



# TúsLA

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Annual Report & Financial Statements

2021

[tusla.ie](https://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 am pleased to present the 2021 Annual Report and Financial Statements for Tusla, Child and Family Agency.**

It never rains but it pours. In the midst of the ongoing disruption caused by the global pandemic, the cyber-attack on the HSE ICT network had a major impact on Tusla because of the extent of reliance by the Agency on HSE-provided systems and services. The speed and effectiveness of the business continuity and recovery programme devised by our management and ICT staff, in conjunction with others, was a major achievement.

In this regard, I want to acknowledge the time and effort put in by the Organisation Development Committee (ODC) during those critical weeks. Also, solutions could not have worked so well without the willing cooperation of Finance and HR staff.

Significant progress was made during 2021 on structural reform, the efficacy of which will be tested in the immediate years ahead. It is a necessary and radical reform but not the end of the reform programme. Practice and culture is likely to prove more challenging and more complex.

However, if the Agency is to deliver on its Mission Statement “to ensure that children in need or at risk of harm are supported and protected”, we must continue to change.

I am bound to record my appreciation to our CEO and to my Board colleagues for the manner in which Board, Executive and staff together met the challenge of the pandemic. Many colleagues, especially on the front line, responded above and beyond the call of duty. It is too early to get a full picture of the legacy that will be left behind by the pandemic, but the Agency’s strategic priorities were well judged. Throughout, we were able to rely on the committed support of the Minister, Roderic O’Gorman, and that was invaluable.

I wish to thank Minister Roderic O’Gorman and the Secretary-General and senior departmental staff for their support in these difficult circumstances. I also wish to thank my Board colleagues and Board Secretary and administration for their endeavour during 2021 to ensure that Tusla continues to strive to keep children safe and support families who require services.

*Pat Rabbitte*

Pat Rabbitte  
**Chairperson**



## A Message from our CEO

**Together with the Chair and Board members, I am pleased to endorse the 2021 Annual Report in what has been another busy and challenging year for the Agency.**

We are again modifying the format and content of the Report, not only to ensure we meet our statutory obligations in it, but also to focus on its relevance to the reader. Again, I hope, inasmuch as it is an instrument of accountability and transparency, that it is also somewhat informative of the breadth and complexity of the work of the Agency.

To all those we rely on to make the Agency work and continuously improve, I offer sincere thanks. To our 5,000 or so people, those working in our funded partner organisations, our external regulators, our statutory partners, our foster carers, staff organisations, government departments and many more, thank you. Thank you for what you do to make our offering the best it can be for children and families who need us. In 2021, in the midst of a pandemic and cyber-attack, you all ensured we continued to be there each day.

Amid constant change, including the major organisational change we face in 2022, I look forward to every opportunity we have to engage with the public and all interested parties as we come to work each day seeking continuous improvement for those we are privileged to serve.

A handwritten signature in black ink, appearing to read 'Bernard Gloster'.

Bernard Gloster  
**CEO**

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## 2021 at a Glance

## Child Protection and Welfare

**73,069**

Referrals for a child protection and welfare service

**21,248**Cases<sup>1</sup> were open to social work nationally by year end**77% (16,441)**Of open cases were allocated to a named social worker; the remaining **23% (4,807)** were awaiting allocation**62% (2,985)**Of cases awaiting allocation at the end of 2021 were "active" on a duty system<sup>2</sup>

## Alternative Care Services

**5,863**

Children in the care of the Agency at year end

**90%**

Of children in care in foster care

**962**

Admissions to care

**3,059**

Young persons/adults in receipt of aftercare services at the end of 2021

**792**

Children admitted to care for the first time

## Family Support Services

**23,807**children received a family support service<sup>3</sup>**2,373**Meitheal<sup>5</sup> processes requested in 2021**122**Child and Family Support Networks<sup>4</sup> in place at year end

## Tusla Education Support Services

**5,533**

Tusla Education Support Services worked with 5,533 children in the 2020/21 academic year

## Children's Services Regulation



### 4,133

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



### 1,808

Children on the register for home education at year end



### 2,504

Inspections of early years services



### 165

Inspections of non-statutory residential services (144 services at year end)



### 1,546

Applications for home education<sup>6</sup>

## 2021 Budget



### €881.331 million

## Staffing



### 4,579

WTE working across our services in 2021

For more information on our 2021 performance please visit:

<https://www.tusla.ie/data-figures/2021-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 MTP reporting period.
3. Figure based on data from 80% of services. Figure pertains to children referred to family support services in 2021 only (32,473).
4. Child and Family Support Networks (CFSNs) take a localised, area-based approach to supporting families in experiencing easily accessible and integrated services in their own community. For more information see <https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/meitheal-national-practice-model/what-are-child-and-family-support-networks-cfsns/>.
5. Through the Meitheal model, Tusla work with individual children, their parents, schools, youth services, family resource centre staff, medical practitioners, and all other parties with an interest in a child's life, supporting them in their daily needs and developing their strengths. (For more information see: <https://www.tusla.ie/national-child-and-family-support-week/parenting-and-family-supports/meitheal/>)
6. Figure includes valid and invalid applications.

2.

# 2021 Year in Review



**The persistence of COVID-19 – the impact of extended isolation, the restriction of services as well as staff absences in periods of increased transmission – meant that 2021 was another challenging year. Tusla continued to prioritise the delivery of essential frontline child protection services, services supporting children in care and DSGBV services.**

On 14 May 2021, Tusla was severely impacted by the serious cyber-attack on the HSE ICT network. This had a major effect on Tusla owing to the significant number of systems and services that were provided at that time to Tusla by the HSE. With disrupted access to key Tusla systems and records, there was an immediate impact on frontline and support services. The flexibility, responsiveness, and innovation of Tusla staff and external colleagues in finding and implementing solutions to these challenges was a major contributor to minimising disruption and risk to services. The attack required a large-scale mobilisation and delivery of a rapid business continuity and recovery programme in May, June and July to ensure the full recovery of all services for staff.

Operational services dealt with increasing referral numbers and complexities of cases, with a total of 73,069 referrals to child protection and welfare services. At year end, 21,248 cases were open to social work nationally, with 77% (16,441) of these allocated to a named social worker; the remaining 23% (4,807) were awaiting allocation. Some 62% (2,985) of these cases awaiting allocation were “active” on a duty system and therefore receiving a social work response. All children requiring an immediate response are prioritised, and even if child protection cases are on a waiting list they are monitored and reviewed on an ongoing basis for any change in circumstances that may require immediate action. There were also 32,473 children referred to family support services, with 23,807<sup>7</sup> (74%) receiving a service in 2021. There were 2,373 Meitheal processes requested in 2021, up 4% (86) since 2020, and TESS received 5,590 referrals for an educational welfare service in the 2020/21 academic year.

In terms of alternative care services, there were 962 admissions to care, 74 (8%) more than in 2020 (888), with 104 (15%) more children admitted to care for the first time. In total, there were 5,863 children in the

care of the Agency at the end of 2021 (19 fewer than in 2020), with 90% of children in foster care. Tusla fostering recruitment campaigns throughout 2021 resulted in an additional 219 Tusla foster carers being approved in 2021, with a further 52 going through the process of approval at year end. However, recruitment of sufficient foster carers remains a challenge.

**With 523 referrals in the year, there were 3,059 young people in receipt of an aftercare service in 2021, representing an increase of 4% (116) on the previous year. Despite an increase in young people availing of aftercare services, there was a 34% decrease in those awaiting allocation of an aftercare worker where their aftercare plan deemed one necessary.**

Tusla employees continued to be supported through 2021 by means of our various staff supports. Our Human Resources (HR) staff continued to deliver effective and safe recruitment processes through innovative thinking, online solutions and adapting to the changing public health guidance. HR responded to emergency service needs and through redeployment of Tusla staff to frontline residential services. In addition, an innovative approach to supporting frontline residential services was developed by recruiting a suitably qualified social care bank of staff to support frontline services, in a direct response to the continued impact of COVID-19. HR continued to work collaboratively with our staff partners throughout the year, supporting our frontline services through both the COVID-19 pandemic and the cyber-attack.

