audit process in place since August 2020 and all over €1m have been audited with the exception of one agency which entered the over-€1m threshold in 2021 and on the 2022 audit plan. Where a funded agency receives an Unsatisfactory Audit report, the funded agency is put on monthly monitoring, review and payment approval by the Commissioning Unit/local Commissioner. Each funded agency must complete an annual Financial Compliance Statement. Completion of the Tusla Annual Control Assurance survey by relevant staff, this along with annual assurance return/reports completed by each Executive Management Team member for their Directorate and any committees in place which detail any weaknesses in controls, progress made in the year and work to be completed to strengthen controls. These reports are combined into the Annual Review of Effectiveness of Internal Controls for the Agency, which is reviewed and approved by the Board annually.
			Planned actions: <ul style="list-style-type: none"> Continual refinement of financial regulation and processes for all services being overseen as changes are introduced. Further updated Financial Regulations will be required through 2023 and 2024 due to implementation of IFMS. Continues to be the development of a fit-for-purpose ICT system to support governance and control of financial activity. Concluded: Implementation of the HSE MySelf Service online system for employee leave management and travel and subsistence claims. Implemented from 1 June 2022.
Integrated Supports and Services	Operational	COVID-19: There is a reducing challenge faced by the organisation in relation to the staffing of services during the predicted summer wave of COVID-19.	Control: <ul style="list-style-type: none"> Communication: CEO continued engagement with workforce through management teams and union engagement. Human Resources: HR Department commenced preparatory plans for future remote working policy (medium-term solution). Estates: CEO has directed immediate 'return to work location plans' from the Estates Function.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Integrated Supports and Services	Operational	<p>ICT Services: That a breach of policy, a failure of a control, the absence of a control, a technical error or <i>force majeure</i> may cause a threat to exploit a vulnerability in an ICT asset, causing an adverse impact on the confidentiality, integrity or availability of information, which may in turn adversely impact the delivery of a Tusla service or corporate function.</p>	<p>Controls:</p> <ul style="list-style-type: none"> Tusla ICT Directorate (ICT) performs regular information security assessments and reviews on the current infrastructure/system. ICT employees have online access to information security policies, standards and procedures. ICT managers direct employees to the policy documents, regularly remind them of the policies and the importance of policy compliance, and alert staff to policy updates. ICT staff induction and ongoing professional development include information security training and the requirement to read the policies and confirm they have been read. ICT has established an information security programme of work aligned with ISO 27001 Information Security Standard. ICT has technical and organisational risk controls in place to mitigate risks to confidentiality, integrity and availability. These controls apply to all aspects of ICT assets – the data environment, infrastructural assets and end-user devices. ICT carries out vulnerability scanning, penetration testing and information security audits on ICT assets and data environments. All systems are developed to an OWASP security standard. <p>Planned actions:</p> <ul style="list-style-type: none"> ICT is progressing the programme to align information security with the ISO 27001 Information Security Standard. The new Information Security Policy Framework will be introduced in 2021 with an implementation plan including training and awareness. All critical ICT assets shall be assessed for their compliance with the new framework of policies, standards and procedures, which includes baseline assessment standards in 2021. Quality Improvement Action Plans for information security shall prioritise actions based on information sensitivity classification and the criticality of an ICT asset. Ongoing engagement with Internal Audit, with three further reviews scheduled in 2021: update 13 April 2021, 1st Internal Audit assessment completed (vulnerability assessment of TCM system) with successful outcome.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Regulatory Functions	Operational	<p>Children Services Regulation: There is the potential of a non-detection of a high-risk service, and a need for an enhanced regulatory management information system to analyse information for timely identification of such services and to address those operating outside required regulatory parameters.</p>	<p>Controls:</p> <ul style="list-style-type: none"> • A manual internal system audit is in place that is informed by relevant multiple information received on services and previous reported results of services, that can identify the levels of regulatory compliance within services. • There is an oversight structure in place of the assessment and inspection programmes to review findings that may highlight services that could be operating outside of regulatory parameters. • There is an agreed escalation of high-risk services to the National Registration & Enforcement panel. • There is a Policy, Practice Threshold and Oversight Committee in place in order to discuss and disseminate learnings on agreed standardised practice within the inspectorate. • There is a stakeholder consultation forum in order to discuss and engage with the sector on standardised practice and regulatory requirements. • There is a Regulatory Support Forum to communicate regulatory requirements to the sector. • Each year there is a variety of 'focused/thematic' inspections carried out across the sector to review and identify any regulatory compliance issues, e.g., Q2 2020 COVID-19-related inspections commenced. • Annually research is undertaken on inspection findings and disseminated to the sector. • Established teams in regulatory office to work within specific task functions to improve alignment across the system standardisation practices and promote specialised learning and development. • Attendance at Committees of Early Year Regulatory Services within Europe to communicate and learn best practice reporting and enforcement procedures. • Working Group established and project plan has commenced. • Kick-off for TCM project commenced 12 April 2021. <p>Planned actions:</p> <ul style="list-style-type: none"> • Concluded: Liaise with the Director of ICT to establish a Tusla Case Management system. • Concluded: Steering group established between QA CSR and ICT for commencement of TCM project. • Concluded: Working group established and project plan commenced for TCM project. • Concluded: Data Governance Group for CSR established with TOR agreed. Focus on development of processes to assist with TCM implementation. • CSR have recruited additional ICT resource to support current ICT function while awaiting commencement of TCM/portal developments.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Integrated Supports and Services	Operational	SPSIP Ukraine: Risk to the availability of adequate responses to the protection requirements of high numbers of people seeking international protection due to the intense demand caused by events in Ukraine	<p>Controls:</p> <ul style="list-style-type: none"> Senior Operational Group established to co-ordinate response pending ongoing Government direction. Capacity for separated children seeking protection now increased to 150. <p>Planned actions:</p> <ul style="list-style-type: none"> Senior Operational Management Team coordinating all aspects.
Integrated Supports and Services	Financial	Corporate and Business Plan: Risk that level of funding for the Agency may impact on the effective delivery of proposed services, which will result in deliverables outlined in the Corporate and Business Plans not being met.	<p>Controls:</p> <ul style="list-style-type: none"> Cost control action plan put in place for allocation services within funded limits. A prioritisation of services across the Agency will be required for agreement across Directorates. Development of ongoing costings for presentation to the Board in preparation for estimates to Department. <p>Planned actions:</p> <ul style="list-style-type: none"> The Business Planning Process for the forthcoming year to take into account the proposed funding.
Integrated Supports and Services	Projects and Objectives	Cyber-attack/TuslaIRL Project: There is a risk that the TuslaIRL project, within the expedited timeframe, fails to achieve its objectives of mitigating the risks associated with not having control of Tusla ICT infrastructure, and associated information security risks.	<p>Controls:</p> <ul style="list-style-type: none"> CEO-sponsored Steering Group established to oversee the delivery of the project, chaired by the Director of ICT, and including membership of the Director of Services and Integration and Director of Finance. Secondment of National Service Director to oversee the operational elements of the project. Assignment of senior ICT manager to oversee the data stream elements. Assignment of senior ICT manager to oversee applications and ICT infrastructure. Mobilisation of additional human resources, with relevant skills in project management and ICT, to manage and implement the project. Allocation of required budget and cost accounting resources to track and report on the financial progress of the project. Recruitment/redeployment of additional human resources and backfilling where required to support the project deliverables. Involvement of other key directorates including personnel from the data protection office, communications and project management office to support the project. Commissioning of additional external ICT expertise including security partners to support the project. CEO requested Steering Group to reappraise projected timeline in light of learnings from initial three-month delivery of project. <p>Planned actions:</p> <ul style="list-style-type: none"> Communications plan will be put in place to update key stakeholders on project progress.

Strategic Objective	Risk Category	Key Risk	Controls and Planned Actions
Integrated Supports and Services	Operational	<p>ICT Services: As a result of the cyber-attack occasioned on HSE ICT systems there is a confirmed data exfiltration of Tusla's data, which contains highly sensitive and/or personal information.</p> <p>Risk of impact on the welfare of members of the public as a result of this exfiltration of data.</p>	<p>Controls:</p> <ul style="list-style-type: none"> • Communication and engagement with relevant statutory regulatory bodies including DPC, HIQA and SCA. A major project bilateral with HSE is in place: 'Shamrock'. • Investigation by AGS and National Cyber Crime Centre into the cyber attack. • Emergency procurement of data security partners undertaken to augment ICT system security. • CEO established a MOU with HSE for examination of specified servers (Operation Shamrock) that comprehends Tusla information potential exposure, and this has been further updated. • Tusla IMT and inter-agency process is underway to access exfiltration data. Final process plan is in place on the communication of disclosure to the persons affected. Consultation with CEO and Secretary General was concluded with Attorney General advice. <p>Planned actions:</p> <ul style="list-style-type: none"> • Communication strategy to include plan development and implementation for all stakeholder groups. • Helpline team established to address queries and provide support. The helpline remains in standby mode to be activated if public concern heightens for any particular reason or should data exfiltration be evidenced.

Part II

Annual Financial Statements:

For the year ending
31 December 2022

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Information

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Anne O’Gara – Deputy Chairperson
Paul White
Sean Holland
Liam Irwin
Avril McDermott
Patricia Doherty
Charles Watchorn
Sean Quigley from 10 January 2022
Susan Bowman from 10 January 2022
Teresa McDonnell from 10 January 2022

Chief Executive Officer

Mr Bernard Gloster (Resigned 5 March 2023)
Ms Kate Duggan (Interim CEO) 6 March 2023

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www.tusla.ie

Governance Statement and Board Members' Report

The Child and Family Agency (also referred to as the Agency) Board was established on 1 January 2014 with the formation of the Agency under the Child and Family Agency Act 2013. The functions of the Agency are outlined in Section 8 of the Child and Family Agency Act 2013.

The Board is accountable to the Minister for Children, Equality, Disability, Integration and Youth for the performance of the Agency's functions and its own functions as the governing authority of the Agency. Responsibility for functions under the Education (Welfare) Act 2000, including associated policy development, was transferred from Tusla to the Department of Education with effect from 1 January 2021 in line with Transfer of Functions Order SI 588 of 2020.

The Chairperson accounts on behalf of the Board to both Ministers. The Chief Executive Officer (CEO) is responsible for leading the Agency in all of its day-to-day management decisions and for implementing the Agency's long and short-term plans. The CEO acts as a direct liaison between the Board and management of the Agency and communicates to the Board on behalf of management.

Board Responsibilities

The Board of the Child and Family Agency is responsible for ensuring the Annual Financial Statements are in accordance with applicable law.

Section 51 of the Child and Family Agency Act 2013 requires the Child and Family Agency to prepare the accounts of the Agency in such form as the Minister for Children, Equality, Disability, Integration and Youth may direct and in accordance with accounting standards specified by the Minister.

In preparing the Annual Financial Statements, the Board is required to:

- Select suitable accounting policies and apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- Disclose and explain any material departures from applicable accounting standards; and
- Prepare the Annual Financial Statements on a going concern basis unless it is inappropriate to presume that the Child and Family Agency will continue in service.

The Board is responsible for ensuring that adequate accounting records are maintained which disclose, with reasonable accuracy at any time, the financial position of the Child and Family Agency and that the financial statements of the Agency properly reflect the Agency's state of affairs. The Board is also responsible for the maintenance and integrity of the Agency's corporate and financial information on the Agency's website.

The Board is responsible for safeguarding the assets of the Child and Family Agency and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Board approves the Annual Plan and Budget and monitors performance against it.

The Board considers that the financial statements of the Child and Family Agency properly present the state of the Agency's affairs at 31 December 2022 and its financial

position for the year. The Board is responsible for ensuring that effective systems of internal control are instituted and implemented including financial, risk management, operational and compliance controls and these systems of internal control are reviewed annually by the Board. The Board is also responsible for establishing the Agency's overall strategic direction ensuring that it operates within the limits of its statutory authority and sets corporate targets recommended by the CEO.

The work and responsibilities of the Board are set out in the Board's Terms of Reference and Standing Orders, Delegations of Authority and matters specifically reserved for Board decision.

Board Composition and Structure

The Agency's Board consists of a Chairperson, a Deputy Chairperson and nine ordinary members appointed by the Minister for Children, Equality, Disability, Integration and Youth. The Chairperson and Deputy Chairperson were appointed for a period of five years. The Chair of the Board submitted a request to the Minister to increase the membership of the Board of Tusla by two ordinary members and these appointments were made in January 2022. The required provision was enacted in the Family Leave and Miscellaneous Provisions Act 2021 that came into effect as of 1 April 2021 (other than parts 4 and 9) by Commencement Order (S.I. No 148/2021). This amended sections 19 and 22 of the Child and Family Agency Act 2013.

Members who were appointed by the Minister to be ordinary members of the Board hold office for three, four or five years. As required by the Code of Practice for the Governance of State Bodies (Revised 2016) an external review of Board effectiveness was carried out in 2022 and is noted in the annual report.

The Board is supported in its assurance and oversight of the organisation by its committee structure. The committees assist in the discharge of the Board's responsibilities by giving more detailed consideration to operational, financial and governance issues and reporting to the Board on any decisions or recommendations.

The table below details the appointment period for current members and members who served in 2022.

Member	Role	Appointment Period
Pat Rabbitte	Chairperson	1 January 2019 to 31 December 2023
Anne O'Gara	Deputy Chairperson	25 September 2018 to 24 September 2023
Paul White	Ordinary Member	3 February 2016 to 2 February 2021 (reappointed for a further 3 years from 3 February 2021)
Sean Holland	Ordinary Member (Chairperson of the Service and Quality Committee)	16 April 2018 to 15 April 2023 (reappointed for a further five years from 15 April 2023)
Liam Irwin	Ordinary Member	16 April 2018 to 15 April 2023 (reappointed for a further two years from 15 April 2023)
Avril McDermott	Ordinary Member (Chairperson of the Organisational Development Committee)	13 June 2018 to 12 June 2023
Patricia Doherty	Ordinary Member	7 November 2019 to 6 November 2024
Charles Watchorn	Ordinary Member (Chairperson of the Audit and Risk Committee)	1 January 2020 to 31 December 2024
Sean Quigley	Ordinary Member	10 January 2022 to 9 January 2027
Susan Bowman	Ordinary Member	10 January 2022 to 9 January 2027
Teresa McDonnell	Ordinary Member	10 January 2022 to 9 January 2027

The Board is required to hold a minimum of 10 Board meetings per year in accordance with the Child and Family Agency Act 2013. In 2022, the Board met on 10 occasions. Minutes of all Board and committee meetings are recorded. Copies of the Board minutes are available on the Agency's website www.tusla.ie.

Standing items considered by the Board include:

- Declaration of interests;
- Reports from Board committees;
- CEO's report on operational and risk matters;
- Reviews of the risk management framework;
- Corporate Risk Register;
- Management accounts and Annual Financial Statements;
- Corporate performance reports;
- New and revised policies;
- Reserved matters; and
- Project updates.

There is ongoing financial and operational reporting to the Board throughout the year. Board papers are sent electronically to each Board member in advance of meetings to allow time to review and consider matters for discussion and decision.

Decisions are made after all appropriate information has been made available to Board members and following due consideration of risks identified through the risk management process.

The Board has a formal schedule of matters reserved for its decision, including:

- Annual Budgets and Corporate Plan
- Annual Reports and Financial Statements
- Contracts and capital projects of a specific value
- All acquisitions and disposal of assets

The Board delegates the day-to-day management, control, and direction of the Agency to the CEO except for the specific functions it reserves to itself. Oversight of decisions, that are delegated by the Board, is retained through a robust reporting framework involving the Board committee structure, CEO and Executive Management Team.

Audit and Risk Committee

The composition of the Audit and Risk Committee for the year ended 31 December 2022 included three Board members. The CEO and other members of the Executive attended where necessary.

Representatives of the Comptroller and Auditor General, the Agency's external auditor, attended meetings as required and had direct access to the Audit and Risk Committee Chairperson at all times. In accordance with best practice, the committee met with the National Director of Internal Audit and the Comptroller and Auditor General in the absence of management.

The role of the Audit and Risk Committee is to assist the Board in fulfilling its responsibilities in relation to the Annual Financial Statements and the system of internal control, to consider and make recommendations to the Board in relation to risk appetite, risk strategy and risk management policies and procedures, and to advise the Board on the effectiveness of internal controls, governance and risk management.

The Audit and Risk Committee focused on the following matters in 2022:

- Internal control – assisted the Board in fulfilling its responsibilities in ensuring the appropriateness and completeness of the system of internal control, reviewing the manner and framework in which management ensures and monitors the adequacy of the nature, extent and effectiveness of internal control systems, including accounting control systems, thereby maintaining an effective system to review the Agency's Statement on Internal Control systems prior to endorsement by the Board;
- External audit and financial reporting;
- Internal audit – oversaw appointment of Tusla Head of Internal Audit, reviewed and approved the annual Internal Audit Plan and received and considered reports from the Internal Auditor and management's responses; reviewed the Practice Assurance and Service Monitoring (PASM) Teams programme of Audit and Service Review activity including findings from Health Information and Quality Authority (HIQA) reports;
- Compliance, protected disclosures and fraud – reviewed the Agency's fraud awareness policy and received reports regarding concerns raised, reviewed and approved a revised Protected Disclosures Policy, Standard Operating Procedure and Guidance document and reviewed compliance of the Community and Voluntary sector in receipt of over €1m regarding compliance with the Service Level Agreement;
- Risk management – reviewed actions completed to address the recommendations contained in the internal audit of the Corporate Risk Management Framework Report, reviewed the agency's Corporate Risk Register and monitored new and emerging risks; received and considered reports from the Chief Risk Officer;

- Received progress reports on the development and delivery of a health and safety management system; and
- Cyber-security – received reports on systems, security risks, mitigations and assurance mechanisms.

Service and Quality Committee

The composition of the Service and Quality Committee for the year ended 31 December 2022 included five Board members and one external member.

The purpose of the Service and Quality Committee is to assist the Board in fulfilling its responsibilities in relation to formulating a strategy for Child Protection and Welfare, for quality assurance and service delivery risk matters (including the outcome of investigations into the services of Tusla and bodies totally or partially funded by Tusla) and to advise the Board on the effectiveness of the Quality Assurance function.

The Service and Quality Committee focussed on the following matters in 2022:

- Joint reports from the National Director of Quality and Regulation and the National Director of Services and Integration on the findings of reviews performed by the Practice Assurance and Service Monitoring Team and recent HIQA inspections, operational responses to the findings and any themes emerging and the implications for the overall risk profile of Tusla;
- Updates on Agency wide Reform and approaches to practice;
- Monitoring the completion by management of actions arising from recommendations made on foot of investigations and/or inspections, either internal or external, into service delivery and standards within Tusla or any Body totally or partially funded by Tusla;

- Reports from the Chair of National Review Panel and the Agency's Registered Social Care Provider;
- Reviewing Residential Care, Foster Care and Aftercare strategic plans;
- Special reports on Emergency Accommodation Placements and National Operations Risk Management and Service Improvement (NORMSIC) learning from HIQA Reports
- Monitoring the effectiveness of the Quality Assurance Division;
- Reviewing commissioned arrangements and performance against agreed service level agreements and/or service standards required;
- Transfer of Tusla Education Support Service (TESS) to the Department of Education;
- Service user engagement;
- Presentation by Chair of the Research and Ethics Committee;
- Reporting any significant findings or risk issues identified to the Board;
- Reviewing and considering practice risks and how these are being identified, monitored, managed, mitigated and reported by management.

Organisational Development Committee

The composition of the Organisational Development Committee for the year ended 31 December 2022 included four Board members.

The Board of Tusla established an Organisational Development Committee to consider and make recommendations to the Board in relation to strategic organisational issues, and in a number of specific areas, to approve arrangements where the Board has delegated these functions to the committee.

The committee focused on the following matters in 2022:

- Significant guidance on the development and embedding of the proposed organisational structure reform; and integrated approach to Tusla's Structure, Practice and Culture Reform Programme;
- Significant guidance on the Implementing and Embedding of the General Data Protection Regulations (GDPR) + Programme, Data Protection Commissioner recommendations and Data Subject Access Requests and Freedom of Information (FOI) Business Case;
- Significant guidance on the development of a Tusla ICT Infrastructure, Case Management System, and Data Management Strategy;
- Reports on cyber-security;
- Approval of Tusla People Strategy 2022-2024;
- Reports outlining progress with the long-term delivery plan in relation to HR; and
- Reports which focus on improvement to address areas where poor performance has been identified, and assurance that actions are being taken to address recommendations and other issues identified and that learning is acted upon.

A schedule of membership and attendance at the Agency's Board and Committees in 2022 is shown below:

	Board	Audit and Risk Committee	Service & Quality Committee	Organisational Development Committee	Total Meetings Attended	Meetings Eligible to Attend 2022
	(10 Meetings)	(6 Meetings)	(4 Meetings)	(5 Meetings)		
Pat Rabbitte	10				10	10
Anne O'Gara	8		4		12	14
Paul White	10			5	15	15
Sean Holland	8		4		12	14
Liam Irwin	9	5	1		15	20
Avril McDermott	10			5	15	15
Patricia Doherty	10		2	5	17	18****
Charles Watchorn	10	6			16	16
Sean Quigley	10	4			14	14*
Teresa McDonnell	10		2		12	13**
Susan Bowman	7			3	10	13***
Jim Campbell (Independent member)			3		3	4

* Sean Quigley appointed to respective committee on the 25 March 2023 and attended all meeting eligible to attend

** Teresa McDonnell appointed to respective committees on the 25 March 2023 and attended 2 of the 3 committee meetings eligible to attend

*** Susan Bowman appointed to respective committees on the 25 March 2023 and attended all ODC meetings eligible to attend

**** Patricia Doherty appointed to respective committees on the 25 March 2023 and attended all meetings eligible to attend

The disclosures required for Board members' fees and expenses are contained in **NOTE 2** and **NOTE 3** of the Financial Statements.

Code of Practice for the Governance of State Bodies (Revised 2016)

The Code of Practice for the Governance of State Bodies (Revised 2016) sets out additional reporting requirements for State Bodies in areas such as Travel and Subsistence, Consultancy, Severance/Termination Payments, Hospitality and Legal expenditure. The disclosures required by the Code are set out below or included as part of the Financial Statements. The Agency has adopted the Code of Practice for the Governance of State Bodies (Revised 2016) and has put procedures in place to seek to ensure compliance with the Code.

(a) Travel and Subsistence

	2022 €'000	2021 €'000
Domestic		
Board	-	-
Employees	9,461	6,163
Non-Domestic		
Board	-	-
Employees	26	15
Total	9,487	6,178

(b) Professional Services Expenditure (by key area)

Professional Services include the cost of external advice to management and exclude outsourced 'business-as-usual' functions:

	2022 €'000	2021 €'000
Strategic Planning, Organisational Reform and Restructure	13	73
Legal and Human Resources	18	21
Financial and Taxation	-	17
Other (including Health, Social Care and Business)	-	200
Professional Services Expenditure Total	31	311

(c) Hospitality Expenditure

The Agency incurred no Hospitality expenditure in 2022 or 2021.

(d) Legal Costs and Compensation

The table below provides a breakdown of amounts recognised as expenditure in the reporting period in relation to legal costs and settlements relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by the Agency:

	2022 €'000	2021 €'000
Legal Costs	46	15
Legal Settlements	70	12
Legal Costs and Compensation Total	116	27

The total number of legal compensation (settlements) for the Agency during 2022 was one.

(e) Severance/Termination Payments and Added Years for Pension Purposes

The total severance/termination payments expenditure for the Agency during 2022 was Nil (2021: Nil). The Agency also granted no added years for pension purposes to staff members.

(f) Key Personnel Changes

The Board welcomed the appointment of Susan Bowman, Teresa McDonnell and Sean Quigley to the Board in January 2022

The Board noted the appointment of Bernard Gloster to the post of CEO of the HSE on 06 March 2023 and welcome Kate Duggan as Chief Executive Officer (Interim). The Board wish to thank Mr Gloster for his work, and commitment, and wish him well in his new post.



Pat Rabbitte

Chairperson

14 June 2023

Statement on Internal Control

This Statement on Internal Control for 2022, which was approved by the Board of Tusla, at its meeting on 31 March 2023, covers the following areas:

- Scope of Responsibility
- Purpose of the System of Internal Control
- Capacity to Manage Risk
- Risk and Control Framework
- Ongoing Monitoring and Review
- Internal Control Issues
- Review of Effectiveness

Scope of Responsibility

On behalf of the Child and Family Agency, Tusla, I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. Internal control helps us achieve our key priorities and service objectives and encompasses our structure, our roles and responsibilities, our systems, our processes, our tasks, our culture and our use of resources.

The system of internal control also includes financial, operational, and compliance controls and risk management systems that support the achievement of the strategic priorities while

safeguarding the use and deployment of public funds and oversight and control of assets for which Tusla is responsible. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (Revised 2016 and subsequent updates) and our legal, regulatory and governance obligations.

This Statement on Internal Control sets out how these duties and obligations have been carried out in 2022 and includes an assessment of the internal controls and risk management systems in place within the Child and Family Agency that have ensured these responsibilities have been met.

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. Therefore, the system can only provide reasonable and not absolute assurance that services are provided to the appropriate standards, that our values and behaviours align with our mission and mandate, that assets are safeguarded, that transactions are appropriately authorised and properly recorded, and that material errors, mistakes or irregularities are either prevented or detected in a timely way and rectified where necessary and lessons learnt are reflected upon and implemented, as appropriate.

In 2022 the Agency established a new organisational structure with a national Executive Management Team (EMT) in place reporting to the CEO, supported by six Regional Chief Officers (RCOs) appointed to integrate national services into the revised regional governance structures and oversee service delivery in the regions. Work continues to be undertaken in 2023 across the organisation in prioritising the effectiveness arrangements, which includes improvement of both control structures and arrangements so that the system of internal control, which accords with guidance issued by the Department of Public Expenditure, National Development Plan Delivery and Reform is continually enhanced and improved. This statement represents the position for the year ended 31 December 2022 and up to the date of approval of the financial statements.

Capacity to Manage Risk

Tusla has three Board Committees, including a Service Quality Committee (SQC), an Organisational Development Committee (ODC) and an Audit and Risk Committee (ARC) comprising Board members and other external members. Each committee has detailed terms of reference and work programmes, and each committee supports the Board in delivering on its governance role. The ARC has a specific brief in relation to risk management and controls. However, each committee is actively engaged in considering uncertainties and challenges and how the organisation is mitigating threats and exposures as well as exploiting opportunities that may exist.

Since the establishment of the Agency the Internal Audit function was provided by the Health Service Executive (HSE). In late 2022, the Agency established its own Internal Audit function and appointed a Head of Internal Audit who reports directly to the Audit and Risk Committee and will oversee the development of and delivery of the internal audit services for the Agency from January 2023. The transition of function from the HSE has worked effectively.

Risk Management is a standing item on the Board Agenda. In addition, the Board undertook its Risk Appetite Statement annual assessment on 25 November 2022. The Chairs of the

Committees met on 8 December 2022 to review cross-cutting or cross-functional risks that are relevant to the Committees to ensure effective communication and co-ordination regarding oversight activities around these key risks. Risk management training, presentations, and workshops across the organisation as well as at Board level continued throughout 2022.

Risk and Control Framework

The Agency spends public funds on the provision of child and family services. The duties relating to the Agency's expenditure are stringent in terms of governance, accountability and transparency to fulfil our responsibility for funding received from the Department of Children, Equality, Disability, Integration and Youth and Department of Education.

The management and staff of the Agency provide services directly, and by means of a separate Service Level Agreement process, the Agency also funds a number of arms-length agencies in multiple programme areas, including child welfare and protection, school completion programme, and family support and counselling services. Overseen by the Commissioning Unit, these agencies must adhere to high standards in terms of compliance, governance, and service quality.

The Agency continues to be reliant on the HSE, which provides services in the areas of payroll, human resources, pensions, estate management, ICT, procurement, internal audit, general ledger, banking arrangements, invoice processing and payments on behalf of the Agency, governed through a Memorandum of Understanding and relevant Service Level Agreements between the organisations. In 2023 Tusla has taken over responsibility for Internal Audit and banking arrangements.

The Agency's Organisational Risk Management Policy and Procedure sets out the organisational commitment to ensuring that risk management principles and practices form an integral part of the culture, governance and accountability arrangements, decision-making processes, strategic and operational planning and reporting, and review, evaluation, and improvement processes.

The EMT including the RCO's, supported by the Chief Risk Officer, the National Operations Risk Management and Service Improvement Committee and the work of the Regional Quality Risk and Service Improvement Forum ensures that appropriate procedures are in place to identify emerging risks and uncertainties; assess, evaluate, address, and mitigate threats and exposures and consider and exploit the opportunities from a strategic and operational perspective. The EMT, individually and collectively, plays a key role in leading, monitoring and overseeing the implementation of risk management arrangements including the updating of the corporate and directorate risk registers.

The Board and the ARC have sustained their focus on the risk management framework and the risk management systems and have actively engaged in the development of an updated risk appetite statement for Tusla, which was reviewed and approved by the Board on 31 March 2023. The ARC reviews the national corporate risk register on a quarterly basis. Its work supplements the other Board committees and the full Board's contribution in fulfilling their risk oversight role.

As part of the control and risk assurance reporting, the Board has complementary and separate processes to support the Board Review of the Effectiveness of the System of Internal Control for 2022. The organisation-wide survey to support the 2022 control assurance statements assertions, led from the Office of the Chief Executive, focusses on the control environment and control processes and procedures, and accountability and responsibility obligations of managers across all areas and regions. In addition to this survey, individual members of the EMT and RCO's provided individual assurance assessments for their areas of responsibility. A further initiative is the provision, by a number of internal committees and working groups, of reports on a diverse range of areas, from procurement to external commissioning to service quality, residential care and ICT. In the context of internal controls and ensuring the efficient and effective implementation of good governance across Tusla, these executive committees and working groups have a key role and their work is reflected as part of the assurance assertions provided to the ARC and Board.

In addition to the above, the Board, its Committees, the Chief Executive and the Executive Management Team have implemented and adopted the following measures to ensure an appropriate control environment remains in place across the organisation:

- Establishing and resourcing the Service Quality Committee (SQC), an Organisational Development Committee (ODC) and an Audit and Risk Committee (ARC) as committees of the Board which, through their work programmes, provide insights and perspective on the areas within their remit;
- A new dedicated directorate structure implemented in 2022 with six Corporate Directors and six Regional Chief Officers;
- Strategic planning and performance reporting process for the 2021-2023 Corporate Plan;
- Issues of corporate governance and compliance, including risk and internal control, particularly the comprehensiveness of assurances in meeting the requirements of the Code of Practice for the Governance of State Bodies (Revised 2016) are led by the Board with a dedicated EMT lead;
- Establishing and agreeing terms of reference and reporting obligations for internal executive committees, project teams and working groups with oversight by the EMT;
- Regular reporting and follow-up management actions from the work of the Practice Assurance and Performance Systems (PAPS) and Service Experience, Governance and Risk Systems (SEGRS) functions and from the National Incident Management System (NIMS);
- A dedicated procurement function within Tusla which ensures best-practice corporate procurement guidelines including provision of expert advice where necessary;
- Continued implementation of a dedicated practice assurance and service monitoring system, highlighting both achievements and areas requiring remediation;

- A Code of Business Conduct requiring Board members, management and staff to maintain the highest ethical standards and ensuring compliance with the requirements relating to Declaration of Interests as specified in the Ethics in Public Office Act 1995 and Standards in Public Office Act 2001;
- Policies and procedures for Executive Management Team, management and staff performance management, for professional and technical training and continuing professional development;
- Systematic reviews by HIQA and Internal Audit and other third parties and follow-up reviews of recommendations trackers and progress made against the recommendations of these reviews;
- Expenditure reviews under the remit of the Department of Public Expenditure, National Development Plan Delivery and Reform;
- Specific training and awareness programmes on a range of topics, including risk management, internal control, governance and financial management;
- A range of governance policies, procedures and protocols regularly reviewed and updated;
- The assignment of financial responsibilities and accountability at management level;
- A comprehensive budgeting and financial management system with an annual plan and budget which is subject to Board approval;
- Systems and procedures in place aimed at ensuring the security of the information and communication technology and data governance systems;
- Financial control systems in place to ensure stewardship and safeguarding of resources and assets;
- Procedures for determining and reporting significant control failures and ensuring that appropriate corrective actions are tracked and implemented;
- Establishment of a dedicated Internal audit function to deliver the internal audit service for the Agency; and

- Implementation of the Blended Working Financial Processes to support the introduction of the blended working policy to ensure no changes to the overall control environment.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring and improving internal control processes. Internal Audit, through their programme of audits approved by the Audit and Risk Committee, independently assess and monitor the effectiveness of key internal controls within the Agency. Where control deficiencies are identified, recommendations for improvements and timelines for implementation are agreed with responsible and accountable owners. Internal Audit provides reports regularly to the Audit and Risk Committee on the findings from audits and the status of the implementation recommendations.