<sup>7</sup> Based on a response rate of 80%; actual figures are likely to be higher.

Our Finance staff ensured all staff, foster carers, after carers, funded agencies and certain vendors received payment during the cyber-attack to ensure continuity of service for the Agency. The Agency continued to support the community and voluntary sector through payments which included a 4% additional funding allocation to a large portion of funded agencies.

The Board completed its Annual Review of Effectiveness of Internal Controls<sup>8</sup> in 2021, ensuring that it considered all aspects of risk management and internal control for the year and up to the date of approval of the Annual Report and Financial Statements. The Agency makes enhancements to the process on an annual basis and further enhancements were made in 2021 to ensure the review consistently remains within the lines of best practice.

Tusla built on its commitment to the delivery of quality services through its quality assurance, performance reporting and risk management supporting robust oversight and internal governance across the Agency. During 2021 there was considerable progress in engaging and communicating with providers of services and other stakeholders in the sector to support understanding of regulatory requirements and improve compliance.

A very extensive Quality and Regulatory Framework eLearning programme was finalised and promoted across the Early Years sector. By the end of the year, more than 10,000 early years professionals had undertaken the programme. In tandem with this, webpages have been extensively updated to ensure that up-to-date information and guidance is easily accessible to all. A considerable amount of work was undertaken with school age services in line with the newly introduced regulations. The registration of 1,200 school age services was completed during the year and the inspection of school age services was commenced where significant

concerns about the operation of the service had been identified.

The Alternative Education Assessment and Registration Service (AEARS) achieved 100% engagement with all home education applicants. A national tracker for home education applications and assessments was established, ensuring that all home education applications are risk rated to inform the scheduling of assessments.

There was extensive liaison with the National Parents Council to raise awareness of child safeguarding statement compliance requirements among parents of children attending services across Ireland.

Tusla's strong commitment to the protection of the personal information of children, families and staff saw the Agency make significant progress in enhancing its data protection (DP) operating and governance model in 2021. Tusla's data protection governance framework of policies, procedures and guidance was further refined by enhancements to its Data Protection Impact Assessment policy, Third Party Privacy Risk Management controls, Data Subject Access procedure and Freedom of Information procedure to ensure effective governance and management of high-risk data processing activities undertaken by Tusla. A new Data Protection Hub which provides Tusla staff with access to critical data protection supports, guidance and training resources was also launched during the year.

To build increasing awareness of data protection and freedom of information (FOI) in the Agency, a dedicated week-long Data Protection and Freedom of Information event was held. This was supported by 22 nominated regional data protection champions, with guest speakers from the Data Protection Commission and Office of the Information Commissioner.

<sup>8</sup> As a State agency, Tusla is obliged to comply with the Code of Practice for the Governance of State Bodies' (revised 2016) requirement to annually review the effectiveness of its system of internal control, including financial, operational and compliance controls and risk management.

## Our four goals for the period 2021-2023 are to:



Having completed its three-year Corporate Plan cycle (2018-2020), Tusla launched its new Corporate Plan (2021-2023) in 2021. The plan focuses on the three strategic priority change areas of Practice, Culture and Structure under which the Agency's goals and objectives were established.

These goals and objectives will support the Agency in achieving its 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.”**

The following sections of this report detail some of the extensive work that was undertaken in 2021 to work towards the achievement of our goals. We also take an in-depth look at two of the many initiatives which Tusla undertook in 2021: Barnahus West and Child and Youth Participation. In 2021, Barnahus West opened the doors to new purpose-built premises providing a safe environment for child victims and witnesses of violence with access to justice and care under the one roof. Child and Youth Participation undertook work in 2021 to realise their commitment to embedding the participation of children and young people at the core of the work of the Agency.

# 3. Our Goals and Objectives

## 3.1 Consistent, quality, and integrated response from all our services.

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

Tusla committed to continue to embed the national approach to practice (Signs of Safety) across the Child Protection and Welfare (CPW) response pathways and to review the Tusla Service Delivery Framework to examine the key interface points between the Child Protection and Welfare response pathways and the Early Intervention, Alternative Care, Tusla Education Support Service (TESS) and Domestic, Sexual and Gender-Based Violence (DSGBV) response pathways to ensure integrated and consistent practice approaches across the country.

An additional 106.5 WTE were allocated on a targeted basis across frontline services in 2021 to support this objective. Signs of Safety continued to be embedded across all regions and the 17 service areas in 2021, and quality of practice is now being examined through joint practice review methodology which will be implemented nationally in 2022. This will further enhance good decision making on cases and ensure only cases where harm is present are opened to social work. Other cases are being diverted to a more appropriate response pathway. However, low-harm/high-need cases continue to present a challenge as they cannot be prioritised by social work due to high demand in other more serious harm cases that are not deemed suitable for family support services. Five pilot pre-implementation locations were approved in 2021 for the development in 2022 of low-harm/high-need response teams in each of these five areas where such cases are awaiting allocation.

Actions to ensure cohesive and integrated supports to vulnerable groups, including Separated Children Seeking International Protection (SCSIP), survivors of Domestic, Sexual and Gender-Based Violence, Traveller and Roma communities and LGBTI+ were substantially progressed in 2021.

These included supporting a further 28 SCSIP to relocate to Ireland through the Irish Refugee Protection Programme (IRPP), completion of the strategic review of DSGBV accommodation and implementation of Tusla actions under the National Traveller and Roma Inclusion Strategy 2017–2022.

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

Key 2021 commitments to develop and implement a standardised quality and risk governance structure for operational services aligned from area to regional to national levels were completed. Audit planning and learning is now taking place through national, regional and local structures established under the National Operations Risk Management and Service Improvement Committee (NORMSIC).





A specific project was initiated in 2021 to develop a consistent approach to preparing for Health Information and Quality Authority (HIQA) inspections, share learning and improve inspection outcomes across our services. Governance and working groups were established to develop tools for services and areas, and initial analysis has been undertaken with full implementation of the approach planned for early 2022. In addition, governance of private alternative care services has been strengthened, with a procurement process for private residential complete and a private foster care procurement process in its final stages before approval and issue of contracts.

A new Practice Audit Framework for all Practice Assurance and Service Monitoring (PASM) reports has been developed and piloted in 2021 and is ready for full implementation in 2022.

In 2021 the Agency recorded (across all standards inspected for all Tusla services) an 86% rate of compliance/substantial compliance in HIQA inspections, a 12% rate of partial/moderate non-compliance

and a 2% rate of major non-compliance. This is in contrast to 2020, where the Agency recorded a 75% rate of compliance/substantial compliance, a 24% rate of partial/moderate non-compliance and a 1% rate of major non-compliance.

**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.**

A working group relating to permanency has been established under Tusla's Integrated Steering Group (ISG). Permanency planning guidance was developed and finalised in 2021, along with a national implementation plan, but publication and roll-out of the guidance has been delayed until 2022.

Methodology for a review of children who have been in care for over three years has been finalised and signed off by the ISG and pilots have been completed in the DNE region. The review will roll out in 2022 across all regions with the priority of 16- and 17-year-old children/young people.

A national recruitment plan for foster carers is under development and an additional three WTE were allocated in 2021 to support this work. A national fostering recruitment group and a national fostering champions group were put in place, with ongoing local social media and other recruitment activities taking place across the country.

Tusla's aftercare caseload management system has been developed via the National Aftercare Oversight Committee (NAOC) and signed off for implementation in 2022. This will assist in providing more effective aftercare services by regulating and maximising the capacity of aftercare workers to provide services to young people. A NAOC Gap Analysis Working Group was established and commenced its work in gathering aftercare service data and identifying needs with a gap analysis report expected in Q3 2022. The educational, vocational, and training opportunities for young people in care moving into adulthood was increased

through the expansion and three-year funding of the Tusla funded Way2Work apprenticeship/job opportunities programme.

The policy in placing infants for adoption has been signed off by the National Policy Oversight Committee (NPOC) and the draft guidance to support voluntary open or semi-open adoption arrangements has been completed and submitted to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and the Adoption Authority of Ireland (AAI). Tusla has also initiated its preparation and planning for roll-out of its commitments under the new adoption legislation.