The Board and Board committees review their effectiveness on an annual basis in line with guidance set out in the Code of Practice for the Governance of State Bodies (Revised 2016). In addition, the code requires an external evaluation of Board effectiveness every three years: the Agency completed this in 2022.

The system of internal control and the provision of assurances are based on a framework of regular management reporting, clarity of management accountability and responsibility, administrative processes and procedures and a system of delegation and accountability.

In particular, the system includes key risks and related controls. These have been identified and documented and processes have been put in place to monitor the operation of those key controls and report any weaknesses: the establishment of various committees and working groups throughout the Agency, operating subject to CEO approved terms of reference and providing an annual report on activities; regular reporting to Government Departments as part of governance reporting requirements; and regular reviews by senior management of periodic and annual service performance reports.

Procurement

I confirm that, as part of the measures to ensure an appropriate control environment remains in place across the organisation as outlined above, Tusla has procedures in place to ensure compliance with current procurement rules and guidelines. As required, matters arising regarding controls over procurement and related areas are highlighted under internal control issues below.

Internal Control Issues

The purpose of this section is to outline any internal control weaknesses and challenges identified in 2022 and the progress being made with addressing control weaknesses identified in previous years. Tusla management continue to prioritise these issues and have implemented remediation programmes including the strengthening of controls and oversight. The Agency has placed significant emphasis on improvements to internal controls since 2014 and will continue on this trajectory of continuous improvement.

Based on its work programme, the Internal Audit assessment was more positive and the overall assurance opinion on the control environment for 2022 was Moderate (moderate risk that the system fails to meet its objectives), which is an improvement on the 2021 assessment of Limited (weaknesses in the system of governance, risk management and controls which create a significant risk that the system will fail to meet its objectives).

Payroll Overpayments

Throughout 2022 Tusla has continued to actively focus on the recoupment of Payroll Overpayments, setting up repayment schedules and providing briefings and information on HR processes that lead to payroll overpayments. A significant improvement has been made by the implementation of the My Self-Service system including training sessions on HR processes to Tusla employees, line managers and time entry officers emphasising the requirements and the application of accurate absence recording and, the importance of accurate validated time

returns and the management of leave. The payroll overpayments year-on-year cumulative balance has increased from €0.98m in 2021 to €1.03m in 2022.

Governance and Oversight on funding to community, voluntary and charitable organisations

The Agency has made significant progress in addressing weaknesses relating to the monitoring and oversight of agencies in receipt of exchequer funding which had been identified in previous years. These improvements include the establishment of the Financial Compliance Unit, the development and ongoing enhancements of the Commissioning Portal and Tusla Commissioning Hub, additional support to local commissioners, standardised communications and the achievement of timely governance assurances provided to Tusla by all funded agencies, with strict improvement programmes implemented where unsatisfactory internal audits occur.

The number of internal audits completed in 2022 increased significantly due to reduction in the COVID-19 restrictions, with 26 audits completed and reports issued in 2022 (11, 2021) on funded agencies. The overall assurance levels from these internal audit reports were more favourable for 2022, 58% receiving an overall opinion of moderate (18%, 2021), indicating an improvement in the overall governance environment for these agencies.

Financial Management Systems

Tusla is dependent on the existing SAP system in the HSE for the provision of its Payment System, General Ledger, Payroll, Procurement and HR management systems. In addition, the systems for cash allowance payments and payments to Grant Aided Agencies remain mainly manual systems.

Tusla is working as part of the HSE project to migrate to the new Integrated Financial Management System (IFMS) which is due to go live in 2023. The Travel and Subsistence online system went live in 2022.

Data Protection

Tusla has made very significant progress in addressing the risks that were identified relating to the management of data, through a dedicated GDPR Programme to ensure cross-Agency integration and accountability for data privacy, comprehensive staff training, and significant digitisation and modernisation of its ICT system. Tusla recognises that public trust and confidence in the arrangements for protecting privacy and confidentiality are fundamental to the important work the Agency does in safeguarding children and families. Progress on these programmes is overseen by the Organisational Development Committee, a sub-committee of the Tusla Board.

Tusla also continues to actively engage with the DPC and is fully committed to implementing the required systemic changes to continuously improve compliance with data protection legislation.

Procurement

The Agency continues to address weaknesses in its procurement systems through the implementation of its Corporate Procurement Plan 2022 to 2024, and the adoption and implementation of the Code of Practice for the Governance of State Bodies (Revised 2016) in ensuring that it is compliant with legislation. In instances where competitive processes do not take place and where purchases fall outside the scope of procurement, the Agency continues to strive earnestly to achieve best value for money. In 2022, the Agency completed key procurement projects with contracts awarded with an annual budget of €30.2m.

As per the Department of Public Expenditure, National Development Plan Delivery and Reform Circular 40/2002 the Agency will report an amount of €5.4m of non-compliant contracts that were entered into without a competition in 2022, which represents 2.0% of the overall non-pay procurable spend of €266m for the period (€5.4m of €222m/2.4% in 2021).

The services provided by the Agency are to meet increasingly complex demands relating to at risk-children and families and consequently procurement and contracting for these services is not as straight forward as it might be for less complex service areas. Senior management will continue to prioritise and address high risk service areas of procurement.

Information and Communication Technology (ICT)

In line with the ICT Strategy 2018 and Data Management Strategy 2019-2022, the Agency is delivering an ambitious programme of work to address control issues year on year over the lifetime of the new Tusla Corporate Plan 2021-2023.

While Tusla retains some reliance on HSE ICT systems, it has significantly reduced this reliance by establishing and implementing its own ICT network, known as TuslaIRL, over the past 18 months, which is substantially complete, and it is expected that by the end of 2023 Tusla will have completed the full migration from the HSE ICT infrastructure. Tusla will continue to use the shared services for Finance and HR (SAP system) as provided by the HSE, and the HSE has provided Tusla with a letter of assurance for 2022 over the internal controls that the HSE operates for ICT services provided.

In March 2023, the new Tusla Case Management (TCM) system went live for Child Protection and Alternative Care. This provides a next generation capability from the existing NCCIS system and will provide a modern system for the management of social work and care services for the Agency.

In 2022, Tusla commenced a €13.3m investment across five years to enhance the cyber-security controls at all levels of Tusla ICT environment. In 2023 Tusla ICT scheduled a further external assessment of the overall ICT environment and will formally commence a programme to apply for ISO27001 Information Security certification.

Other Prior Year Internal Control Weaknesses

HSE Cyber-Attack

As a result of the cyber-attack on the HSE in May 2021, personal information belonging to a number of people who had been engaging with Tusla services, and a small number of Tusla employees, was illegally accessed and exfiltrated. At the time of the cyber-attack, the Agency relied upon the HSE ICT Department for support for its ICT systems.

Following the notification of these breaches the Agency established the Operation Return project to manage communication and support affected individuals. A significant body of work has been undertaken by the Agency to review the exfiltrated documents, identify affected individuals and establish a process to notify these individuals by way of letter in line with Data Protection requirements.

COVID-19

The impact of COVID-19 on the control environment within the Agency saw a move to remote working and changes to the financial control processes which were monitored by the Agency. There has been no significant impact on the financial and internal control environment due to COVID-19. However, as is widely acknowledged, the impact of COVID-19 on 'at-risk' children and families will take longer to assess.

Review of Effectiveness

For 2022, Tusla's monitoring and review of the effectiveness of the system of internal control has been informed by the review and consideration of a range of assurance reports and assertions, which have been consolidated and presented to the Board following substantive work completed by EMT and ARC.

This newly developed consolidated report highlights relevant achievements and identifies areas for improvement which are being implemented and overseen by the directors and CEO. The Board notes the CEO assurance statement and the CEO's priority to continue to work towards a reasonable assurance level following planned improvements in services and data management.

The Board review of the system of internal control is also informed by its own work programme, the reporting from and constructive engagement with senior management, the work of the three Board committees, and its understanding and appreciation of the operating environment within which the Agency operates, as well as communications from the Office of the Comptroller and Auditor General and other key stakeholders and regulators.

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2022 at our meeting on 31 March 2023.



Pat Rabbitte
Chairperson
14 June 2023

Report of the Comptroller and Auditor General



Ard Reachtaire Cuntas agus Ciste Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas Child and Family Agency

Opinion on the financial statements

I have audited the financial statements of the Child and Family Agency for the year ended 31 December 2022 as required under the provisions of section 51 of the Child and Family Agency Act 2013. The financial statements comprise

- the statement of revenue income and expenditure
- the statement of capital income and expenditure
- the statement of financial position
- the statement of changes in reserves
- the statement of cash flows, and
- the related notes, including a summary of significant accounting policies.

In my opinion, the financial statements

- properly present the state of the Child and Family Agency's affairs at 31 December 2022 and its income and expenditure for 2022
- have been properly prepared in accordance with the accounting standards specified by the Minister for Children, Equality, Disability, Integration and Youth as set out in the basis of preparation section of the accounting policies.

Basis of opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Child and Family Agency and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Child and Family Agency has presented certain other information together with the financial statements. This comprises the appendices to the financial statements, the annual report, the governance statement and Board members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

Report of the C&AG (continued)

Non-compliant procurement

The statement on internal control discloses that in 2022 the Child and Family Agency continued to incur significant expenditure where the procedures followed did not comply with public procurement guidelines. The statement on internal control also sets out steps taken or planned by the Agency to address the weaknesses that gave rise to this.

A handwritten signature in blue ink that reads "Seamus McCarthy".

Seamus McCarthy
Comptroller and Auditor General

15 June 2023

Appendix to the report

Responsibilities of the Board members

As detailed in the governance statement and Board members' report, the Board members are responsible for

- the preparation of annual financial statements in the form prescribed under section 51 of the Child and Family Agency Act 2013 and accounting standards specified by the Minister for Children, Equality, Disability, Integration and Youth
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 51 of the Child and Family Agency Act 2013 to audit the financial statements of the Child and Family Agency and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Child and Family Agency's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Child and Family Agency to cease to continue as a going concern.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

Financial Statements

Statement of Revenue Income and Expenditure for the Year Ended 31 December 2022

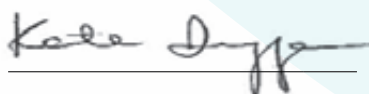
	NOTE	2022 €'000	2021 €'000
Revenue Income			
Department of Children, Equality, Disability, Integration and Youth (Vote 40, Subhead A3)		904,285	841,517
Department of Children, Equality, Disability, Integration and Youth (Vote 40, Other Subheads)	4	12,226	10,537
Department of Education (Vote 26, Subhead A11.9)	4	44,323	36,507
Other Revenue	4	3,333	3,055
Total Revenue Income		964,167	891,616
Expenditure - Pay and Pensions			
Wages and Salaries	6	286,362	273,674
Employer PRSI	6	28,958	26,687
Pensions	6	16,692	13,492
Agency Pay	6	16,020	11,983
Total Pay and Pensions		348,032	325,836
Expenditure - Non-Pay			
Foster Care and After Care Allowances	7	121,362	121,392
Independent Placement Provision	7	195,933	150,152
Community, Voluntary and Charitable Organisations	7	206,297	194,357
Legal Expenses and Guardian Ad Litem Costs	7	38,911	30,660
General Child Care Services	7	23,155	19,056
Office and Administration	7	47,313	37,667
Total Non-Pay		632,971	553,284
Total Expenditure		981,003	879,120
Net Operating (Deficit)/Surplus for the Year		(16,836)	12,496

All gains and losses with the exception of depreciation and amortisation have been dealt with through the Statement of Revenue Income and Expenditure and Statement of Capital Income and Expenditure.

The primary financial statements of the Child and Family Agency comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Financial Position, Statement of Changes in Reserves and Statement of Cash Flows. **NOTES 1-26** form part of the financial statements.



Pat Rabbitte
Chairperson
14 June 2023



Kate Duggan
Interim Chief Executive Officer
14 June 2023

Statement of Capital Income and Expenditure for the Year Ended 31 December 2022

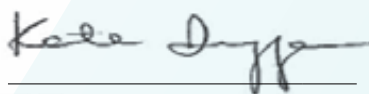
	NOTE	2022 €'000	2021 €'000
Capital Revenue			
Department of Children, Equality, Disability, Integration and Youth (Vote 40, Subhead A3)		18,500	16,579
		18,500	16,579
Expenditure			
Capital Expenditure on Child and Family Agency Capital Projects	14(b)	18,970	16,359
		18,970	16,359
Net Operating (Deficit)/Surplus for the Year		(470)	220

All gains and losses with the exception of depreciation and amortisation have been dealt with through the Statement of Revenue Income and Expenditure and Statement of Capital Income and Expenditure.

The primary financial statements of the Child and Family Agency comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Financial Position, Statement of Changes in Reserves and Statement of Cash Flows. **NOTES 1-26** form part of the financial statements.



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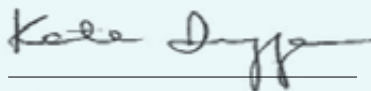
Statement of Financial Position as at 31 December 2022

	NOTE	2022 €'000	2021 €'000
Non-Current Assets			
Property, Plant and Equipment	8	83,945	82,363
Total Non-current Assets		83,945	82,363
Current Assets			
Inventories	9	183	222
Trade and Other Receivables	10	12,587	11,354
Cash and Cash Equivalents	11	30,094	28,683
Total Current Assets		42,864	40,259
Current Liabilities			
Trade and Other Payables	12	(78,637)	(58,960)
Total Current Liabilities		(78,637)	(58,960)
Net Current Liabilities		(35,773)	(18,701)
Creditors (amounts falling due after more than one year)			
Restricted Contributions	13	(614)	(261)
Total Net Assets		47,558	63,401
Capitalisation Account		83,945	82,367
Capital Retained Reserves		328	798
Revenue Retained Reserves		(36,715)	(19,764)
Capital and Reserves		47,558	63,401

The primary financial statements of the Child and Family Agency comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Financial Position, Statement of Changes in Reserves and Statement of Cash Flows. **NOTES 1-26** form part of the financial statements.



Pat Rabbitte
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14 June 2023



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14 June 2023

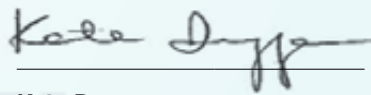
Statement of Changes in Reserves for the Year Ended 31 December 2022

	Capitalisation Account €'000	Capital Reserves €'000	Revenue Reserves €'000	Total €'000
Balance at 1 January 2021	82,055	578	(32,260)	50,373
Net Surplus for the year	-	220	12,496	12,716
Additions to non-current asset in the year	2,478	-	-	2,478
Less: Depreciation charge in the year	(3,340)	-	-	(3,340)
Add: Revaluation in Year as at 31 December 2021	1,174	-	-	1,174
Balance at 31 December 2021	82,367	798	(19,764)	63,401
Balance at 1 January 2022	82,367	798	(19,764)	63,401
Net Deficit for the year	-	(470)	(16,836)	(17,306)
Reclassification Revenue Reserves 2021	-	-	(115)	(115)
Additions to non-current asset in the year	6,520	-	-	6,520
Less: Depreciation charge in the year	(4,942)	-	-	(4,942)
Balance at 31 December 2022	83,945	328	(36,715)	47,558

The primary financial statements of the Child and Family Agency comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Financial Position, Statement of Changes in Reserves and Statement of Cash Flows. **NOTES 1-26** form part of the financial statements.



Pat Rabbitte
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14 June 2023



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14 June 2023

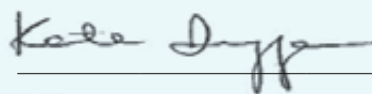
Statement of Cash Flows for the Year Ended 31 December 2022

	2022 €'000	2021 €'000
Cash Flows from Operating Activities		
(Deficit)/Surplus for the current year (Revenue and Capital Account)	(17,421)	12,716
Adjustments for:		
Purchase of property, plant and equipment	6,520	2,478
Decrease/(Increase) in Inventories	39	(170)
Increase in Trade and other receivables	(1,233)	(2,562)
Increase in Trade and other Payables	19,673	2,635
Net Cash Flow from Operating Activities	7,578	15,097
Cash Flows from Investing Activities		
Purchase of property, plant and equipment	(6,520)	(2,478)
Increase/(Decrease) in Restricted Contributions	353	(276)
Net Cash Flow from Investing Activities	(6,167)	(2,754)
Net Cash Flow from Financing Activities	-	-
Net Increase in Cash and Cash Equivalents in the Period	1,411	12,343
Cash and Cash Equivalents at the beginning of the period	28,683	16,340
Cash and Cash Equivalents at the end of the period	30,094	28,683

The primary financial statements of the Child and Family Agency comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Financial Position, Statement of Changes in Reserves and Statement of Cash Flows. **NOTES 1-26** form part of the financial statements.