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

Substantial work was carried out in 2021 to plan and progress the extension of the Barnahus West model into the south and east of the country in line with the Interdepartmental Governance Group Implementation Plan. Under the governance of Tusla and working with interagency colleagues, an implementation plan was put in place in 2021 for the establishment of a Barnahus centre in the south. An interagency committee and subgroups were put in place to actively progress the plan's implementation.



With the governance of Barnahus East resting with Children's Health Ireland (CHI), Tusla has worked with and supported the lead to ensure that their implementation plan for Barnahus East was also operational with an interagency committee in place to progress it. In addition to the progression of the Barnahus centres, which provide an integrated medical, justice and welfare service in cases of sexual abuse, Tusla is working with the HSE and other partners to develop a proposal and draft framework for therapeutic supports and services to children. Wider therapeutic services for all children in care are also being developed and the draft framework was presented to the National Operations Management Team late in Q4 2021. The Commissioning Unit has completed preliminary mapping of existing commissioned therapeutic services with further mapping of provision planned for early 2022. A working group has been established to progress follow-on actions for 2022 with a focus on the design and implementation of a therapeutic service delivery model for children in care.

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

Plans to develop an effective and safe system to investigate and determine an outcome to allegations of child abuse under the Child Abuse Substantiation Procedure (CASP) experienced a number of delays in 2021 as a result of ongoing COVID-19 related pressures and the effects of the cyber-attack in May 2021. However, substantial progress was made, with an online consultation survey completed in Q1 and a series of internal and external consultations in Q3 providing valuable input to the development of a final draft procedure by the end of 2021 ready to be presented to senior leadership early in 2022.

The ICT case management system and staff training for CASP were developed to an advanced stage during 2021 and are due to be finalised during the first quarter of 2022. This will facilitate full implementation of CASP, which is now due by end of June, 2022.

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

During 2021, Phase 1 of the Tusla Health and Safety (H&S) Management System was implemented. The team completed the design and implemented the Health and Safety Governance, Compliance and Reporting model across the Agency. A weekly scorecard with H&S key performance indicators (KPIs) is now produced and issued to management teams nationally.

To address the impact of violence, harassment and aggression (VHA) on our employees, a National Technical Group was established in March 2021. A VHA Strategy and Implementation Plan was developed.

The target of 28 properties installed with functioning safety statements was achieved. Health and safety advisors completed 200 audit visits to Tusla offices in 2021, and 688 training places were procured for mandatory H&S training and distributed nationally in 2021.



**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 Agency-wide Data Protection, FOI Service Support and Compliance operating model was implemented in 2021 through the recruitment of 24 regional privacy officers across the country to support Tusla’s statutory and regulatory obligations under GDPR, Data Protection Acts 2018, Data Sharing and Governance Act 2019, and Freedom of Information Act 2014.

Greater awareness of data protection, as a way of working, was advocated within the Agency through the development and roll-out of a ‘Sharing Personal Data Safely’ training programme to over 4,100 staff. A full review and redevelopment of Tusla’s Data Protection Hub and associated support resources was also completed in 2021.

A new ‘Data Protection in Tusla’ eLearning programme was implemented and 1,250 staff have utilised this resource since its launch. A Freedom of Information eLearning programme was also developed and 1,300 staff have utilised this resource since its launch. Further FOI supports were advocated in 2021. Tusla held its first FOI National Conference with internal and external stakeholder participation, FOI

newsletters were circulated, and various live FOI training events and training seminars took place.

The Data Protection Unit provided significant support in the analysis and remediation of risk associated with high-risk data-processing activities including the revised Child Abuse Substantiation Procedure (CASP), fostering services, the Mother and Baby Homes Commission of Investigation’s transfer of its databases and related records to Tusla, child protection conferences, including the Child Protection Notification System, Barnahus and CORU.

The Data Protection Unit played a significant role supporting the Agency through the HSE cyber-attack. As a result of the cyber-attack, Tusla took the decision to restore its ICT systems to its own secure ICT environment. The Data Protection Unit continues to support the Agency in alleviating the effects of the HSE cyber-attack.

Tusla has addressed 70% of the Data Protection Commission’s mandated actions and provided seven detailed submissions to illustrate the progress of Tusla’s remedial actions. In addition, significant progress was achieved in relation to the Office of the Information Commissioner’s (OIC) Section 44 investigation report. At the end of 2021, 60% of the OIC’s actions had been completed and 40% are in progress and due to be completed in 2022.

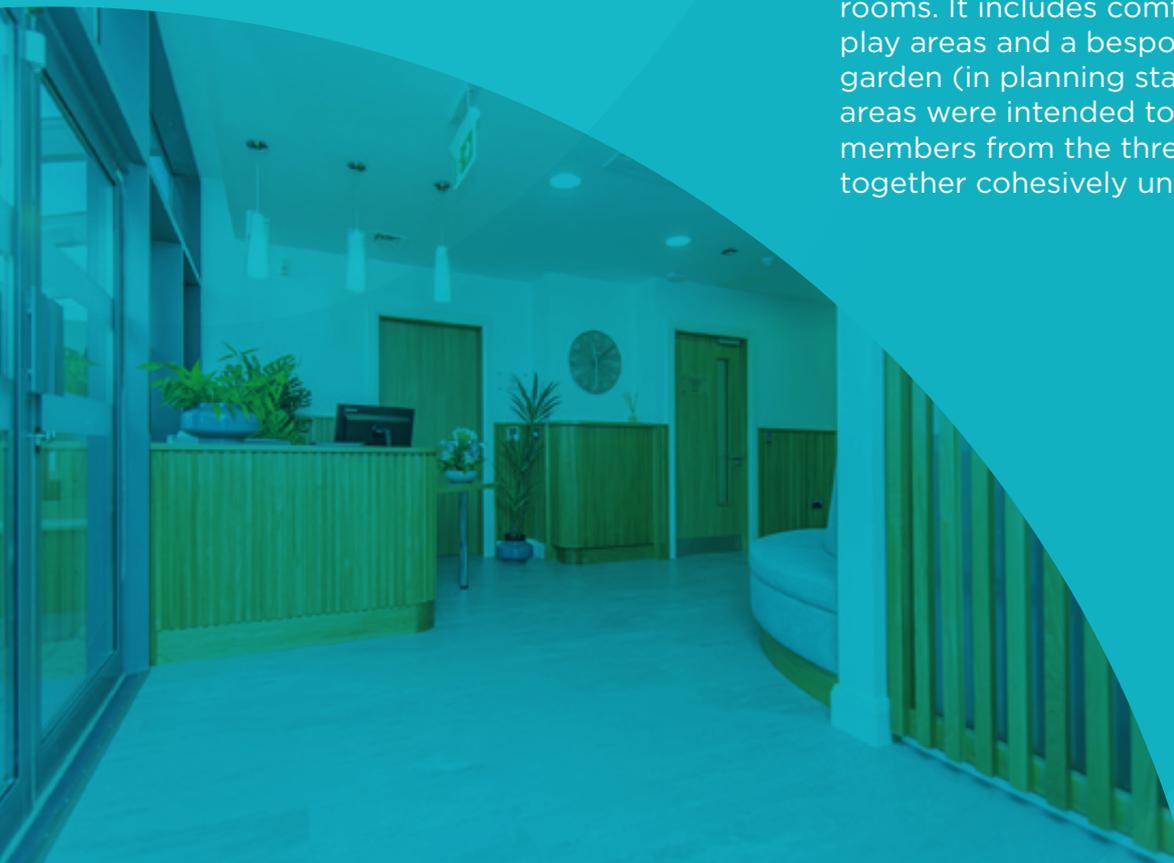
Type	Received/Reported in 2021
Freedom of Information (FOI) requests	1365
Data subject access requests	761
Data Protection Commission complaints	77
Personal data breaches handled	381
Data Protection Unit helpdesk	355

## In Focus - Barnahus West

At Barnahus, we know that any form of sexual abuse can affect children, young people, and their families in different kinds of ways. Families may need support to navigate their way through the different systems and not know where they can get the right support. At Barnahus, we want to make sure that children and young people receive the right help and support by coordinating and providing all the services needed under one roof. We bring together Tusla, the HSE, and An Garda Síochána, the agencies responsible for child protection. By responding in this way, the services can gather the best evidence, help prevent any further trauma to the child by limiting the number of times they have to tell professionals what has happened to them, and provide the support children and families need to ensure overall better outcomes.