Pat Rabbitte
Chairperson
14 June 2023



Kate Duggan
Interim Chief Executive Officer
14 June 2023

Notes to the Financial Statements

NOTE 1 Accounting Policies

The basis of accounting and significant accounting policies adopted by the Child and Family Agency are set out below. They have all been applied consistently throughout the year and for the preceding year.

(a) Statement of Compliance

The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102, subject to exceptions specified by the Minister, which have been outlined below. The financial statements have also been prepared in accordance with the Code of Practice for the Governance of State Bodies (Revised 2016).

(b) Basis of Preparation

These financial statements have been prepared under the historical cost convention. The financial statements are in the form approved by the Minister for Children, Equality, Disability, Integration and Youth.

Under the Child and Family Agency Act 2013, the Minister for Children, Equality, Disability, Integration and Youth specifies the accounting standards to be followed by the Child and Family Agency. The Financial Statements have been prepared in compliance with the applicable legislation, and with FRS 102, the Financial Reporting Standard applicable in the UK and Ireland issued by the financial reporting

council in the UK, subject to the following exceptions specified by the Minister.

Efforts have been made to date and are ongoing to reduce the requirement for derogations by Tusla. Following a review in 2023 a derogation regarding these treatments under FRS 102 has been received from the Department of Children, Equality, Disability, Integration and Youth:

1. Depreciation is not charged to the Statement of Revenue Income and Expenditure; rather it is charged to a reserve account: the Capitalisation Account. Reserve accounting is not permitted under FRS 102. Under these standards, depreciation must be charged in the revenue income and expenditure account;
2. Grants received from the State to fund the purchase of non-current assets are recorded in a Statement of Capital Income and Expenditure. Under FRS 102, capital grants are recorded as deferred income and amortised over the useful life of the related non-current asset, in order to match the accounting treatment of the grant against the related depreciation charge on the non-current asset;
3. Pensions are accounted for on a pay-as-you-go basis. The provisions of FRS 102 (Section 28, Employee Benefits) are not applied and the liability for future pension benefits accrued in the year has not been recognised in the financial statements; and

4. The State Claims Agency has identified claims that relate to the Child and Family Agency from the overall liability held by the State Claims Agency relating to the HSE. As the budget for these claims remains with the HSE and the Child and Family Agency is not funded for these claims, the associated liability has not been recognised in the financial statements. Details regarding the future liabilities of this scheme as at 31 December 2022 are set out in **NOTE 22**.

(c) Going Concern

The Child and Family Agency continues to provide services in line with the requirements of the Child and Family Agency Act 2013. The accounts have been prepared on a going-concern basis.

(d) Community, Voluntary and Charitable Organisations

The Child and Family Agency funds a number of service providers and bodies for the provision of health and personal social services on its behalf, in accordance with the provisions of Section 56 – Section 59 of the Child and Family Agency Act 2013. Before entering into such an arrangement, the Agency determines the amount of funding that it proposes to make available in the financial year. This is dependent upon the Agency's budget and the quantum of service it expects to be provided for that funding from each individual entity. This information is set out in nationally standardised documentation which is required to be signed by both parties to the arrangement. This funding is charged in the year of account to the Statement of Revenue Income and Expenditure.

(e) Fostering Payments

Statutory payments are made to foster parents for children in their care up to the age of 18 years. Aftercare payments are also made for young people post 18 years of age who remain in full-time education or training or in other cases where support is required after reaching 18 years. Fostering payments are recognised in the financial statements on an accrual basis.

(f) Independent Placement Provision

Payments are made to private organisations contracted for the provision of foster care and residential services for children up to the age of 18 years requiring a foster care or residential placement and for aftercare placements post 18. Placement provision payments are recognised in the financial statements on an accrual basis.

(g) Income Recognition

The Child and Family Agency is funded mainly by monies voted to the Department of Children, Equality, Disability, Integration and Youth (Vote 40, Subhead A3). From 2021 funding for Education Support Services, Schools Completion Programme and Alternative Education Assessment and Registration Service was provided by the Department of Education (Vote 26, Subhead A11.9). The Departments advance funds to the Agency up to the approved level of expenditure or actual expenditure, whichever is the lesser. The amount of Subhead A3 and A11.9 income and other Subhead income is recognised as income being the cash amount advanced by the Departments in the financial year. Where funding has been advanced at year end to fund payables in week one of the following year, this income is recorded as deferred income at year end and taken to account as income in the following year. Income in respect of administration and non-capital services is accounted for in the Statement of Revenue Income and Expenditure. Income in respect of capital services is accounted for in the Statement of Capital Income and Expenditure.

Income from all other sources is recognised on an accrual basis.

(h) Statement of Capital Income and Expenditure

A Statement of Capital Income and Expenditure is maintained in accordance with the accounting standards laid down by the Minister for Children, Equality, Disability, Integration and Youth. Capital funding is provided to the Child and Family Agency for construction/purchase of major assets, capital maintenance and miscellaneous capital expenditure not capitalised on the Statement of Financial Position.

No capital funding was received from the Department of Education in 2022.

(i) Foreign Currencies

Transactions denominated in foreign currencies are translated into euro at the rates of exchange prevailing at the accounting date and are included in the income and expenditure account for the year. Any difference arising on translation between transaction dates and payment dates is charged to the Statement of Revenue Income and Expenditure.

(j) Leases

Rentals payable under operating leases are dealt with in the financial statements as they fall due. The Child and Family Agency is not permitted to enter into finance lease obligations under the Department of Public Expenditure, National Development Plan Delivery and Reform Public Financial Procedures without Board approval and prior sanction.

(k) Capital Grants

Capital grant funding is recorded in the Statement of Capital Income and Expenditure. In addition to capital grant funding, some minor capital expenditure is funded from revenue. The amount of this revenue funding expended in the year in respect of minor capital is charged in full in the Statement of Revenue Income and Expenditure in the year. This accounting treatment, which does not comply with FRS 102, is a consequence of the exceptions to FRS 102 specified by the Minister.

(l) Tangible Non-Current Assets and Capitalisation Account

Tangible non-current assets comprise Land, Buildings, Equipment and Motor Vehicles. Land and Buildings transferred from the HSE were valued by the Valuation Office and are recorded at their deemed cost less accumulated depreciation. Other assets transferred from the HSE and assets acquired since the establishment of the Agency are stated at cost less accumulated depreciation.

In accordance with the accounting standards prescribed by the Minister for Children, Equality, Disability, Integration and Youth, expenditure

on non-current asset additions is charged to the Statement of Revenue Income and Expenditure or the Statement of Capital Income and Expenditure, depending on whether the asset is funded by capital or revenue. Capital funded assets and revenue funded assets are capitalised if the cost exceeds certain value thresholds: €2,000 for computer equipment and €7,000 for all other asset classes. Asset additions below these thresholds which are funded from revenue are accounted for in the Statement of Revenue Income and Expenditure in the year of purchase. Asset additions below this threshold funded from Capital are included in **NOTE 14(b)** under 'Analysis of expenditure charged to Capital Income and Expenditure Account'. A breakdown of asset additions by funding source is provided in **NOTE 14(a)** to the accounts. Depreciation is not charged to the Statement of Income and Expenditure over the useful life of the asset. Instead, a reserve account, the Capitalisation Account, is the reciprocal entry to the Non-Current Asset Account. Depreciation is charged to the Non-Current Assets and Capitalisation Accounts over the useful economic life of the asset.

Depreciation is calculated to write off the original/cost valuation of each tangible non-current asset in line with their useful remaining life at the following rates:

- Land: not depreciated;
- Buildings: depreciated based on remaining useful life;
- Art installations: not depreciated;
- Modular structures (i.e. prefabricated/temporary): depreciated at 10% per annum;
- Work in progress: not depreciated;
- Equipment – computers, printers, software and ICT systems: depreciated at 33.33% per annum;
- Equipment – other: depreciated at 10% per annum; and
- Motor vehicles: depreciated at 20% per annum.

On disposal of a non-current asset, both the non-current assets and capitalisation accounts

are reduced by the net book value of the asset disposal. An analysis of the movement on the Capitalisation Account is provided in the Statement of Changes in Reserves.

(m) Inventories

The Child and Family Agency stock is valued at the lower of cost or net realisable value. Cost is the purchase cost on a first-in, first-out basis.

(n) Accounting for Bad and Doubtful Debts

Known bad debts are written off in the period in which they are identified. Specific provision is made for any amount which is considered doubtful and the Agency has provided for debts which are greater than two years old.

(o) Pensions

Eligible Child and Family Agency employees and eligible employees of voluntary health services providers are members of various defined benefit superannuation schemes. Pensions are paid to former employees of the Child and Family Agency who retired after 1 January 2014. The Child and Family Agency scheme is funded by the State as part of the annual revenue grant for this purpose. Pension payments under the schemes are charged to the Income and Expenditure Account when paid (see **NOTE 6**).

Contributions from the Child and Family Agency employees who are members of the schemes are payable to the Department of Children, Equality, Disability, Integration and Youth.

Under the Public Services Pensions (Single Scheme and Other Provisions) Act 2012, all new entrants to pensionable public service employment on or after 1 January 2013 are members of the Single Scheme. For the current financial year, the Child and Family Agency has 2,546 staff on the Single Scheme. Employee deductions under the Single Scheme are paid to the Department of Public Expenditure, National Development Plan Delivery and Reform.

No provision is made in respect of pension benefits earned by employees and payable in future years under the pension scheme. This continues to be the treatment adopted by the Child and Family Agency following the

accounting specifications of the Minister.

(p) Additional Superannuation Contribution (ASC)

From 1 January 2019 onwards, members of public services defined benefit pension schemes pay an additional superannuation contribution (ASC) arising from the Public Stability Agreement (2018-2020) and the Public Pay and Pensions Act 2017. ASC has replaced the pension-related deduction (PRD), which ceased at the end of 2018. While PRD was a temporary emergency measure, ASC is a permanent contribution. ASC only applies to staff who are members of a public service pension scheme, or who are in receipt of an allowance in lieu of membership of a public service scheme, including staff of the Child and Family Agency funded service providers if applicable. ASC collected by service providers as well as ASC deducted from the Child and Family Agency staff is payable to the Department of Children, Equality, Disability, Integration and Youth (see **NOTE 6**).

(q) Employee Short-Term Benefits

Short-term benefits such as holiday pay are recognised as an expense during the year, and benefits that are accrued at year-end are included in the payables figure in the Statement of Financial Position.

(r) Critical Accounting Estimates and Key Judgements

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the statement of financial position date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates. No judgements were required that had a significant effect on amounts recognised in the financial statements for 2022.

NOTE 2 Board Member's Fees

	2022 €	2021 €
Fees Payable		
Pat Rabbitte	20,520	20,520
Paul White	11,970	11,970
Deirdre Kiely	-	11,970
Sean Holland	n/a*	n/a*
Liam Irwin	11,970	11,970
Charles Watchorn	11,970	11,970
Anne O'Gara	11,970	11,970
Avril McDermott	11,970	11,970
Patricia Doherty	11,970	11,970
Teresa McDonnell	11,970	-
Susan Bowman	11,970	-
Sean Quigley	11,970	-
Total Board Member's Fees	128,250	104,310

*Fees waived

Child and Family Board members are paid in accordance with the Code of Practice for the Governance of State Bodies (Revised 2016).

NOTE 3 Board Members' Expenses

	2022 €	2021 €
Travel and Subsistence Expenses		
Avril McDermott	261	109
Sean Holland	305	-
Total Board Members' Expenses	566	109

Travel and subsistence payments in respect of Board members are those paid directly as well as costs outlaid by the Agency.

NOTE 4 Other Revenue Sources

(A) Department of Children, Equality, Disability, Integration and Youth Vote 40, Other Subhead Income

	2022 €'000	2021 €'000
1. Subhead B4 – Early Years Pre-School Inspectorate	5,882	5,427
2. Subhead C5 – Children and Young People's Services Committees	2,772	1,757
3. Subhead B8* – Family Resource Centres and Barnahus project	1,527	1,000
4. Subhead B8* – Education Supports for Children in Care and Separated Children Seeking International protection	752	771
5. Subhead B7 – Area Based Childhood Programme	450	234
6. Subhead B8* – Fostering in Roma and Traveller Communities	218	275
7. Subhead B8* – Adoption	240	200
8. Subhead B8* – Outcomes for Children/QCBI	175	-
9. Subhead B8* – Health Advocate	100	-
10. Subhead B8* – TESS/School Completion Programme	100	100
11. Subhead B8* – Education Champions	4	460
12. Subhead C4 – Research and Policy	6	-
13. Subhead C5 – Domestic, Sexual and Gender Based Violence (DSGBV)	-	223
14. Subhead C5 – Children's First Awareness Week	-	90
Total Other Revenue	12,226	10,537

* All funding listed under the above Subhead B8 relates to funding provided from the dormant account funds.

- Funding of Early Years Pre-school Inspectorate – Early Years is an overarching term that includes Pre-School Services. The Child and Family Agency is responsible for inspecting pre-schools, play groups, day nursery, crèches, day-care, and similar services which cater for children aged 0-6 years.
- Funding of Children and Young People's Services Committees (CYPSCs) – CYPSCs are a key structure identified by government to plan and coordinate services for children and young people in every county in Ireland.
- Funding for Family Resource Centres (FRCs) – Additional funding to support and develop existing FRCs and ensure services provided are aligned with the strategic objective of the Agency.
- Funding related to the provision of additional supports for young people who had come to Ireland as refugee children, to enable them to embark on independent living; supports included stable accommodation, focused educational support to allow them to catch up with their peers and succeed in the Irish education system.
- Funding of the Area Based Childhood (ABC) Programme – Funding for the year in respect of the ABC Programme. ABC is a prevention and early intervention initiative targeting investment in effective services to improve the outcomes for children and families living in areas of disadvantage.
- Funding under the 'What Works Initiative' is provided for the purposes of delivering a project aimed at increasing the number of Traveller and Roma foster carers available to provide a culturally appropriate foster care placement for children in these communities.
- Adoption – Additional funding sourced from dormant account funds for specific projects provided by Barnardos.
- Funding in 2022 for Outcomes for Children/Quality and Capacity Building Initiative (QCBI) – QCBI addresses the need for departments and agencies to consistently engage with and utilise implementation infrastructures, the need to collaborate and coordinate on cross-sectoral priorities, utilising the structures, model and brand of Better Outcomes, Brighter Futures, and ensuring that children and young people have appropriate centrality of focus in policy development and implementation.
- Funding in 2022 provided for therapeutic and health advocates for disadvantaged care leavers.
- Dormant account funding for Tusla Education Support Service (TESS).
- Funding In 2022 relates to aftercare services for Don Bosco Barista Project.
- Funding in 2022 for the shared initiative between Tusla and DCEDIY for research and policy to put in place a framework agreement for electronic databases and journals.
- Funding for Domestic, Sexual and Gender Based Violence (DSGBV) relates to the year 2021, (this programme ceased in 2021). Funding to support the development of enhanced domestic, sexual and gender-based violence services, including continued implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence and the Second National Strategy on DSGBV (2016-2021).
- Funding relates to the year 2021 provided to conduct a campaign for Children First as a reminder to the public and to mandated reporters to report concerns (referrals) about children at risk. This funding ceased in year 2021.

(b) Other income

	2022 €'000	2021 €'000
Secondment Income	1,665	1,439
Early Years Income	502	174
EU Income Special Projects	467	300
Miscellaneous Income	420	845
Other Specific Project Funding Income	279	297
Total Other Revenue	3,333	3,055

(c) COVID-19 Funding and Expenditure

	2022 €'000	2021 €'000
Income Received	-	-
Expenditure		
Pay	(905)	(1,149)
Non Pay	(1,187)	(7,682)
Total Expenditure	(2,092)	(8,831)

No separate subhead additional funding was provided for COVID-19 for 2022.

(d) Ukraine Crisis Expenditure

	2022 €'000	2021 €'000
Income Received	5,000	-
Expenditure		
Pay	(993)	-
Non Pay	(4,925)	-
Total Expenditure	(5,918)	-
Deficit at 31 December 2022	(918)	-

Ukraine Crisis was funded through DCEDIY Subhead A3

(e) Department of Education Funding, Vote 26 Subhead A11.9 Income and Expenditure

	2022 €'000	2021 €'000
Income Received	44,323	36,507
Expenditure		
Pay	(10,391)	(9,184)
Non Pay	(977)	(727)
Section 56-59 Arrangements	(350)	-
School Completion Programme Grants	(31,185)	(25,861)
School Completion Programme Counselling Grants	(157)	(234)
Total Other Revenue	(43,060)	(36,006)
Surplus at 31 December 2022	1,263	501

NOTE 5 Pay and Pensions

(a) CEO Remuneration

	2022 €'000	2021 €'000
CEO Remuneration		
Chief Executive Officer (CEO) Remuneration (Mr Bernard Gloster) Gross Pay	192	182
CEO Travel and Subsistence		
Chief Executive Officer (CEO) Travel Costs (Mr Bernard Gloster)	3	2

The CEO is a member of the Agency's statutory pension scheme and the pension entitlements do not extend beyond the standard entitlements of the public sector scheme.