In January 2022, Barnahus West opened the doors to its purpose-built premises. Barnahus is an unmarked, safe, non-threatening, child-friendly environment that aims to have positive associations, empowering children to feel as comfortable as possible when meeting with professionals.

Barnahus West incorporates interview rooms, a forensic medical suite, and therapy rooms. It includes comfortable waiting and play areas and a bespoke designed sensory garden (in planning stage); the communal areas were intended to enable team members from the three agencies to work together cohesively under one roof.



In collaboration with the Child and Youth Participation Group, the offices and rooms have been named after the zodiac signs. The zodiac signs are thought to represent the activities of the rooms; for example, the therapy room is known as Pisces because Pisces are known for their emotional intelligence! The group also helped design Barnahus mascots, Seamus and Bobby, who feature on the Barnahus leaflets and website and are recognisable throughout the building.

Since the launch of the Barnahus referral pathway, the multi-disciplinary interagency team have come together to discuss and review the cases of over 160 children who have experienced child sexual abuse. This has brought together the key professionals to collaborate, coordinate and plan joint interviewing, medical assessments and therapeutic screening of children and their families, with a focus on reducing undue delays in each of the processes. The objective is to intervene at the earliest possible point to ensure better outcomes and recovery for children and their families.

The Barnahus model is based upon international research and best practice, and the team are trained to a high level of

expertise in evidence-based therapeutic interventions and continue to promote the partnership of joint forensic interviewing as a model of best practice for child victims.

In addition, Tusla is the first agency internationally to use the Promise Hub, a data-recording tool for Barnahus, based on the European Barnahus standards, which offers each Barnahus a way to register and analyse its work in an efficient, structured and secure way to support one common standard for Barnahus throughout Europe.

We are striving to develop comprehensive and accessible services so that Barnahus is available to children regardless of where they live. In addition, we continue to develop the participatory involvement of children and young people in Barnahus to ensure we listen to their individual and collective voices.

We will support the professional community by providing consultation and training to advocate best practice to our Tusla colleagues. Further awareness will be raised and education for other professionals and the public will be available with the launch of [www.barnahus.ie](http://www.barnahus.ie).



Rooms named after zodiac signs in collaboration with the Child and Youth Participation Group

## 3.2 Delivery of an independent regulatory service

**Advancing children's safety, development, and wellbeing by strengthening partnership and communication with stakeholders.**

The Alternative Care Inspection and Monitoring Service (ACIMS) undertook a public consultation with service providers with regard to regulatory requirements, and established and implemented an annual inspection plan which ensures inspections are prioritised according to risk assessment, dates of last inspection and compliance record.

The service established a rapid response team to screen all significant event notifications (SENs) and other escalations to risk-assess and ensure risk is managed effectively. This process ensures that high-risk SENs are consistently escalated and processed appropriately.

The Alternative Education Assessment and Registration Service (AEARS) achieved 100% engagement with all home education applicants. A national tracker for home education applications and assessments was established, ensuring that all home education applications are risk rated to prioritise the scheduling of assessments.

Two early years provider forums were established in 2021 so that the Agency could meet regularly with providers to support communication and improve compliance with regulation. Explanatory fact sheets were developed and published for service providers on the inspection process and enforcement activity where non-compliance is identified.

The final modules of the Quality and Regulatory Framework (QRF) eLearning programme were published in 2021; this programme has been undertaken by more than 10,000 early years professionals across Ireland.

The early years web pages, which contain a range of resources and information for providers and parents, were extensively reviewed and revised to include improved access to inspection reports and related information, webinars and guidance documents, and information about the new parental feedback process.

We also revised our inspection methodology and process to enable parents to provide feedback on the inspection process.

The Child Safeguarding Statement Compliance Unit (CSSCU) developed and published three information videos, one for parents – Keeping your Child Safe: An Introduction to Child Safeguarding Statements – and two for service providers – What Is a Child Safeguarding Statement (CSS) and Understanding Risk Assessment in CSS. The team engaged with a wide range of agencies and organisations across Ireland to provide information and support concerning safeguarding statement compliance and implementation.



## Ensuring that we have effective systems to identify where regulated services are not meeting the required standard.

ACIMS established and implemented an annual inspection plan which prioritises inspections based on risk assessment, dates of last inspection and compliance record. A rapid response team to screen all SENs and other escalations to risk-assess and ensure risk is managed effectively was also established to ensure that high-risk SENs are consistently escalated and processed appropriately.

AEARS established a national tracker for home education applications and assessments, ensuring that all home education applications are risk rated to inform the timely scheduling of assessments. Restructured internal processes supported the management of the continued influx of home education applications from parents/guardians. A joint working protocol between TESS and ACIMS was also introduced.

The Early Years Inspectorate revised their inspection methodology and process in response to the COVID-19 pandemic in accordance with national guidance. A system for tracking and monitoring services, including high-risk services, was established to ensure that inspections are undertaken in a timely manner.

The implementation of a quality management system (QMS) was commenced in order to support the standardisation of documentation and processes across Children's Services Regulation.

Early Years facilitated the re-registration of early years services in accordance with regulatory requirements. A process for the issue and publication of Regulatory Notices was established.

The registration of school age services in accordance with regulatory requirements was completed; 1,200 services were registered during the year. The inspection of school age services, where significant concerns about the operation of the service have been identified, was also commenced.



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

ACIMS engaged with all providers in following regulatory processes in their service. AEARS established a system for reporting highest risks and issues found on assessments and applications. The Safeguarding Statement Review Outcome Checklist was revised, updated and published to provide clear guidance on requirements. Connection with the National Parents Council created awareness of child safeguarding statement compliance requirements among parents.

The Early Years Inspectorate broadcast and published five webinars aimed at improving understanding of and supporting compliance with regulation. Topics covered included: Early Years & School Age re-registration, Outcomes, and analysis of inspection reports, What to expect from an inspection, and Inspections & COVID-19. Collectively these were viewed by more than 2,500 people.

Specific guidance documents to support compliance – Inspecting Early Years Services during COVID-19 and Ventilation in Early Years Services – were developed and published.

Position papers were also published to support compliance on the pedagogical (instructive) principles of the Tusla early years inspection process and supporting quality early years provision through registration, inspection and enforcement.



## 3.3. Continuous learning and improvement

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

In 2021, a core group of staff met to reflect on various approaches across the organisation to promoting behaviours consistent with our values.

The work of this group was aimed at promoting values and setting the basis for further work in 2022 on an Agency-wide emphasis on behaviours, as part of our culture change focus. 2021 saw increased engagement on our public sector duty, with key participation engagements aimed at promoting diversity and inclusion. A particular emphasis on inclusion of the Traveller and Roma communities at student, staff and career levels was a central part of the work of our HR team, chief social worker and family support services.



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

The Research and Information Needs Analysis (RINA) is a core component informing the Research Strategic Plan. An internal working group was established to devise a workplace Research and Information Needs Analysis comprising two phases to be administered over Q4 2021 and up to Q3 2022. An audit analysis was carried out of Tusla's Research Needs Analysis 2016 and the review of research-related recommendations in Tusla-commissioned research and external reports. Phase 1 of the RINA, exploring research commissioning priorities on three questions, was administered in Q4 2021 via an internal survey across the Tusla workforce and the Tusla Advisory Group (TAG). Twenty-five coordinators across 18 Tusla national and regional offices and services were also assigned to support and coordinate the RINA.

**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.**

The COVID-19 pandemic and the cyber-attack did not deter our drive and commitment to promoting Tusla as an employer of choice, as is evidenced by the recruitment activity leading to a total of 861 appointments. To support graduates in their first year of employment, the Practice Development Framework was progressed, and each social worker was awarded with a certificate of achievement signed by the CEO, Bernard Gloster. In 2021, Tusla appointed an additional 50 new practice teachers, bringing the total to 520. A new virtual support pack, supporting staff in their first year in practice, was launched in November.