(b) Executive Management Team Personnel

Including the remuneration of the Chief Executive Officer detailed in **NOTE 5 (a)**, the total remuneration for the Executive Management Team is €1.875m for the 2022 financial year (2021: €1.218m).

From 1 February 2022 the Agency created a redefined, less siloed and slim centre for overall national leadership of the organisation, through a new Executive Management Team (EMT). This resulted in a reduction in the number of EMT personnel from the year 2021 to 2022 by three.

Executive key management personnel in the Agency consist of the Board, CEO and members of the EMT reporting to the CEO.

(c) Termination Benefits

	2022 €'000	2021 €'000
Termination benefits charged to the Income and Expenditure Account	-	123
Total Termination Benefits	-	123

No termination benefits were charged to the income and expenditure account for the year ended 31 December 2022. The Agency granted no added years for pension purposes to staff members.

NOTE 6 Employments

	2022 €'000	2021 €'000
Summary Analysis of Pay Cost		
Basic Pay	277,143	263,043
Holiday Pay Accrual	(2,737)	(961)
Allowances	2,035	2,077
Overtime	1,106	1,179
Night Duty	2,099	1,805
Weekends	4,942	4,654
On Call	1,742	1,577
Arrears	32	300
Subtotal Pay	286,362	273,674
Employer PRSI	28,958	26,687
Employer PRSI	28,958	26,687
Agency Pay	15,965	11,632
Secondment Charges	55	351
Agency Pay	16,020	11,983
Pensions*	16,692	13,492
Total Pay and Pensions	348,032	325,836
	2022 €'000	2021 €'000
*Analysis of Pension		
Ongoing Pension Payments	9,762	7,880
Once-Off Lump Sums and Gratuity Payments	6,548	5,552
Death Gratuities	382	60
Total Pensions	16,692	13,492

During 2022, €9.22m (2021: €8.02m) was deducted for Additional Superannuation Contribution from the Child and Family Agency's staff.

During 2022, €0.776m (2021: €0.608m) in Additional Superannuation Contribution was deducted from service providers and payable to the Department of Children, Equality, Disability, Integration and Youth and the Department of Public Expenditure, National Development Plan Delivery and Reform.

The number of employees by Area of Operation was as follows in whole time equivalents (WTEs) at 31 December 2022:

	2022 WTE	2021 WTE
Social Work	1,612	1,669
Social Care	1,219	1,200
Psychology and Counselling	29	29
Other Support Staff including Catering	42	42
Other Health Professionals	185	176
Nursing	4	6
Family Support	132	133
Educational and Welfare Officer	124	112
Admin Grades 3 to 7	1,069	982
Management Grade 8 and above	260	230
Total Child and Family Agency employees	4,676	4,579

The headcount of staff at 31 December 2022 was 5,401 and at 31 December 2021 was 5,069. These values do not include agency staff. Includes Department of Education funded posts for TESS and AEARS headcount of 167, WTE of 157 to the value of €9.35m.

Total number of Child and Family Agency staff remuneration in excess of €60k:

A breakdown of total employee remuneration (including salaries and other benefits) over €60,000, in increments of €10,000, is required under DPENDPDR circular 13/2014.

From/To	2022	2021
€60,000 - €69,999	984	862
€70,000 - €79,999	481	276
€80,000 - €89,999	223	201
€90,000 - €99,999	68	47
€100,000 - €109,999	45	38
€110,000 - €119,999	12	17
€120,000 - €129,999	7	3
€130,000 - €139,999	6	-
€140,000 - €149,999	1	-
€150,000 - €159,999	-	1
€160,000 - €169,999	1	-
€170,000 - €179,999	-	-
€180,000 - €189,999	1	1
	1,829	1,446

NOTE 7 Non-Pay Expenditure

	2022 €'000	2021 €'000
Fostering Care and After Care Allowances		
Statutory Fostercare Allowances	83,696	86,400
Aftercare Allowances	25,675	26,937
Other Care Allowances	11,991	8,055
Total Foster Care and After Care Allowances	121,362	121,392

	2022 €'000	2021 €'000
Independent Placement Provision		
Foster Care Provision	28,897	24,705
Separated Children Seeking International Protection	5,732	3,600
Residential Provision	161,304	121,847
Total Independent Placement Provision	195,933	150,152

		2022 €'000	2021 €'000
Community, Voluntary and Charitable Organisations Section			
Section 56–59 Arrangements	(Appendix 1)	147,238	141,390
Schools Completion Programme	(Appendix 2)	31,185	25,861
Family Resource Centres	(Appendix 3)	21,241	20,308
Family Support Service Counselling	(Appendix 4)	6,633	6,798
Total Community, Voluntary and Charitable Organisations		206,297	194,357

NB: The total number of individual entities funded in 2022 was 641 (2021: 658).

	2022 €'000	2021 €'000
Legal Expenses and Guardian Ad Litem costs		
Child and Family Agency Legal Services	15,223	13,077
Guardian Ad Litem Costs*	11,454	7,898
Guardian Ad Litem Legal Fees*	8,932	6,107
Third Party Legal Costs	2,961	3,419
Other Legal Costs	341	159
Total Legal Expenses and Guardian Ad Litem Costs	38,911	30,660

*Guardians Ad Litem and their legal representatives are appointed by the court service. Although the Guardian Ad Litem is independent of the parties to the court proceedings, their fees are discharged by the Child and Family Agency in accordance with the Child Care Act 1991.

	2022 €'000	2021 €'000
General Childcare Services		
Therapy/Psychology Costs	5,802	5,088
Cleaning and Waste Disposal	2,291	2,211
Heat, Power and Light	2,271	1,722
Catering and Provisions	2,171	1,565
Medical Costs	1,995	1,193
Transport Costs	1,926	1,020
Security and Alarm Costs	1,673	1,541
Creative Community Alternatives (CCAs)	1,478	2,070
Furniture, Crockery and Hardware	1,085	672
Vehicles Costs	855	543
Other Sundry Expenses	704	639
Recreation Costs	682	553
Bedding and Clothing	222	239
Total General Childcare Services	23,155	19,056

	2022 €'000	2021 €'000
Office and Administration		
Rent and Rates	10,782	9,738
Travel and Subsistence	9,487	6,178
Professional Services	6,271	4,665
Computers and Systems Maintenance	6,278	5,451
General Office Expenses	3,681	2,543
Telecoms	2,966	3,007
Printing, Postage and Stationery	2,539	1,932
Education and Training	1,946	1,436
Maintenance	1,976	1,373
Insurance	636	545
Memberships, Licences and Subscriptions	386	203
Prompt Payment Interest and Compensation	175	198
Audit Fees	115	105
Lease Interest, Bank Interest and Charges	20	25
Bad and Doubtful Debts	55	268
Total Office and Administration	47,313	37,667

NOTE 8 Non-Current Assets – Property, Plant and Equipment

	Land & Buildings €'000	Plant & Equipment €'000	Total €'000
Cost/Valuation			
At 1 January 2022	99,039	13,478	112,517
Additions in the Year	2,930	3,590	6,520
Balance at 31 December 2022	101,969	17,068	119,037
Depreciation			
At 1 January 2022	(17,786)	(12,368)	(30,154)
Charge for the Year	(3,148)	(1,790)	(4,938)
Balance at 31 December 2022	(20,934)	(14,158)	(35,092)
Net Book Values			
Balance at 31 December 2022	81,035	2,910	83,945
Balance at 31 December 2021	81,253	1,110	82,363

On 1 January 2014, fixed assets transferred to the Agency from the HSE. In 2016 the Agency engaged the Valuation Office to undertake a revaluation programme of land and buildings. This programme continued until 31 December 2021, by which time 92% of the portfolio had been revalued.

As the exercise is substantially complete, and as the cost to complete the remaining 8% will most likely exceed the benefit, the Agency has ceased the revaluation programme and has adopted the value of land and buildings at 31 December 2021 as the deemed cost going forward. Land is not depreciated whereas buildings continue to depreciate based on the estimated remaining useful life.

NOTE 9 Inventories

	2022 €'000	2021 €'000
Inventory of Consumable Items	183	222
Total Inventories	183	222

NOTE 10 Trade and Other Receivables

	2022 €'000	2021 €'000
Prepayments	6,222	4,045
Other Receivables		
Payroll Technical Adjustment	1,840	1,845
Superannuation and ASC Income Accrual Account	1,646	1,438
Payroll Overpayments	1,036	998
Sundry Receivables	2,839	3,976
Guardian Ad Litem VAT Refunds	5	5
Gross Receivables	13,588	12,307
Less: Provision for Doubtful Debts	(1,001)	(953)
Total Receivables	12,587	11,354

NOTE 11 Cash and Cash Equivalents

	2022 €'000	2021 €'000
Bank	30,073	28,661
Cash and Cash Equivalents	21	22
Total Cash and Cash Equivalents	30,094	28,683

NOTE 12 Trade and Other Payables

	2022 €'000	2021 €'000
Trade Payables (Revenue Account)	4,308	3,041
Trade Payables (Capital Account)	98	59
Accruals Non-Pay (Revenue Account)	34,253	19,269
Accruals Foster Care and Foster Care Allowances	476	1,804
Accruals Independent Placement Provisions	3,186	3,632
Sundry Payables	1	1
Total Trade Payables	42,322	27,806
Other Payables		
Accruals Pay	18,243	14,958
Holiday Pay Accrual	3,205	5,942
Taxes and Social Welfare	14,867	10,254
Total Other Payables	36,315	31,154

NOTE 13 Restricted Contributions (Donations and Bequests) - Income and Expenditure

	2022 €'000	2021 €'000
Balance at 1 January 2022	261	537
Income Received	673	149
Expenditure	(320)	(425)
Balance at 31 December 2022	614	261

NOTE 14 Capital Expenditure

(a) Additions to Non-Current Assets in the Year

	2022 €'000	2021 €'000
Property	2,930	1,920
Plant and Equipment	3,590	558
	6,520	2,478
Funded from DCEDIY Capital Vote 40	5,878	2,404
Funded from DCEDIY Revenue Vote 40	642	74
	6,520	2,478

(b) Analysis of Expenditure Charged to Capital Income and Expenditure Account

	2022 €'000	2021 €'000
Expenditure on the Child and Family Agency's own assets (Capitalised)	6,520	1,283
Expenditure on the Child and Family Agency's own assets (Non-Capitalised)	12,450	15,076
Total Expenditure on Child and Family's Agency's Projects charged to Capital	18,970	16,359
Total Capital Expenditure per Capital Income and Expenditure Account	18,970	16,359

NOTE 15 Pensions

Eligible staff employed in the Child and Family Agency are members of defined benefit superannuation schemes. The pensions paid to staff who retired since the establishment of the Agency are recognised in the Statement of Income and Expenditure in the year in which they become payable. In accordance with the derogation regarding Section 28 of FRS 102, no provision is made in the financial statements in respect of future pension benefit liabilities. Superannuation contributions from employees who are members of these schemes contribute to the Agency's revenue recognised in the Statement of Income and Expenditure within the subheading 'Department of Children, Equality, Disability, Integration and Youth'. The pension charged to the Statement of Revenue Income and Expenditure for 2022 was €16.6m (2021:€13.5m), which included payments in respect of one-off lump sums and gratuity payments on retirement of €6.5m (2021:€5.6m).

NOTE 16 Capital Commitments

	2022 €'000	2021 €'000
Future tangible non-current assets purchase commitments		
Within one year	17,500	18,500
After one year but within five years	-	-
After five years	-	-
	17,500	18,500
Future tangible non-current assets purchase commitments		
Contracted for but not provided in the financial statements	7,504	7,115
Included in the Capital Plan but not contracted for	9,996	11,385
Total Future Tangible Non-Current Assets Purchase Commitments	17,500	18,500

NOTE 17 Properties

Properties were transferred to the Child and Family Agency on establishment at 1 January 2014 by a Deed of Agreement which was signed by the Ministers for Health and for Children, Equality, Disability, Integration and Youth. The Child and Family Agency continues to work with the HSE to agree any further transfers.

	2022 No. of Properties	2021 No. of Properties
The Child and Family Agency estate comprises the following:		
Freehold Properties	92	84
Leasehold	136	135
Total Number of Properties	229	219

In addition to the above properties there are properties owned by HSE which are currently being utilised by the Agency for service provision. There are also a number of properties that are currently under review by the HSE and the Agency to determine those which should be transferred to the Child and Family Agency.

NOTE 18 Operating Leases

	2022 Land and Buildings €'000	2022 Other €'000	2021 Land and Buildings €'000	2021 Other €'000
Within one year	7,433	-	6,629	-
In the second to fifth years inclusive	21,483	-	21,334	-
In over five years	30,946	-	34,417	-
	59,862	-	62,380	-

NOTE 19 Taxation

The Child and Family Agency (CHY21524) is exempt from the following taxes:

- Section 207 and 208, Taxes Consolidation Act 1997 (Income Tax);
- Section 609, Taxes Consolidation Act 1997 (Capital Gains Tax);
- Section 266, Taxes Consolidation Act 1997 (Deposit Interest Retention Tax);
- Sections 76 and 78, Taxes Consolidation Act 1997 (Corporation Tax);
- Sections 17, 22 and 76 of the Capital Acquisitions Taxes Consolidations Act 2003 (Capital Acquisitions Tax);
- Section 82, Stamp Duty Consolidation Act 1999 (Stamp Duty); and
- Chapter 8A, Part 6, Taxes Consolidation Act 1997 (Dividend Withholding Tax).

These exemptions extend to the income and property of the Child and Family Agency.

In 2016, the Agency obtained advice from the Revenue Commissioners regarding the VAT status of Guardian Ad Litem invoices paid by the Agency in 2014 and 2015. The Revenue Commissioners confirmed that this service was exempt from VAT and advised of the steps to be taken by the Agency to recoup the VAT charged in these periods. The Agency has continued collecting these amounts owed from the relevant suppliers. The amount owing at 31 December 2022 is €5k (2021: €5k), and the Agency continues to pursue these debts.

NOTE 20 Insurance

The Child and Family Agency has insurance cover with a third-party provider for professional indemnity, property and other specific service-related policies. As a delegated State Authority, the Agency's risks are delegated to the State Claims Agency. This covers employer's liability, public liability and motor cover. The State Claims Agency indemnifies a third party in respect of personal injury and third-party property damage claims

which are the result of the delegated State Authority's negligence.

NOTE 21 Compliance with Prompt Payment Legislation

During 2022, the Agency paid €23k (2021:€18k) to suppliers in relation to prompt payment interest. Interest was paid only in cases where payment was made 30 days after the invoice date as this was in accordance with the terms and conditions as specified on the Agency's Purchase Order document. The prompt payment legislation stipulates that interest must be paid to suppliers where payment is more than 30 days after the invoice date unless supplier contracts have specified longer credit terms. In addition, associated compensation was not paid but has been provided for by the Agency.

Revised regulations in relation to prompt payment, European Communities (Late Payment in Commercial Transactions) Regulations 2012 (SI No. 580/2012), came into effect in March 2013. This legislation provides for the payment of interest and compensation to suppliers in respect of late payment of invoices. The Agency does not automatically pay suppliers prompt payment compensation in relation to late payment of invoices; however, suppliers may claim this compensation.

NOTE 22 State Claims Agency

The State Claims Agency identified the claims that relate to the Agency from the overall liability managed by the State Claims Agency relating to the Agency and the HSE. The outstanding liability relating to the Agency, estimated by the State Claims Agency as at 31 December 2022, was €72m (2021: €67m). The costs charged in 2022 were €3.76m (2021: €2.43m). The Agency is not yet funded for claims processed by the State Claims Agency.

NOTE 23 Contingent Liabilities

The Child and Family Agency is currently dealing with litigation matters which may generate liabilities depending on the outcome of the legal proceedings. With regards to standard legal cases, the Agency's insurance, which covers professional indemnity, property, and other specific service-related policies, would be sufficient to cover the majority of costs. There is, however, an element of uncertainty due to indemnity limits and certain policy conditions. The Agency is not in a position to estimate any potential liabilities arising from these proceedings. The financial effects of any uninsured contingencies have not been provided for in the financial statements.

On Friday 14 May 2021, the HSE notified Tusla of a cyber-attack and ransom demand perpetrated by a criminal organisation outside of the State. In August 2021, Tusla entered into a memorandum of understanding with HSE whereby HSE provided legal and IT forensics resources to support Tusla's investigation into the attack.

A significant body of work has been undertaken by the agency to review the exfiltrated documents, the final number of individuals to be notified that their data has been compromised is yet to be determined as this is subject to further verification. The potential liability that may arise from this criminal event is yet to be determined.

NOTE 24 Events after the Reporting Period

No circumstances have arisen, or events occurred, between the reporting period and the date of approval of the financial statements by the Board, which would require adjustment or disclosure in the financial statements.

NOTE 25 Related Party Transactions

Services Provided by the HSE

Since the creation of the Child and Family Agency, the HSE has provided some administrative services for the Agency in the areas of Finance, HR, Payroll, Procurement, Estates, FOI, banking arrangements and Internal Audit. These services are governed through a Memorandum of Understanding and subsidiary Service Level Agreements. The Agency paid an amount of €293k for payroll services in 2022, with no charge for the other administrative services. On creation of the Agency, an amount of €7m was agreed to be paid to the HSE annually for the provision of psychology services and this amount was paid in 2022.

Other

In accordance with the Ethics in Public Office Acts 1995 and 2001, the Agency requires all staff Grade VIII and above (or equivalent) to complete an annual Ethics Return declaring any interests as specified which could materially influence them in the performance of the function of their position.

NOTE 26 Approval of Financial Statements

The financial statements were approved by the Board on 31 May 2023.

Summary by Grant Type, Service and Region

	2022 €'000	2021 €'000
Regional Service Level Agreements	68,788	64,582
Domestic, Sexual and Gender Based Violence (DSGBV)	30,111	29,592
Residential Services	24,627	23,045
Area Based Childhood (ABC) Programme	8,538	8,872
National Grants	4,560	7,387
Creative Community Alternatives (CCA)	5,351	5,455
Disability Grants	2,177	898
Children and Young People's Services Committees (CYPSC)	1,561	483
Adoption	1,398	954
National Early Years	127	122
Total Section 56 (Appendix 1)	147,238	141,390
School Completion Programme (Appendix 2)	31,185	25,861
Family Resource Centres (Appendix 3)	21,241	20,308
Family Support Service Counselling (Appendix 4)	6,633	6,798
Total Other	59,059	52,967
Total Grant Payments	206,297	194,357

Appendices

Appendix 1

Appendix 2

Appendix 3

Appendix 4

Appendix 1

Section 56 Payments

	2022 €'000	2021 €'000
Barnardos - Republic of Ireland CLG	10,096	9,650
Extern Ireland CLG	7,382	7,521
Peter McVerry Trust CLG	6,437	6,192
Daughters of Charity Child and Family Services CLG	6,250	6,321
Foróige the National Youth Development Organisation CLG	5,162	4,845
Focus Ireland CLG	4,146	3,823
Youth Advocate Programmes Ireland CLG	3,888	3,683
Don Bosco Care CLG	3,387	3,233
Empowerment Plus CLG	2,840	2,796
Bessborough Centre CLG	2,793	1,848
Sonas Domestic Violence Charity CLG	2,397	2,406
St Bernard's Childrens Services CLG	2,343	2,380
Traveller Families' Care CLG	2,283	2,604
St Laurence O'Toole Catholic Social Care (Crosscare) CLG	2,148	2,362
Smyly Trust Services CLG	2,140	2,196
Home Again CLG	2,104	1,997
Saoirse Housing Association CLG	1,964	2,059
Cottage Home Child and Family Services CLG	1,818	1,747
Good Shepherd Cork CLG	1,723	1,677
The Dublin Rape Crisis Centre CLG	1,586	1,731
Cope Galway CLG	1,568	1,510
Epic Empowering People in Care CLG	1,564	1,388
Childhood Development Initiative CLG	1,473	1,556
Aoibhneas CLG	1,376	1,256
Kildare Youth Services CLG	1,208	1,213
Adapt Domestic Abuse Services CLG	1,207	1,262
Clarecare CLG	1,162	1,192
Limerick Social Service Council CLG	1,082	1,096

	2022 €'000	2021 €'000
Arlington Novas Ireland CLG	1,058	1,110
Northside Partnership CLG	1,050	984
Clondalkin Behavioural Initiative CLG	918	860
Huruma CLG	888	696
Women's Aid CLG	876	860
Paul Partnership Limerick CLG	864	901
Active Connections CLG	849	436
National College of Ireland CLG	838	836
Clare Haven Services CLG	826	859
Carr's Child and Family Services CLG	818	1,042
Cloyne Diocesan Youth Services CLG	816	554
Safe Ireland National Social Change Agency CLG	795	797
Technological University (TU) Dublin CLG	790	665
Women's Aid (Dundalk) CLG	786	752
Sherrard House CLG	780	846
Oasis Housing Association CLG	762	718
Let's Grow Together! Infant and Childhood Partnerships CLG	752	661
The Irish Society for the Prevention of Cruelty to Children (ISPCC) CLG	744	653
Galway Rape Crisis Centre CLG	733	839
Teach Tearmainn Housing Association CLG	732	597
Donegal Domestic Violence Services CLG	725	622
Sligo Leitrim Home Youth Liaison Service CLG	722	678
Praxis Care CLG	719	341
Streetline CLG	714	787
The Shanty Educational Project CLG	699	672
Meath Women's Aid Housing Association CLG	675	623
Youth New Ross CLG	674	560
Wexford Women's Refuge CLG	673	544
Kerry Diocesan Youth Service CLG	672	654
Adapt Kerry CLG	661	666
Bray Women's Refuge Housing Association CLG	656	652
Louth Leader Partnership CLG	638	675
Amber Women's Refuge CLG	637	776
Youngballymun CLG	617	597
Drogheda Women's and Children's Refuge Centre CLG	611	541
Cuan Saor Women's Refuge and Support Services CLG	593	615
Athlone Community Services Council CLG	587	505

	2022 €'000	2021 €'000
Irish Foster Care Association CLG	569	615
Lifestart Services CLG	554	560
Cuanlee CLG	535	541
Meath Springboard Family Support Services CLG	533	505
PACT CLG	528	354
The Ballyfermot/Chapelizod Partnership Company CLG	517	546
Northside Home Care Services CLG	514	349
Rape Crisis Midwest CLG	499	505
North Tipperary Community Services CLG	478	504
The Rehab Group CLG	476	529
The C.A.R.I. Foundation CLG	471	356
Daughters of Charity Community Services CLG	431	435
The Cruthu Foundation CLG	430	340
Bray Area Partnership CLG	425	429
Co. Wicklow Community Partnership CLG	408	320
St Catherine's Community Services Centre CLG	400	429
Darndale Belcamp Integrated Childcare Service CLG	373	376
Lifestart Supporting Parents Leitrim Sligo and West Cavan CLG	371	375
Domestic Violence Advocacy Service (Sligo, Leitrim, and West Cavan) CLG	366	379
Limerick Youth Service	366	362
North Clondalkin Integrated Family/School Project CLG	358	344
Donegal Youth Services CLG	354	240
Teach Oscail Resource Project CLG	351	304
Our Lady's Nursery, Ballymun CLG	340	356
Amen Support Services CLG	336	357
Mercy Family Centre CLG	332	335
Dublin Travellers Education and Development Group CLG	332	147
St Brigid's Day Nursery CLG	330	333
Wexford Rape and Sexual Abuse Support Services CLG	328	303
Rape Crisis and Sexual Abuse Counselling Centre Sligo, Leitrim and West Cavan CLG	322	306
St Helena's Childcare Centre CLG	320	323
Finn Valley Family Resource Centre CLG	319	304
St Brigid's Family and Community Centre CLG	315	256
West Cork Women Against Violence CLG	313	316
Laois Support Services Against Domestic Abuse CLG	311	234
Offaly Domestic Violence Support Service CLG	302	257
North Tipperary Development Company CLG	301	268

	2022 €'000	2021 €'000
Cork Rape Crisis Centre CLG	297	341
Rape Crisis North East CLG	296	292
Kerry Rape and Sexual Abuse Centre CLG	285	289
Stewarts Care Limited	281	-
Blakestown and Mountview Neighbourhood Youth Project CLG	280	282
Ballymun Day Nursery CLG	273	276
Waterford Rape Crisis Centre CLG	271	237
North-West Inner City Family/School Project CLG	261	215
Ballyfermot Centre for Children, Young People and Families CLG	260	262
Donegal Sexual Abuse and Rape Crisis Centre CLG	256	244
Carlow and South Leinster Rape Crisis Centre CLG	254	249
Edenmore Day Care Nursery CLG	244	247
New Communities Partnership (NCP) CLG	239	242
Togher Family Centre CLG	238	228
One in Four (Ireland) CLG	235	141
Deansrath Family Centre CLG	234	237
Sligo Springboard CLG	233	237
Cox's Demesne Youth and Community Project CLG	233	184
Kilkenny Rape Crisis Centre CLG	231	203
Mayo Rape Crisis Centre CLG	228	228
The Men's Development Network CLG	224	247
Yana North Cork Domestic Violence Project CLG	221	267
Waterford Intellectual Disability CLG	218	-
Mullaghmat Cortolvin Community Development CLG	217	190
Tearmann Housing Association CLG	211	214
Longford Women's Link CLG	211	212
Tipperary Rape Crisis and Counselling Centre CLG	209	194
Bonnybrook Day Nursery Centre CLG	205	207
Kilkenny Community Early Years Project CLG	198	200
Gorey Youth Needs Group CLG	197	188
Mead Day Nursery CLG	193	195
Vita House Services CLG	186	174
Sligo Family Resource Centre CLG	185	177
Clonmel Community Parent Support Programme CLG	181	139
My Project Minding You CLG	180	181
Domestic Violence Information Resource Centre (OSS Cork) CLG	180	180
Bluestack Special Needs Foundation CLG	173	156

	2022 €'000	2021 €'000
Roscommon Safe Link CLG	169	156
Tir Boghaine Cuideachta Faoi Theorainn Ráthaíochta CLG	167	161
Alcohol Forum Ireland CLG	154	206
Cork Anti-Poverty Resource Network CLG	153	152
Donegal Women's Centre CLG	152	163
The Marian Centre CLG	151	152
First Steps Rowlagh CLG	149	150
Carlow Women's Aid CLG	148	158
Athlone (Midland) Rape Crisis Centre CLG	145	138
Tullamore Rape Crisis Centre CLG	144	141
Domestic Violence Response CLG	142	143
Tipperary Regional Youth Service CLG	141	123
Cork City Childcare CLG	138	153
Ballinrobe Family Resource Centre CLG	136	138
Carlow Regional Youth Services CLG	134	149
Anew Support Services CLG	134	136
Dunmanway Family Resource Centre CLG	134	76
Cork Life Centre	133	165
Kilbarrack-Foxfield Nursery Centre CLG	133	134
Inner City Organisations Network (Icon)/YPAR CLG	129	67
Doras Bui A Parents Alone Resource Centre CLG	128	129
ECCE and Play Early Childhood Ireland CLG	127	122
Clare Youth Service CLG	125	111
Moatview Nursery and Early Education Centre CLG	123	124
Newbury House Family Centre CLG	120	148
St Michael's Family Centre CLG	119	117
Mahon Family Resource Centre CLG	118	200
Hill Street Family Resource Centre CLG	118	115
Phoenix Community Resource Centre CLG	117	129
Ballyboden Children's Centre CLG	116	111
Neart Hamhnais Cuideachta Faoi Theorainn Ráthaíochta CLG	115	110
Leitrim Integrated Development Company CLG	114	78
Family Resource Centre (Inchicore Domestic Violence) CLG	113	92
Ballymun Child and Family Resource Centre CLG	110	-
Letterkenny Youth and Family Services CLG	107	105
Coiste Aiseanna Na Hoige Cuideachta Faoi Theorainn Ráthaíochta CLG	106	147
Clonmel Resource Centre CLG	103	81

	2022 €'000	2021 €'000
Inishowen Development Partnership CLG	103	62
Parentline CLG	101	89
Roscommon Integrated Development CLG	100	78
Lifestyle Development Group CLG	99	98
Clones Family Resource Centre CLG	98	84
Southside Partnership DLR CLG	98	71
The Crann Support Group CLG	96	95
Genesis Psychotherapy and Family Therapy Service CLG	94	99
Treoir the National Federation of Services for Unmarried Parents and their Children CLG	94	94
Focus Family Resource Centre CLG	92	90
Boyle Family Resource Centre CLG	92	83
Westmeath Support Services Against Domestic Abuse CLG	91	131
YMCA Ireland (West Dublin Region)	91	97
Fatima Groups United CLG	89	86
YMCA Ireland (PAKT Programme)	87	78
Ferns Diocesan Youth Service CLG	86	97
Galway Regional Youth Federation CLG	85	70
Newpark Close Community Development CLG	84	47
The Community After School Project CLG	84	38
Carrick-On-Shannon Family Life Centre CLG	82	84
Westmeath Community Development CLG	82	83
Kerry Family Resource and Counselling Centre CLG	82	79
Northside Family Resource Centre CLG	80	72
Carrigaline Family Support CLG	76	45
Forum Connemara CLG	75	57
Southend Community Development Group CLG	75	51
Leitrim County Childcare Committee CLG	74	54
Connect Family Resource Centre CLG	74	46
Ossory Youth CLG	74	34
Bagenalstown Family Resource Centre CLG	74	24
Cherry Orchard Equine Centre CLG	70	-
Ballina Family Resource Centre CLG	69	67
Trim Family Resource Centre CLG	68	41
Blanchardstown Home-Start CLG	67	67
Enable Ireland Disability Services CLG	67	2
Breffni Integrated CLG	66	32
Shanakill Family Resource Centre CLG	65	63

	2022 €'000	2021 €'000
Southwest Counselling Centre CLG	65	34
Listowel Family Resource Centre CLG	63	41
Wexford Mental Health Association CLG	63	2
The Candle Community Trust CLG	62	120
Knockanrawley Resource Centre CLG	62	60
Simon Community (Galway) CLG	62	60
Before 5 Family Centre CLG	62	58
Carrigtwohill Family Resource Centre CLG	61	90
Killorglin Family Resource Centre CLG	61	38
Midleton Community Forum CLG	61	25
Forward Steps Resource Centre CLG	61	10
Sligo County Childcare Committee CLG	60	81
Gort Resource Centre CLG	58	10
Lus Na Gréine Family Resource Centre CLG	57	4
Claremorris Social and Family Centre CLG	56	54
Golf Course Road Westport Community Centre Limited CLG	56	54
Castleisland Family Resource Centre	55	55
Parents First (Laois, Offaly) CLG	55	52
Cobh Family Resource Centre CLG	54	88
Mountmellick Development Association CLG	54	52
Kells Family Resource Centre CLG	54	41
Hospital Family Resource Centre CLG	53	51
St Audoen's Pre-School	52	50
Ronanstown Community Childcare Centre CLG	51	49
South West Kerry Family Resource Centre CLG	51	28
Ballyduff Family and Community Support Forum CLG	51	25
Donegal Travellers Project CLG	50	36
F.A.C.T. Family Resource Centre CLG	49	-
Ballyspillane Community and Family Resource Centre CLG	49	33
Southill Area Centre CLG	49	29
Clare Immigrant Support Centre CLG	49	18
Kinsale Youth Support Services CLG	48	90
Rahoon Family Centre CLG	47	47
Children's Rights Alliance - Republic of Ireland CLG	47	17
Mohill Family Support Centre CLG	46	24
Newbridge Family Resource Centre CLG	45	40
Finglas Community Support Service CLG	44	-

	2022 €'000	2021 €'000
Child Abuse Prevention Project CLG	43	44
Abbeydorney/Kilflynn Family Resource Centre CLG	43	41
Mountview Family Resource Centre CLG	42	40
West Limerick Resources CLG	42	29
Western Region Drugs Task Force CLG	40	37
Ballyhoura Development CLG	40	33
Droichead Family Resource Centre CLG	40	21
North West Clare Family Resource Centre CLG	40	5
County Kilkenny Leader Partnership CLG	40	-
Cherish CLG	39	52
St Ultan's Childcare Project CLG	39	39
Galway Roscommon ETB	39	28
St Canice's Community Action CLG	38	55
Bandon Family Resource Centre CLG	37	37
Blakestown and Mountview Youth Initiative CLG	37	37
Raphoe Diocese Pastoral Services CLG	37	32
Ballymote Family Resource Centre CLG	37	30
The Cork County Childcare Committee CLG	36	37
County Kildare Youth Hub CLG	36	35
West Sligo Family Resource Centre CLG	36	35
Sligo Social Service Council CLG	36	28
Skibbereen Community and Family Resource Centre CLG	35	62
Ballyogan Community Development Management Committee CLG	35	27
The Trustees of Macroom Family Resource Centre CLG	33	34
Kilkenny Social Services	33	33
Downstrands Family Resource Centre CLG	31	-
Offaly Integrated Local Development CLG	31	30
Kenmare Family Resource Centre CLG	31	19
Brill Family Resource Centre CLG	30	42
Tipperary Rural Travellers Project CLG	30	34
Rialto Development Association CLG	29	30
Croom Family Resource Centre CLG	29	28
Basement Project Company CLG	28	28
A Little Lifetime Foundation CLG	28	27
Cork ETB	28	27
LINC Society Limited	28	24
Le Cheile Family Resource Centre (Mallow) CLG	27	26