As part of the National Traveller and Roma Inclusion Strategy, the Tusla Employment Support Scheme was established for students from the Traveller and Roma communities and aims to support members of these communities to gain employment in social work and social care. The Tusla scheme applies to academic courses which meet the requirement for employment in social work and social care. Following a selection process, two successful applicants commenced the scheme with Tusla, which provides paid supervised work placements and an offer of employment with Tusla subject to successful graduation.

The Critical Skills Employment Permit is designed to attract highly skilled people from other jurisdictions to work in Ireland. Tusla, through engagement with the DCEDIY and the Department of Enterprise, Trade and Employment, successfully secured social work on the critical skills list, further expanding the pool available to Tusla.

COVID-19 had a significant impact on absenteeism in Tusla with the end-of-year absenteeism rate at 7.25%. Staff across the Agency remained committed to delivering frontline services, with staff facilitating temporary reassignments when required.

Retention remained a focus in 2021 and trends were similar to those in other public sector bodies, given the emerging changes in work attitudes stemming from the pandemic. In the main, the retention rate remained stable throughout 2021; in December 2021 it stood at 93.91%.

In addition, the Tusla Capability Framework requirements were scoped for the social work job family, outlining the career pathways and developments for all stages of the social worker career journey within the Agency.

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

The delivery of learning and development (L&D) interventions continued to be significantly impacted by the pandemic, particularly in respect to face-to-face training delivery and the capacity of the operational system to release staff.

Ongoing efforts were made to build capability in digital learning with a focus on developing online learning modules and virtual classroom training. Further challenges arose from the cyber-attack on the HSE network.

There was continued delivery of mandatory training for all staff in the area of data sharing in order to address the recommendations of the Data Protection Commissioner. Essential training was delivered to all staff when migrating to TuslaIRL. There was also ongoing development of L&D supports for the CASP implementation plan. MS Live Events was used to run large-scale webinars, e.g. Voluntary Admission to Care (in collaboration with University College Cork).



New Tusla-specific eLearning modules were developed to include topics such as Tusla obligations and practice under GDPR, medication management in children's residential services, organisation risk management, freedom of information, briefing on Signs of Safety, revised 'Tell Us' policy, and Tusla responses to violence, harassment and aggression.

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

In 2021, all actions of the National Corporate Risk Management framework were completed. The Agency's online risk register went live in 2021 and roll-out

will continue in 2022. Our Organisational Risk Management Policy was revised and approved in Q4 2021.

A new online submission portal for complaints and feedback was developed and launched in December 2021. There was an 89% reduction in complaints open longer than 12 months and Tusla exceeded its target of having 30% of complaints locally resolved, achieving a 48.9% rate of local resolution in 2021. This was a significant increase from 26.5% in 2020.

In 2021 63.7% of complaints had sufficient detail captured to facilitate meaningful trend analysis. The table below provides a trended analysis of the available data on the issues involved in complaints made to Tusla in 2021.



The following table details the complaints received in 2021 with comparators to the previous two years:

Complaint Issue	2019	2020	2021
<b>No of Complaints</b>	<b>741</b>	<b>647</b>	<b>598</b>
Behaviour or Attitude	16.89%	17.22%	↓ 9.61%
Insufficient Service	14.80%	10.22%	↓ 9.40%
Delivery of Information	10.61%	6.71%	↓ 3.88%
Unfair Treatment	7.92%	6.10%	↑ 8.17%
Lack of Response/Action	6.88%	4.27%	↑ 6.13%
Poor Communication	6.73%	3.21%	↑ 4.90%
Delayed Response/Decision	5.98%	3.51%	↓ 2.45%
Lack of Consultation	4.04%	3.21%	↓ 2.65%
Outcome of Assessment	2.84%	1.07%	↑ 3.27%
Negligence	2.54%	0.91%	↑ 1.02%
No Response to Communciation	2.09%	0.77%	↑ 1.02%
Failure to Adhere to Policy	1.79%	1.38%	↑ 3.27%
Poor Application of Standards	0.75%	0.16%	↑ 1.22%
Poor Condition of Building	0.75%	0.00%	↑ 0.20%
Failure to Adhere to Legislation	0.60%	0.77%	↓ 0.61%
Poor Record Keeping	0.60%	0.68%	↑ 2.04%
Discrimination	0.45%	1.38%	↓ 1.22%
Telephone Unavailability	0.15%	0.31%	↓ 0.20%
Breach of Procedure	0.00%	4.27%	↓ 2.45%
Catering / Food	0.00%	0.16%	↓ 0.00%
Sub Total	79.68%	66.31%	↓ 63.71%
No Concerns Recorded (New)	20.32%	33.69%	↑ 36.29%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

In 2021, 550 incidents of positive feedback to Tusla services were recorded, an increase of approximately 11.8% compared with 2020 figures. Aligned with Tusla's commitment to gathering feedback and promoting involvement from service users, the Quality and Regulation Directorate supported the ongoing promotion of the involvement of 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 developed and conducted in 2021. In conjunction with the Service and Integration Directorate and the family welfare conference service,

the Quality and Regulation Directorate developed a national survey on the theme of adult service-user experience of the family welfare conference service.

Practice Assurance and Performance Systems (PAPS) developed a proposal for an Outcomes Measurement Framework project. This project is to provide the Agency with a framework to assess if it is making a positive difference to the lives of the children and families with whom it engages. The Outcomes Measurement Framework will comprise a set of outcomes and associated indicators that will measure whether expected outcomes are being achieved.



## In Focus – Child and Youth Participation

Tusla's Child and Youth Participation Strategy 2019–2023 was developed with over 300 Tusla staff and young people. But what is a strategy and why does it matter? The definition of strategy is 'a plan of action designed to achieve a goal'. Our goal is that every time a decision is made that directly affects a child or young person, their views are taken into consideration. The Strategy matters because it is relevant to all Tusla staff, and it reflects our commitment to embed participation in the very core of all our work. Below is a snapshot of some of the participatory initiatives Tusla staff and partners completed in 2021:

- The Changing Futures website ([www.changingfutures.ie](http://www.changingfutures.ie)) added a Contact Us submission page. The expectation is that when a child/young person contacts us directly we will prioritise a quick response.
- Social work teams worked with young people to create 'child friendly spaces' and transformed access rooms and reception areas – even corridors got a makeover! This work is trauma-informed practice and ensures young people have a safe and inclusive space in which to express their views.

A group of young people from St Joseph's Secondary School, Tulla, Co Clare are presented with an 'Investing in Children' Award for their development of an innovative mental health tool: 'I-Can - Mind My Mental Health'





In May 2021, the 100th Investing in Children award was presented to a group of Limerick students for their participation on the 'Buddy Reading Programme', a virtual programme aimed at supporting and encouraging primary school children with their reading.

- Tusla Research added a question to its research ethics application form, asking researchers to identify how they have involved young people in the research project.
- Child and Youth Participation training went online, and an eLearning module is available to Tusla staff and partners. Over 2,500 staff have now completed Day 1.
- Tusla Recruit added the sentence 'awareness of children and young people's participatory practice' to all job specifications. A joint project between Rosebrook Residential Centre, Mayo Youth Advisory Committee, Tusla Recruit and the Partnership Officers led to the creation of interview questions by young people.
- In 2021 there were 12 Children in Care forums and four Aftercare forums across the 17 areas. These forums, supported by Tusla staff and partners, are a space for children and young people to give voice to their experiences, meet other young people in care and influence national policy and local practice.
- Ballydowd Special Care Unit was chosen as an example of best participatory practice by the Department of Children, Equality, Disability, Integration and Youth and is included in the new National Participation Framework. They also featured in the framework launch on 14 April 2021.
- There were over 77 Child and Youth Participation seed funding initiatives across the 17 areas and six national projects. One example was the I-Can - Mind My Mental Health project by transition year in St Joseph's Secondary School in Co. Clare, Prevention, Partnership and Family Support (PPFS) and HSE Psychology. They created a pocket-sized tin can with daily mindfulness activity cards that young people can do. One national initiative was the Care Backpacks for young people entering care, containing overnight essentials and messages of hope.
- In 2021 45% of Children and Young People's Services Committees (CYPSCs) have youth members on their committees, involving 54 individual young people.
- 100% of CYPSCs work with young people on their CYPSC Plan to ensure participation in the planning and delivery of local service responses.
- Fostering recruitment partnered with care-experienced young people to develop videos, including six-minute-long testimonies about their positive experiences of foster care.
- In May 2021, the 100th Investing in Children Membership Award™ was presented to a group of Limerick students and PPFS staff for their work supporting primary school children on the Buddy Reading Programme.

Improving participation opportunities for young people is a journey, organic and ever changing. It is a journey we all share.

### 3.4. Local teams and services facilitated and supported by national systems and resources

#### Establishing a national Executive Management Team and six regional service areas and integrating national services into the revised regional governance structures.

By the end of 2021 the Agency had recruited a new Executive Management Team of five members all reporting to the CEO and ready to commence delegated function on time, 1 February 2022. Four of six new regional Chief Officers were also recruited to commence on the same date. The remaining two Chief Officers have been recruited at the time of writing the Annual Report and by the time they commence delegated function in their regions, the Agency will have implemented its structure change part one (of two).

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

Despite a delay in agreeing a data sharing agreement (DSA) with AGS, the joint Tusla/An Garda Síochána (AGS) work programme was not undermined. The impacts of COVID-19 and AGS staffing challenges in their national office led to a review of joint working targets in the latter half of 2021, with implementation due to take place in the course of 2022. Workstreams cover a Tusla/AGS policy and procedure project (inclusive of DSA implementation and review of the 2017 joint working protocol), a joint ICT project, a Section 12 Joint Policy and Procedure implementation strategy and a joint training programme which includes increased Tusla access to Joint Specialist Interviewer training.

The Tusla/HSE Joint Protocol for Children with Disabilities has been revised and a memorandum of understanding has been agreed with both agencies and signed off by their respective departments. A series of joint Tusla/HSE online workshops to assist effective implementation of the Joint Protocol concluded in Q4 2021. Barriers to full implementation of the Joint Protocol have been identified and will result in further actions in 2022.

Tusla also continued to work with community and interagency forums to ensure a better alignment of priorities and commissioned resources. A national oversight committee for the service-level agreement process and the commissioning portal was established to embed consistency and improve practice across the agency. Once-off funding was provided to Section 56 organisations in 2021 for COVID-related expenditure to assist with increased demand for services and increased costs related to providing services during the pandemic. All 27 CYPSCs continue to receive national implementation support and leadership from the CYPSC National Office at Tusla, with 26 of these chaired by Tusla Area Managers, thus facilitating closer collaboration and alignment with Tusla priorities. Tusla also supported the development of the National Model of Parenting Support Services led by the DCEDIY and progressed the revised Tusla Parenting Support Strategy.

## Implementing the ICT and Data Management strategies.

The ICT and Data Management strategies have established ambitious programmes of work to maximise the use of technology and innovation in supporting the delivery of child and family services. The combined strategies set a vision that Tusla will be a digital-first Agency by 2023 with all core services supported by secure, efficient and easy-to-use digital solutions and that excellence in data management will support the privacy of records and the availability of information to support decision making and planning at all levels. Under these strategies, four major transformation programmes for the Agency were progressed in 2021:

**TuslaIRL:** the programme to fully migrate all Tusla staff, devices and data from the HSE network to the new Tusla-only ICT network. The programme commenced in August 2021 and will complete by October 2022. Over 1,400 staff and 50 offices were successfully migrated by the end of 2021.

**Digital transformation:** The online Tusla Portal was further enhanced as the single digital point of entry for referrals, requests, and other types of submissions to the Agency with the launch of three further services on the Portal – educational welfare referrals, complaints & feedback, and a new online Changing Futures website with an option for self-referrals from children. The new Tusla Case Management (TCM) system was developed as the single integrated case management system across all services. The first version of the system was successfully launched with the TESS and Barnahus services in 2021. The system will be further extended in 2022 for Child Protection & Welfare and Child in Care (known as the NCCIS2 programme), as well as for other core services. In total, nine new digital solutions/applications were delivered in 2021.



**Information security programme:** the continued delivery of Tusla’s information security (InfoSec) programme aligned to the ISO/IEC 27001 Information Security Framework<sup>9</sup> to enhance the integrity, security and availability of Tusla systems and data. Some of the key achievements under this programme in 2021 included: the development of new InfoSec policies, standards and guidance; the appointment of an ICT security infrastructure manager; the implementation of 300 secure print devices; and the implementation of a managed defence system on all Tusla ICT devices (laptops and servers) with the establishment of a 24/7 network intrusion and response service.

**Data management:** The actions under the Data Management Strategy 2019–2022 were further advanced in 2021 with the following key achievements delivered:

- Seven major data migration projects were delivered.
- 47 new reports and business intelligence dashboards were developed for child protection and welfare, children in care, HR and commissioning services.
- The new Records Management Office was formally launched to provide staff and services with support on records management best practice and related services.

The ICT Directorate also delivered ongoing ICT support and operational services throughout the year:

- A total of 43,000 support calls were handled: 22,000 calls providing ICT helpdesk support to staff across Tusla; 14,000 calls assisting users of the NCCIS and Portal systems; and 7,000 calls in providing staff with new laptops, phones, other accessories, and related services.

- 793 setups for new joiners (new staff, agency and student placements) included providing devices, accounts and supporting services to new joiners.
- ICT fit-out or enhancement projects took place in 50 Tusla offices; these included the development of new ICT networks, phones systems and audio-visual installations.
- Tusla’s two data centres in Cork and Dublin were further upgraded to provide the core infrastructure required to power all ICT systems and services.
- The data and infrastructure teams managed the ongoing operations of 80 databases and over 300 servers.

### Ensuring the effective management of our Agency’s financial resources.

The 2020 annual Financial Compliance Statements (FCS) process for funded agencies yielded a 99% return from funded agencies (2020 – 98% return on 2019 FCS). Enhancements were made to financial reporting and training for commissioners regarding funded agencies.

The Control Assurance Survey was completed by 484 staff, which was 98% of those eligible to complete the survey in 2021. This was up on the previous year’s completion rate of 90% in 2020.

Work continued in 2021 on the automation and electronic distribution of financial reporting via Power BI.<sup>10</sup> When the reporting system goes live in 2022 it is expected to significantly increase the ease and speed of production and issuing of financial reporting to key service managers and decision makers.

<sup>9</sup>. A framework to help an organisation to “establish, implement, operate, monitor, review, maintain and continually improve an Information Security Management System”.

<sup>10</sup>. Power BI is an interactive data visualisation software which supports business intelligence.

Tusla Finance and Procurement continued to work with the HSE to prepare for the planned deployment of the Integrated Financial Management System (IFMS) which is expected to go live for Tusla in 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.

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

Tusla Estates expended a total of €11.015m on its ongoing capital programme in 2021. Ongoing major projects in Limerick and Portlaoise involve the phased refurbishment/extension of existing buildings on HSE campuses which will result in 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 2021 included the purchase of a large residential property for use in connection with the Agency's responsibilities in respect of separated children seeking asylum, the provision of a new Barnahus facility in Galway, and the ongoing equipment replacement programme.

Tusla Estates continued in 2021 to progress a number of important lease acquisitions including bespoke accommodation within primary care centres in Buncrana, Donegal, Ennis, Newcastle West, Nenagh, Bantry, Enniscorthy, Arklow and Navan. 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.

A national Facilities Management review was carried out in 2021, which will assist the Agency in formulating a strategy to deal appropriately with the challenges presented by the day-to-day management and operation of a large range of diverse buildings.



# 4. 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. This code 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 proper 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, CEO, Executive Team, and the Minister and Department of Children, Equality, Disability, Integration and Youth. The functions of the Board are set out in 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.



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 Tusla'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. 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. The appointment of two additional ordinary Board members was made in 2022. There were no changes to the Board membership in 2021.

Board members are appointed by the Minister for Children, Equality, Disability, Integration and Youth Affairs with the consent of the Minister of Public Expenditure and Reform. The term of office for Board members ranges from three to five years.

Board members have the appropriate range of skills which allows 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 Board Membership

As of 31 December 2021, the Board had four (44) % female and five (56) % 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 to the Board – two female members and one male member, ensuring the Board continues to meet the government gender balance target.