	2022 €'000	2021 €'000
St Kieran's SP National School for Travellers	27	26
Castlemaine Family Resource Centre CLG	27	17
A.S.S.C (Accompaniment Support Services for Children) CLG	27	-
Treo Portlairge CLG	26	25
Monaghan Integrated Development CLG	26	24
Monaghan Education Centre	26	20
The Creative Learning Centre CLG	25	17
Glenfields Community Childcare CLG	23	33
Learning Hub Limerick CLG	23	23
Templemore Community Services Centre CLG	23	22
Laois Youth Services CLG	22	11
Tubbercurry Family and Childcare Resource House Project CLG	22	5
Meath Community Rural and Social Development Partnership CLG	22	-
Venture Out Wilderness Project CLG	22	-
Taghmon Family Resource Centre CLG	21	-
Women's Community Projects (Mullingar) Association CLG	21	22
Kerry Travellers Health and Community Development Project CLG	20	59
F.A.B. Coolcotts Community Development Project CLG	20	46
Moyross Development CLG	20	-
Dundalk Counselling Centre CLG	19	18
Kerryhead/Ballyheigue Family Resource Centre CLG	17	16
Hillview Community Resource Centre CLG	17	15
Offaly County Council	17	4
Monaghan County Childcare Committee CLG	17	-
Children's Grief Centre CLG	16	16
Nenagh Childcare Centre CLG	16	16
St Francis Junior National School	16	15
Tralee International Resource Centre CLG	16	6
Ballyphehane-Togher Community Development Project CLG	15	34
Spafield Family Resource Centre CLG	15	20
Ringsend Creche CLG	15	15
Raheen Community Development Group CLG	15	8
Whitefriar Street Community Development Project CLG	14	15
National Social Work Organisation of Ireland CLG	14	-
Social Care Association of Ireland CLG	14	-
Sligo Centre for Independent Living CLG	13	63
Seirbhisi Na Nog CLG	13	14

	2022 €'000	2021 €'000
Eala Og Child Care Centre CLG	13	13
Gossh Ireland CLG	13	11
Navan Travellers Workshops CLG	13	9
Westmeath County Childcare Committee CLG	13	-
Monaghan Youth Federation CLG	13	-
Cara House Family Resource Centre CLG	12	12
National Childhood Network CLG	12	8
Ardee and District Community Trust CLG	12	-
Wallaroo Playschool Limited CLG	11	28
Sacred Heart Community and Childcare Project CLG	11	9
Cultúr, Celebrating Diversity CLG	11	2
NASC the Migrant and Refugee Rights Centre CLG	10	16
Ballinasloe Social Services CLG	10	15
Galway City Partnership CLG	10	12
Beara West Family Resource Centre CLG	10	10
Respond CLG	10	8
South Presentation Centre CLG	10	5
Clara Community and Family Resource Centre CLG	10	-
Involve CLG	10	-
South Dublin County Partnership CLG	10	-
Brothers of Charity Services Ireland CLG	9	-
Southill Family Resource Centre CLG	9	-
Millennium Family Resource Centre CLG	8	19
Diversity Sligo Asylum Seekers and Refugees Support CLG	8	8
South Tipperary Development CLG	8	7
Festina Lente Foundation CLG	8	-
Quarryvale Community Resource Centre CLG	7	8
Ennis Schools Completion Programme CLG	7	3
Disability Equality Specialist Support Agency CLG	7	2
Advocates for the Victims of Homicide (Advic)	7	-
Irish Sudden Infant Death Association CLG	7	-
Social Anxiety Ireland CLG	7	-
Jack and Jill Childcare Centre CLG	6	21
Killinarden Family Resource Centre CLG	6	-
Think Bodywhys CLG	6	-
Kerry County Childcare Committee CLG	5	11
The Glen Community Creche CLG	5	11

	2022 €'000	2021 €'000
The Meath Youth Federation CLG	5	10
An Bháinseach Estate CLG	5	5
Knocknaheeny and Hollyhill Community Development Initiatives CLG	5	5
Kilkenny Bereavement Support	5	2
Ballymun Regional Youth CLG	5	-
Empower Local Development CLG	5	-
Roscommon County Childcare Committee CLG	5	-
Saol Project CLG	5	-
The Longford County Childcare Committee CLG	5	-
The Social and Health Education Project CLG	5	-
Three Drives Family Resource Centre CLG	4	40
North West Hospice CLG	4	7
Midlands Regional Youth Service CLG	4	4
Moyross Community Enterprise Centre CLG	4	4
Curam Clainne CLG	4	1
Breifni Community Development CLG	4	-
St Kevin's Family Resource Centre CLG	3	-
South Dublin County Childcare Committee CLG	3	2
Knock Counselling Centre CLG	2	-
Elm Park Area Childcare Committee CLG	2	2
Tullamore Community and Family Resource Centre CLG	2	2
Cavan Travellers Movement CLG	1	12
Ballingarry (Thurles) Community Development CLG	1	1
Balally Family Resource Centre CLG	1	-
Baldoyle Family Resource Services CLG	1	-
Blanchardstown Local Drugs Task Force CLG	1	-
Rosemount Community Development Group CLG	1	-
Cara-Phort Family Resource Centre CLG	-	6
The Salvation Army (Republic of Ireland) CLG	-	234
School of Social Work & Social Policy, Trinity College Dublin (TCD)	-	169
St Anne's Day Nursery	-	132
Niche Health Project Cork CLG	-	98
Compass Child and Family Services	-	80
Headstart Preschool	-	73
UNESCO Child and Family Research Centre	-	63
Inspire Wellbeing CLG	-	56
Ballincollig Family Centre	-	53

	2022 €'000	2021 €'000
National Family Support Network CLG	-	32
Pitter Patter Community Creche and Pre-School CLG	-	25
St. Michael's House	-	21
Comeragh Wilderness Camp CLG	-	17
Laois Community and Enterprise Development CLG	-	14
Lotamore Family Resource Centre Cork CLG	-	11
Wexford Local Development	-	11
Darndale Belcamp Village Centre Limited	-	10
Iscoil CLG	-	10
Parents Plus CLG	-	10
The Mill Family Resource Centre CLG	-	10
Little Sisters of Assumption	-	9
Family Life Service Ferns CLG	-	8
Gorey Family Resource Centre CLG	-	8
Waterford and Wexford ETB	-	7
Western Care Association CLG	-	6
Mayo Sligo and Leitrim ETB	-	4
Transgender Equality Network Ireland CLG	-	4
Ardaun Roscam Doughiska Family Resource Centre CLG	-	3
Galway Traveller Movement CLG	-	3
Killaloe/Ballina Community and Family Resource Centre CLG	-	3
Portlaoise Community and Family Resource Centre CLG	-	3
Shannon Family Resource Centre CLG	-	3
Irish Child and Family Institute Limited	-	2
Sensational Kids CLG	-	2
Tallaght Travellers Community Development CLG	-	2
The Clare County Childcare Committee CLG	-	2
Aspen Counselling Services Mullingar CLG	-	1
Bridgetown SCP	-	1
Council of Baltic Estate	-	1
Mid West Simon Community	-	1
South West Wexford Community Development Group CLG	-	1
St Andrew's Resource Centre CLG	-	1
Section 56 Provisions	4	(55)
Total	147,238	141,390

Appendix 2

Schools Completion Programme Payments

	2022 €'000	2021 €'000
City of Dublin ETB	1,849	1,464
Kildare and Wicklow ETB	1,421	1,262
Donegal ETB	961	779
Cork ETB	899	729
Kilkenny and Carlow ETB	840	647
Louth and Meath ETB	814	624
Galway Roscommon ETB	787	502
Cavan and Monaghan ETB	711	701
Mayo Sligo and Leitrim ETB	542	378
Foróige the National Youth Development Organisation CLG	454	234
School Completion Programme Dun Dealgan CLG	422	270
Dublin 8/Liberties Cluster SCP	419	407
Karablu CLG	391	382
Collinstown Park SCP	385	276
Dublin and Dun Laoghaire ETB	382	357
Iscoil CLG	380	250
Waterford SCP	378	309
Dominican Campus SCP and St John's	373	350
Deeside SCP	362	240
Tipperary ETB	352	295
Dublin 5 SCP	349	224
School Completion Programme Dublin 1 and 7 CLG	333	326
Roscrea/Birr SCP	328	105
Jobstown SCP	323	307
Drimnagh Bluebell Inchicore SCP	323	253
Sligo SCP	320	309
Tipperary Town SCP	317	171
Mahon Blackrock SCP	309	252

	2022 €'000	2021 €'000
Smile SCP	306	236
Gorey SCP	305	227
Mullingar SCP	305	161
South West Wexford SCP	300	182
North West City ESL CLG	299	374
Ennis Schools Completion Programme CLG	295	269
Quarryvale/Balgaddy SCP	287	212
Bunclody/Enniscorthy SCP	287	201
Laois and Offaly ETB	280	223
Tullamore SCP	276	251
North Inishowen SCP/Cardonagh Community School	276	250
Bantry and Dunmanway SCP	274	269
Business in the Community Ireland CLG	271	258
Deis Scop Scp Cuideachta Faoi Theorainn Ráthaíochta CLG	270	227
Le Chéile SCP	265	260
Treoir the National Federation of Services for Unmarried Parents and their Children CLG	265	252
Dublin 17 SCP	264	259
St Dominic's Old Bawn SCP	255	224
Galway City Westside SCP	248	186
Kilrush SCP	248	128
Southill SCP	243	239
Longford SCP	240	226
Tullow Area School Completion Programme CLG	240	190
Edenderry SCP	240	154
Cabinteely SCP	239	235
Mayfield/The Glen SCP	239	225
Greenhills SCP	239	211
Killinarden SCP	237	225
St Mark's/St Maelruain's SCP	237	193
Limerick and Clare ETB	237	187
North Kerry (LINK) SCP	237	182
STEPS (Rosbrien) SCP	232	176
South Clondalkin SCP	231	205
Donaghmede/Ayrfield/Edenmore SCP	229	226
Aisling Project CLG	227	223
Clár Críochnú Scoile, Conamara Thiar Theas	223	194
Crumlin, Drimnagh and Harold's Cross SCP	222	198

	2022 €'000	2021 €'000
Mounttown/Sallynoggin SCP	222	177
Brookfield and Fettercairn SCP	221	217
Dublin North Central SCP	221	175
Pairc SCP	216	149
Blakestown/Mountview SCP	212	208
Finglas C SCP	211	178
St Oliver's Clonmel SCP	210	197
Edenmore Kilbarrack Raheny SCP	206	200
Sexton Street Assisting Youth (SSTAY) SCP	199	196
Tofe SCP	194	167
Wexford SCP	190	167
Ballyfermot "C" SCP/Caritas College	189	186
Drogheda Northside School Completion Programme CLG	189	143
St Finian's SCP	185	183
Athlone/Ballinasloe SCP	184	182
East Tallaght SCP	182	179
Crumlin Cluster SCP	180	177
Kerry ETB	180	168
Balally Dundrum SCP	180	155
Kicks (Croom Kilmallock) SCP	176	95
South Meath SCP	173	85
Bridgetown SCP	172	170
Palmerstown SCP	172	170
St Michael's Secondary School	171	164
Coolock SCP	158	157
Swords SCP	156	149
Dungarvan and An Rinn SCP	150	149
Synge Street SCP	144	138
Ballinteer Community School/Scoil Mhuire (Ballyboden) SCP	133	132
St Canice's Community Action CLG	133	132
Connemara North and West SCP	107	97
Brill Family Resource Centre CLG	107	55
Barnardos - Republic of Ireland CLG	74	71
St Ultan's Childcare Project CLG	62	59
Rosses Community School	21	25
Gairmscoil Mhic Diarmada	13	16
Wexford Local Development	-	49
St Flannan's National School	-	3
Total	31,185	25,861

Appendix 3

Family Resource Centre Payments

	2022 €'000	2021 €'000
Curragh Pride Family Resource Centre CLG	508	539
Gorey Family Resource Centre CLG	415	169
National Forum of Family Resource Centres CLG	413	295
Ardaun Roscam Doughiska Family Resource Centre CLG	277	243
St Canice's Community Action CLG	269	214
Bandon Family Resource Centre CLG	246	83
Boyle Family Resource Centre CLG	245	168
Westport Family Resource Centre CLG	234	184
North West Clare Family Resource Centre CLG	228	162
Northside Home Care Services CLG	223	235
St Andrew's Resource Centre CLG	223	226
Kenmare Family Resource Centre CLG	222	157
Fatima Groups United CLG	220	247
Northside Family Resource Centre CLG	217	245
Quarryvale Community Resource Centre CLG	206	209
Listowel Family Resource Centre CLG	203	188
West Clare Family Resource Centre CLG	199	153
Hospital Family Resource Centre CLG	197	189
Portlaoise Community and Family Resource Centre CLG	196	219
Rosemount Community Development Group CLG	195	194
Ballymote Family Resource Centre CLG	194	194
Teach Oscail Resource Project CLG	193	218
Solas Resource Centre CLG	193	178
Killaloe/Ballina Community and Family Resource Centre CLG	193	153
Cara House Family Resource Centre CLG	191	121
Ballymun Child and Family Resource Centre CLG	190	186
Mohill Family Support Centre CLG	190	171
Castlebar Le Chéile Family Resource Centre CLG	189	188

	2022 €'000	2021 €'000
Donegal Family Resource Centre CLG	188	132
Trim Family Resource Centre CLG	186	157
Millennium Family Resource Centre CLG	185	207
Ballinrobe Family Resource Centre CLG	185	191
St Brigid's Family and Community Centre CLG	184	195
Raphoe Family Resource Centre CLG	182	176
Ballyspillane Community and Family Resource Centre CLG	181	180
Loughrea Family Resource Centre CLG	181	173
Clann Resource Centre Oughterard CLG	179	173
Cherry Orchard Family Resource Centre CLG	178	175
Three Drives Family Resource Centre CLG	177	177
Clara Community and Family Resource Centre CLG	177	171
Shannon Family Resource Centre CLG	176	179
Brill Family Resource Centre CLG	175	210
North Tipperary Community Services CLG	175	196
Athy Community and Family Centre CLG	175	186
Finn Valley Family Resource Centre CLG	175	186
Mountmellick Development Association CLG	175	180
Barnardos - Republic of Ireland CLG	175	176
Roscommon Integrated Development CLG	175	173
Carrigtwohill Family Resource Centre CLG	175	172
The Crann Support Group CLG	175	172
Meitheal Mhíobhaigh Cuideachta Faoi Theorainn Ráthaíochta CLG	175	170
Downstrands Family Resource Centre CLG	175	169
Kildare Town Community and Family Resource Centre CLG	175	169
Mullaghmatt Cortolvin Community Development CLG	175	169
Lus Na Gréine Family Resource Centre CLG	174	178
Newpark Close Community Development CLG	174	176
Newbridge Family Resource Centre CLG	173	172
F.A.C.T. Family Resource Centre CLG	173	168
Southill Family Resource Centre CLG	173	167
Focus Family Resource Centre CLG	173	137
Bridgeways Family Resource Centre CLG	170	175
Forward Steps Resource Centre CLG	170	172
Shanakill Family Resource Centre CLG	170	167
Bagenalstown Family Resource Centre CLG	170	165
School Street and Thomas Court Bawn Family Resources Centre CLG	169	166