## Board Meetings

The Board is required to hold a minimum of 10 meetings per year, in accordance with the Child and Family Agency Act 2013; 11 meetings took place in 2021. A detailed report on the composition of the Board, its membership, Board committees, schedule and attendance at Board and committee meetings in 2021 is contained within the Governance Statement and Board Members' Report within the Annual Financial Statements (Part II) of this report.





Due to COVID-19, Board and committee meetings were held remotely in 2021 with the exception of the Board's strategy meeting held on 9 October 2021 which was held in person and complied with the public health guidance in place at the time.

### **| CEO and Executive 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, which are delegated by the Board, is retained through a robust reporting framework involving the Board committee structure, CEO and Executive 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 (replacing the interim Senior Leadership Team - membership of which is detailed in Appendix 2 of this report), as well as the creation of six regions with devolved responsibility and accountability to a new Chief Officer. Recruitment of the new positions took place in 2021 with the new reporting and accountability arrangement coming into place on 1 February 2022.

### **| 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.

The Board undertook its annual self-assessment evaluation comprising an online questionnaire and meetings with the Chair. Following a preliminary review of the outcome of the evaluation, the Board agreed to further consider areas for improvement to help strengthen the performance of the Board at its 2022 strategy session day.

In order 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 service providers, site visits and invitations to Tusla conferences and events. In 2021, due to COVID-19, the Board was unable to undertake any site visits.

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 Board Secretary, meetings with the CEO, Executive and managers on specific topics as required.

New Board members are also invited to attend committee meetings 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 Department of Children, Equality, Disability, Integration and Youth on Board succession, to ensure an appropriate mix of skills, diversity and experience on the Board.

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

The Ethics in Public Office Acts 1995–2001 set out statutory obligations which apply to Board members and employees. The Board complies with the Ethics in Public Office Acts 1995–2001 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. In 2021 the Board reviewed Tusla's Standards of Integrity and Code of Conduct and approved a final draft for consultation with key stakeholders.

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 will come into effect on 1 February 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 which 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 bi-annual 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.

## I 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. The Board reviews adherence to its Code of Governance through ensuring clear lines of responsibility and compliance with Board standing orders and reporting requirements.

## I 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
- arrangements for oversight, monitoring and reporting on conformity with the oversight agreement, including those actions and areas of expenditure where prior sanction from the Minister/ Department and or the Department of Public Expenditure and Reform (DPER) is required.

The 2021 oversight agreement between Tusla and DCEDIY applied until 31 December 2021.

## I 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 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 2021. The Board members' responsibilities regarding the financial statements are set out in the AFS 2021.

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

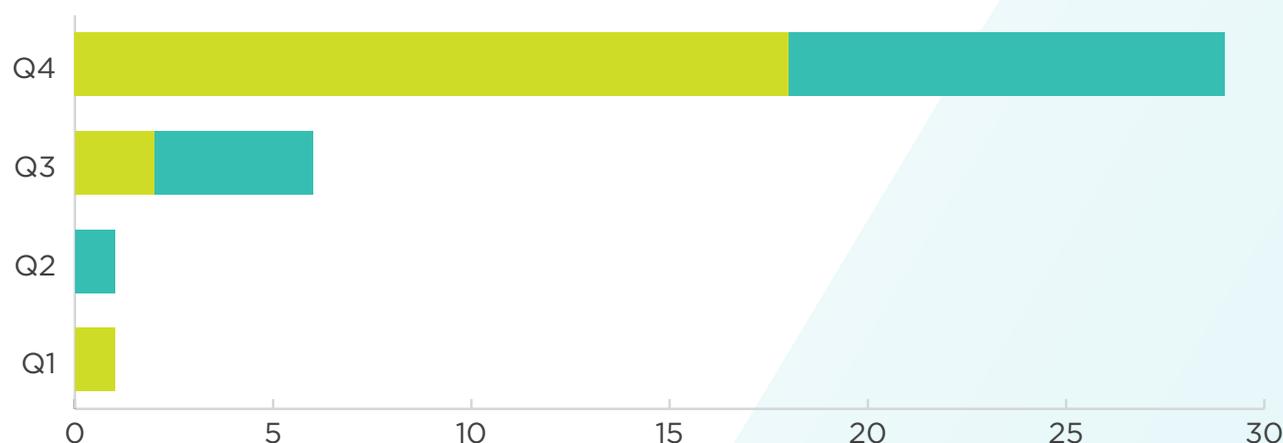


## Board Evaluation of Performance against 2021 Business Plan

The 2021 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 2021, issued by the Minister for Children, Equality, Disability, Integration and Youth to the Chair of the Board. A progress report on the implementation of the Business Plan 2021 was provided to the Board on a quarterly basis on the 37 Business Plan actions detailed in Business Plan 2021.

The following chart provides a summary overview of the end-of-year status of the 2021 Business Plan actions:

### Status of Business Plan Action at the end of Q4 2021



	Q1	Q2	Q3	Q4
<b>Completed</b>	1	0	2	18
<b>Incomplete</b>	0	1	4	11

## Statement on Internal Controls

In 2021 the Board continued and improved on the work commenced in 2020 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 on Internal Control (SIC) for 2021. 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 approved Tusla's revised Risk Management Framework Policy and considered and approved its Risk Appetite Statement in 2021. The committee Chairs held their annual joint meeting in relation to risk management and respective responsibilities. A summary of the Corporate Risks and Controls is provided in Appendix 3 of this report.

## Focus for 2022

In 2022, the Board will 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

Abbrev.	Term	Abbrev.	Term	Abbrev.	Term
<b>AAI</b>	Adoption Authority of Ireland	<b>DSGBV</b>	Domestic, Sexual and Gender Based Violence	<b>OIC</b>	Office of the Information Commissioner
<b>ACIMS</b>	Alternative Care Inspection and Monitoring Service	<b>FCS</b>	Financial Compliance Statements	<b>OWASP</b>	Open Web Application Security Project
<b>AEARS</b>	Alternative Education Assessment and Registration Service	<b>FOI</b>	Freedom of Information	<b>PAPS</b>	Practice Assurance and Performance Systems
<b>AFS</b>	Annual Finance Statements	<b>GAL</b>	Guardian Ad Litem	<b>PASM</b>	Practice Assurance and Service Monitoring
<b>AGS</b>	An Garda Síochána	<b>GDPR</b>	General Data Protection Regulation	<b>PIC</b>	Person In Charge
<b>ARC</b>	Audit and Risk Committee	<b>H&amp;S</b>	Health and Safety	<b>PPFS</b>	Prevention, Partnership and Family Support
<b>CASP</b>	Child Abuse Substantiation Procedure	<b>HIQA</b>	Health Information and Quality Authority	<b>PPPG</b>	Policy, Procedures, Protocols and Guidelines
<b>CEO</b>	Chief Executive Officer	<b>HR</b>	Human Resources	<b>QA</b>	Quality Assurance
<b>CFSN</b>	Child and Family Support Networks	<b>HSA</b>	Health and Safety Authority	<b>QMS</b>	Quality Management System
<b>CHI</b>	Children's Health Ireland	<b>HSE</b>	Health Service Executive	<b>QRF</b>	Quality and Regulatory Framework
<b>CIC</b>	Children In Care	<b>ICT</b>	Information Communication Technology	<b>RINA</b>	Research and Information Needs Analysis
<b>CPW</b>	Child Protection and Welfare	<b>IFMS</b>	Integrated Financial Management System	<b>S&amp;I</b>	Services and Integration
<b>CPWS</b>	Child Protection and Welfare Strategy	<b>IRPP</b>	Irish Refugee Protection Programme	<b>SCA</b>	State Claims Agency
<b>CRS</b>	Children's Residential Services	<b>ISG</b>	Integrated Steering Group	<b>SCSIP</b>	Separated Children seeking International Protection
<b>CSR</b>	Children's Services Regulation	<b>KPI</b>	Key Performance Indicators	<b>SEN</b>	Significant Event Notice
<b>CSSCU</b>	Child Safeguarding Statement Compliance Unit	<b>L&amp;D</b>	Learning and Development	<b>SIC</b>	Statement on Internal Control
<b>CVS</b>	Community and Voluntary Sector	<b>LGBTI+</b>	Lesbian, Gay, Bisexual, Transgender and Intersex	<b>SLT</b>	Senior Leadership Team
<b>CYPSC</b>	Child and Young People's Services Committee	<b>MTP</b>	Measure the Pressure	<b>SWEG</b>	Social Work Education Group
<b>DCEDIY</b>	Department of Children, Equality, Disability, Integration and Youth	<b>NAOC</b>	National Aftercare Oversight Committee	<b>TAG</b>	Tusla Advisory Group
<b>DNE</b>	Dublin Northeast	<b>NCCIS</b>	National Childcare Information System	<b>TCM</b>	Tusla Case Management
<b>DP</b>	Data Protection	<b>NDIOC</b>	National Data and Information Oversight Committee	<b>TESS</b>	Tusla Education Support Service
<b>DPC</b>	Data Protection Commission	<b>NIMS</b>	National Incident Management System	<b>VHA</b>	Violence, Harassment and Aggression
<b>DPER</b>	Department of Public Expenditure and Reform	<b>NORMSIC</b>	National Operations Risk Management and Service Improvement Committee	<b>WLD</b>	Workforce Learning and Development
<b>DPIA</b>	Data Privacy Impact Assessment	<b>NPOC</b>	National Policy Oversight Committee	<b>WTE</b>	Whole-Time Equivalent
<b>DSA</b>	Data Sharing Agreement	<b>OHEAP</b>	Occupational Health and Employee Assistance Programme		