	2022 €'000	2021 €'000
Le Cheile Family Resource Centre (Mallow) CLG	169	164
Adrigole Family Resource Centre CLG	168	163
Balally Family Resource Centre CLG	168	136
Tullamore Community and Family Resource Centre CLG	167	166
Breffni Community Development CLG	167	165
Raheen Community Development Group CLG	167	162
Connect Family Resource Centre CLG	166	171
Tubbercurry Family and Childcare Resource House Project CLG	166	169
Cáirdeas Kilmovee Family Resource Centre CLG	166	165
St Johnston/Carrigans Resource Group CLG	166	160
Mountview Family Resource Centre CLG	164	174
Moville and District Family Resource Centre CLG	162	186
Beara West Family Resource Centre CLG	162	157
Cobh Family Resource Centre CLG	158	158
Spafield Family Resource Centre CLG	156	150
Hill Street Family Resource Centre CLG	155	175
Hillview Community Resource Centre CLG	152	154
Duagh Family and Community Resource Centre CLG	152	151
Killorglin Family Resource Centre CLG	148	175
Gort Resource Centre CLG	148	139
Killinarden Family Resource Centre CLG	146	155
South West Kerry Family Resource Centre CLG	146	151
South West Wexford Community Development Group CLG	146	140
The Forge Family Resource Centre Pettigo CLG	145	143
Croom Family Resource Centre CLG	144	176
Dunfanaghy Community and Family Resource CLG	143	174
West Sligo Family Resource Centre CLG	141	145
Baldoyle Family Resource Services CLG	140	148
Abbeydorney/Kilflynn Family Resource Centre CLG	138	139
Tús Nua Artane Coolock Family Resource Centre CLG	136	141
Sacred Heart Community and Childcare Project CLG	136	120
Castlemaine Family Resource Centre CLG	135	126
Ballina Family Resource Centre CLG	134	137
Nearrt Hamhnais Cuideachta Faoi Theorainn Ráthaíochta CLG	134	117
Sligo Family Resource Centre CLG	133	143
Castlerea Community and Family Resource Centre CLG	132	128
Kells Family Resource Centre CLG	131	147

	2022 €'000	2021 €'000
Ballyboden Children's Centre CLG	131	138
Kerryhead/Ballyheigue Family Resource Centre CLG	131	130
Taghmon Family Resource Centre CLG	130	123
St Kevin's Family Resource Centre CLG	129	126
Dunmanway Family Resource Centre CLG	128	160
Droichead Family Resource Centre CLG	125	127
Southend Community Development Group CLG	125	123
St Matthew's Family Centre CLG	125	120
Midleton Community Forum CLG	125	119
The Mill Family Resource Centre CLG	125	119
Clones Family Resource Centre CLG	124	128
Greystones People's Project CLG	124	127
Ballyfermot Resource Centre CLG	123	124
Athlone Family Resource Centre CLG	123	121
Claremorris Family Resource Centre CLG	120	119
Ballyogan Community Development Management Committee CLG	120	115
St Brigid's Pre-School and Family Centre CLG	118	111
Ballyduff Family and Community Support Forum CLG	117	118
Cara-Phort Family Resource Centre CLG	112	105
South Dublin County Partnership CLG	107	100
Total	21,241	20,308

Appendix 4

Family Support Services Counselling Payments

	2022 €'000	2021 €'000
Accord Catholic Marriage Care Service CLG	1,232	1,184
Accord Dublin Catholic Marriage Care Service CLG	424	408
Rainbows Ireland Child and Youth Grief and Loss Support CLG	260	265
Cork Counselling Services CLG	203	171
Cherish CLG	191	184
Barnardos - Republic of Ireland CLG	182	175
Association for Agency Based Counselling and Psychotherapy in Ireland CLG	159	129
Northside Counselling Service CLG	149	85
Boyle Family Resource Centre CLG	135	95
Clanwilliam Institute: Psychotherapy, Education and Consultation Personal Relationship and Family Consultancy CLG	124	125
St Laurence O'Toole Catholic Social Care (Crosscare) CLG	121	167
The C.A.R.I. Foundation CLG	111	143
Beacon of Light Counselling Centre CLG	111	113
Bessborough Centre CLG	104	100
Dundalk Counselling Centre CLG	101	108
Genesis Psychotherapy and Family Therapy Service CLG	92	89
St Brigid's Family and Community Centre CLG	87	84
Irish Sudden Infant Death Association CLG	86	107
The Candle Community Trust CLG	75	81
Southwest Counselling Centre CLG	73	70
Vita House Services CLG	72	71
Kildare Youth Services CLG	71	65
Knock Counselling Centre CLG	69	68
Trinity Adult Resource Group for Education and Training CLG	64	65
Curam Clainne CLG	56	59
Institute of Professional Counselling CLG	54	55
School Street and Thomas Court Bawn Family Resources Centre CLG	46	44
The Irish Hospice Foundation CLG	42	37

	2022 €'000	2021 €'000
Headway (Ireland) CLG	41	41
Carp - Killinarden CLG	39	76
Knockanrawley Resource Centre CLG	37	41
Foróige the National Youth Development Organisation CLG	35	41
Brackenstown Adult Scene of Education CLG	34	45
Kerry Family Resource and Counselling Centre CLG	34	33
Hope House	33	34
Kinsale Youth Support Services CLG	31	32
Family Life Service Ferns CLG	31	30
Togher Family Centre CLG	31	30
Teach Oscail Resource Project CLG	31	26
The Shanty Educational Project CLG	29	63
Clarecare CLG	28	30
Raphoe Diocese Pastoral Services CLG	28	29
Merchants Quay Ireland CLG	28	28
Living Life Voluntary Counselling Centre CLG	27	28
Doras Bui A Parents Alone Resource Centre CLG	25	25
Ballyboden Children's Centre CLG	25	24
Carrigtwohill Family Resource Centre CLG	25	24
Hill Street Family Resource Centre CLG	25	24
St Andrew's Resource Centre CLG	24	24
Limerick Social Service Council CLG	24	23
The Creative Learning Centre CLG	24	23
Three Drives Family Resource Centre CLG	23	22
Cork Life Centre	21	20
Portlaoise Community and Family Resource Centre CLG	21	12
Drogheda Community Services Trust CLG	20	20
Baldoyle Family Resource Services CLG	20	19
Clones Family Resource Centre CLG	20	19
Good Shepherd Cork CLG	20	19
Claremorris Social and Family Centre CLG	19	18
St Michael's Family Centre CLG	18	23
Sligo Social Service Council CLG	18	21
Newbury House Family Centre CLG	18	17
St Kevin's Family Resource Centre CLG	18	17
St Patrick's Archdiocesan Trust CLG	18	-
Helplink Support Services CLG	17	22

	2022 €'000	2021 €'000
Kenmare Family Resource Centre CLG	17	17
Anam Cara Parental and Sibling Bereavement Support CLG	17	11
Meath Springboard Family Support Services CLG	16	39
Co. Wicklow Community Partnership CLG	16	32
Seirbhisi Na Nog CLG	16	15
Shannon Family Resource Centre CLG	16	9
Deansrath Family Centre CLG	15	16
Enterprise (Community Education and Development) Whitefriars	15	14
Millennium Family Resource Centre CLG	15	14
Dowdstown Counselling Services CLG	14	14
Louth and Meath ETB	14	14
Spiritan Asylum Services Initiative CLG	14	14
Southill Family Resource Centre CLG	14	13
Blanchardstown Local Drugs Task Force CLG	13	13
Blayney Blades CLG	13	13
Kildare and Wicklow ETB	13	13
North Clondalkin Integrated Family/School Project CLG	13	13
Northside Family Resource Centre CLG	13	13
Clann Resource Centre Oughterard CLG	13	12
Moville and District Family Resource Centre CLG	13	12
The Social and Health Education Project CLG	12	16
Loreto Centre	12	13
East Clare Community Co-Op	12	12
Ennis Schools Completion Programme CLG	11	13
Bridgetown SCP	11	12
West Clare Family Resource Centre CLG	11	11
Solas Resource Centre CLG	11	10
Mullaghmat Cortolvin Community Development CLG	11	10
The Men's Development Network CLG	10	11
Ballymun Child and Family Resource Centre CLG	10	10
Bethany Bereavement Support Group	10	10
Cloyne Diocesan Youth Services CLG	10	10
Downstrands Family Resource Centre CLG	10	10
Killinarden SCP	10	10
Connect Family Resource Centre CLG	10	9
Le Cheile Family Resource Centre (Mallow) CLG	10	9
Teach Bhride Holistic Education Centre CLG	10	9

	2022 €'000	2021 €'000
Cobh Family Resource Centre CLG	9	9
Daughters of Charity Child and Family Services CLG	9	9
Donegal Youth Services CLG	9	9
Focus Family Resource Centre CLG	9	9
Kilkenny and Carlow ETB	9	9
St Canice's Community Action CLG	9	9
Lus Na Gréine Family Resource Centre CLG	9	8
Mountmellick Development Association CLG	9	8
Killinarden Family Resource Centre CLG	9	4
Carrick-On-Shannon Family Life Centre CLG	8	12
St Francis Hospice Dublin CLG	8	11
Adrigole Family Resource Centre CLG	8	8
Ballina Family Resource Centre CLG	8	8
Mohill Family Support Centre CLG	8	8
Parentline CLG	8	8
Quarryvale Community Resource Centre CLG	8	8
St Matthew's Family Centre CLG	8	8
Taghmon Family Resource Centre CLG	8	8
Tullamore Travellers Movement CLG	8	8
Wexford SCP	8	8
Women's Collective Ireland CLG	8	8
The Oasis Centre CLG	8	7
Westport Family Resource Centre CLG	8	7
Carrigaline Family Support CLG	8	5
St John's Senior School	8	-
Advocates for the Victims of Homicide (Advic)	7	11
Galway Regional Youth Federation CLG	7	10
Ballyfermot Centre for Children, Young People and Families CLG	7	7
Clondalkin Tus Nua CLG	7	7
East Tallaght SCP	7	7
Ferns Diocesan Youth Service CLG	7	7
Inchicore Community Drug Team CLG	7	7
Miscarriage Association of Ireland	7	7
Purple House Cancer Support CLG	7	7
The Bedford Row Family Project CLG	7	7
The Crann Support Group CLG	7	7
Listowel Family Resource Centre CLG	7	6

	2022 €'000	2021 €'000
Beara West Family Resource Centre CLG	6	6
Donegal Family Resource Centre CLG	6	6
Duagh Family and Community Resource Centre CLG	6	6
Fermoy Community Resource Centre CLG	6	6
Greystones People's Project CLG	6	6
Newbridge Family Resource Centre CLG	6	6
North Tipperary Community Services CLG	6	6
South West Kerry Family Resource Centre CLG	6	6
Support After Homicide CLG	6	6
Swords SCP	6	6
The Forge Family Resource Centre Pettigo CLG	6	6
Aspen Counselling Services (Lucan) CLG	6	5
Castlemaine Family Resource Centre CLG	6	5
Killorglin Family Resource Centre CLG	6	5
Tús Nua Artane Coolock Family Resource Centre CLG	6	5
Templemore Community Services Centre CLG	5	6
Abbeydorney/Kilflynn Family Resource Centre CLG	5	5
Ballyduff Family and Community Support Forum CLG	5	5
Ballyfermot Star CLG	5	5
Bandon Family Resource Centre CLG	5	5
Brookfield and Fettercairn SCP	5	5
Church of Ireland Marriage Council	5	5
F.A.B. Coolcotts Community Development Project CLG	5	5
Finglas Community Support Service CLG	5	5
Hospital Family Resource Centre CLG	5	5
Kenmare Community School/Pobalscoil Inbhear Sceine	5	5
North West Clare Family Resource Centre CLG	5	5
O'Fiaich College Pastoral Care Team	5	5
Pieta House CLG	5	5
Presentation Secondary School, Clonmel	5	5
Spafield Family Resource Centre CLG	5	5
St Johnston/Carrigans Resource Group CLG	5	5
Forward Steps Resource Centre CLG	5	4
Kells Family Resource Centre CLG	5	4
The Trustees of Macroom Family Resource Centre CLG	5	4
Tullamore Community and Family Resource Centre CLG	5	4
Ballinteer Community School/Scoil Mhuire (Ballyboden) SCP	5	-

	2022 €'000	2021 €'000
An Cuan Family Centre CLG	4	4
Athlone Family Resource Centre CLG	4	4
Bagenalstown Family Resource Centre CLG	4	4
Balally Family Resource Centre CLG	4	4
Ballyfermot Resource Centre CLG	4	4
Ballymote Family Resource Centre CLG	4	4
Ballyspillane Community and Family Resource Centre CLG	4	4
Breffni Community Development CLG	4	4
Bridgeways Family Resource Centre CLG	4	4
Bunclody/Enniscorthy SCP	4	4
Children's Grief Centre CLG	4	4
Clara Community and Family Resource Centre CLG	4	4
Croom Family Resource Centre CLG	4	4
Curragh Pride Family Resource Centre CLG	4	4
Droichead Family Resource Centre CLG	4	4
Fatima Groups United CLG	4	4
Gorey Family Resource Centre CLG	4	4
Gort Resource Centre CLG	4	4
Hillview Community Resource Centre CLG	4	4
Kerryhead/Ballyheigue Family Resource Centre CLG	4	4
Loughrea Family Resource Centre CLG	4	4
Mountview Family Resource Centre CLG	4	4
Newpark Close Community Development CLG	4	4
Old Coolattin Country CLG	4	4
Our Lady's Secondary School	4	4
Rosemount Community Development Group CLG	4	4
Scoil Chríost Rí	4	4
South West Wexford Community Development Group CLG	4	4
South West Wexford SCP	4	4
St Brigid's Pre-School and Family Centre CLG	4	4
St Colmcille's Community School	4	4
St Vincent's Secondary School	4	4
The Mill Family Resource Centre CLG	4	4
Trim Family Resource Centre CLG	4	4
Cherry Orchard Family Resource Centre CLG	4	2
Carlow Regional Youth Services CLG	3	10
A Little Lifetime Foundation CLG	3	5

	2022 €'000	2021 €'000
North West Hospice CLG	3	4
Traveller Counselling Service CLG	3	4
Aids Care Education and Training (Ireland) CLG	3	3
Corpus Christi Primary School	3	3
Dungarvan and An Rinn SCP	3	3
Ennis National School	3	3
Good Shepherd National School	3	3
Huntington's Disease Association of Ireland CLG	3	3
Lifeline Inishowen	3	3
One in Four (Ireland) CLG	3	3
Patrician Primary School	3	3
Raphoe Family Resource Centre CLG	3	3
Skibbreen Community and Family Resource Centre CLG	3	3
St Conleth's Infant School	3	3
St Mary's Holy Faith Secondary School	3	3
St Mary's National School (Tallaght)	3	3
St Flannan's National School	3	-
Boherbue Comprehensive School	2	2
Clare Suicide Bereavement Support	2	2
Crumlin Cluster SCP	2	2
Eist Cancer Support Centre Carlow CLG	2	2
Gorey Community School	2	2
Loreto College Crumlin	2	2
Muscular Dystrophy Ireland CLG	2	2
Near Le Chéile CLG	2	2
Tipperary ETB (Borrisokane Community College)	2	2
Tubbercurry Family and Childcare Resource House Project CLG	2	2
Longford Women's Link CLG	1	16
Dublin Aids Alliance CLG	1	1
West Cork Counselling and Support Services CLG	1	1
St Conleth and Mary's Primary School	1	-
Our Lady's Hospice and Care Services	-	49
Hesed House	-	19
St Patrick's Archdiocesan Trust	-	18
Athlone Community Services Council CLG	-	12
Drogheda Northside School Completion Programme CLG	-	12
Darndale Belcamp - Newlife Centre CLG	-	10

	2022 €'000	2021 €'000
Our Lady of Mercy Senior National School	-	8
Carrick On Shannon Community School (Separation & BSG)	-	7
South Dublin County Partnership CLG	-	7
Whitefriar Aungier Area Community Council	-	7
Amethyst Resource for Human Development CLG	-	5
Drimnagh Bluebell Inchicore SCP	-	5
Dublin and Dun Laoghaire ETB	-	5
Edenmore Kilbarrack Raheny SCP	-	5
Laois Community and Enterprise Development CLG	-	5
Londradh	-	5
St Dominic's Old Bawn SCP	-	5
Kilkenny Bereavement Support	-	4
St John Senior National School	-	4
Waterford SCP	-	4
Chanel College	-	3
Colaiste Cois Life	-	3
Mayo Cancer Support Association Ltd	-	3
Pobalscoil Neasain	-	3
Scoil Cholmcille Junior Smile	-	3
South Meath SCP	-	3
St Saviour's National School	-	3
Arklow Community College	-	2
Ramsgrange Community School	-	2
St Kevin's National School	-	2
The Lakelands Area Retreat and Cancer Centre CLG	-	2
Castlecomer Community School	-	1
Colaiste Chiarain Community School	-	1
The Irish Society for the Prevention of Cruelty to Children (ISPCC) CLG	-	1
Family Support Services Counselling Provisions	(6)	(11)
Total	6,633	6,798





TÚSLA

An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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