## Appendix 2: Interim Senior Leadership Team (SLT) 2021

Member of Interim SLT	Role
<b>Bernard Gloster</b>	CEO
<b>Kate Duggan</b>	National Director of Services and Integration
<b>Pat Smyth</b>	Director of Finance
<b>Kim Hayes</b>	Interim Director of HR
<b>Caroline Cullen</b>	Interim Director of Quality Assurance
<b>Cormac Quinlan</b>	Director of Transformation and Policy
<b>Laura Slevin</b>	Director of Corporate Services
<b>Pamela Benson</b>	Director of Legal Services
<b>Fergus O’Cuanachain</b>	Director of ICT
<b>Alan Breen</b>	Head of Communications
<b>Eilidh MacNab</b>	Interim Service Director, Dublin Northeast
<b>Patricia Finlay</b>	Service Director, DML
<b>Claire Murphy</b>	Interim Service Director, South
<b>Aisling Gillen</b>	Service Director, West
<b>Donal McCormack</b>	Service Director, National Children Residential Services
<b>Noel Kelly</b>	National Service Director, TESS
<b>Fiona McDonnell</b>	National Service Director, Children’s Services Regulation

# Appendix 3: Summary of Corporate Risks and Controls - 2021

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Physical/ Psychological	<b>Health and Safety</b> 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 system management.	<b>Controls:</b> <ul style="list-style-type: none"> <li>Requirement for all sites to have an up-to-date site-specific Safety Statement and associated risk assessments.</li> <li>A Safety Statement folder, containing 36 risk assessments is currently being rolled out to all Tusla premises. As of 31/12/2021 Safety Statements have been installed in 28 properties nationally. There is a requirement to review and update Safety Statements annually. Phase 2 implementation plan for installation has been developed for additional properties. A COVID impact is expected for Q1 resulting in limited availability of persons in charge on site.</li> <li>Tusla H&amp;S advisors form part of the Regional Management Teams and participate in these 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&amp;S-related advice and guidance. There has been no permanent H&amp;S advisor in place in the West since January 2021 due to maternity leave; there has been no permanent H&amp;S advisor in place in DNE since August 2021. A recruitment process is underway to fill posts.</li> <li>In 2021, where safe and practical given COVID restrictions, the H&amp;S Unit conducted site inspections and audit visits to support staff in identifying and mitigating risks. Although regional H&amp;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.</li> <li>A national incident management reporting dashboard has been developed and tested. It has been approved by Tusla NDIOC approval process. H&amp;S unit supports follow up on NIMS incidents; this includes engaging with the SCA and HSA for H&amp;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 and timely information received by the H&amp;S function from business units. The H&amp;S function follows up on investigations.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Physical/ Psychological	<b>Health and Safety</b> 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 system management.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• The H&amp;S function supports the local area/ region to implement any recommendations arising from HSA unsolicited visits. Any actions that cannot be implemented are appropriately escalated to the appropriate owner in the SLT by the Director of Corporate Services.</li> <li>• The H&amp;S objectives in the Corporate Plan 2021-2023, where resourced and implemented, are intended to address all risks on the H&amp;S function risk register.</li> <li>• A H&amp;S Policy Programme is being developed to address national policy deficits dealing with occupational health and safety risk. A prioritised programme of policy development has been established and 12 key policies have been or are currently being developed and implemented, including VHA, lone working, night working, slips, trips &amp; falls, manual handling, child seat safety, driving for work, incident management. An additional seven policies relating to safe working during COVID-19 have also been developed by the team.</li> <li>• In conjunction with colleagues from Tusla OHEAP, the H&amp;S team has developed a comprehensive Display Screen Equipment risk assessment which is currently in use. The Tusla Remote Working Policy will be informed by the DPER Policy when it issues in 2022.</li> <li>• Further (eLearning) health and safety training modules have been developed. Online mandatory manager and employee training module has been developed by the Tusla H&amp;S department and rolled out nationally via HSE Land.</li> <li>• A national first aid responder database has been created by the H&amp;S team to assist the management of timely certification/ recertification of Tusla first aid responders. COVID-19 has had a serious negative effect on the process of certification and recertification of new and existing first aid responders, fire wardens and safety representatives throughout 2021 and is expected to continue to have an impact in 2022.</li> <li>• In conjunction with colleagues from Tusla WLD, the H&amp;S team have developed a module on HSE Land to facilitate the national management of all mandatory health and safety training delivered to Tusla employees.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Physical/ Psychological	<b>Health and Safety</b> 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 system management.	<ul style="list-style-type: none"> <li>Two members of the H&amp;S team are certified as manual handling trainers and are delivering the online component of manual handling training. The practical element of this will be completed when COVID-19 restrictions are lifted.</li> <li>A person in charge (PIC) is required to facilitate the installation of a site-specific safety statement 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&amp;S team and was rolled out in the Western region, and will be rolled out nationally when COVID-19 restrictions are lifted.</li> <li>In 2021, in conjunction with colleagues from WLD, fire-warden, first aid, and employee safety representative training was rolled out nationally where COVID-19 restrictions allowed.</li> <li>Where identified as necessary, the H&amp;S Unit will continue to develop, provide and/or procure online training programmes to address critical business need in line with COVID restrictions.</li> </ul>
			<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>Design of National Health and Safety Management System is now completed, approved by SLT and Audit and Risk Committee (ARC), but implementation has been significantly delayed by COVID-19. Notwithstanding, several key elements of the safety management system have been prioritised for implementation where restrictions permit.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<p><b>Policy and Legislation</b></p>	<p>Compliance</p>	<p><b>Data Protection</b> 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 may be breached, resulting in an impact on service users to discharge their privacy rights. Due to current resources, organisation, practice and procedures adopted across the FOI function, a lack of compliance with 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><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• The Data Protection Unit and Privacy Network are in place to develop, facilitate and support best practice in DP and FOI compliance. Additional DP resources were recruited in 2021, and 21 Grade VII privacy officers are now in place nationally and an additional 10 Grade V administrators for file retrieval in the regions were approved in December 2021. Recruitment is ongoing for key senior roles in the DPU, including Deputy DPO, Compliance GM, and Grade VIII. Challenges have been experienced filling these roles.</li> <li>• Mandatory training programmes are now in place for DP and FOI. New eLearning programmes for both launched in 2021. Sharing Data Safely training continued in 2021. Data Protection Awareness Week took place in October 2021.</li> <li>• Resources available on the Hub include training, toolkits, policies, and procedural documents for implementation of compliance operations. An updated Data Protection section on the Hub was launched during Data Protection Awareness Week in 2021. The DPIA and Third-Party Privacy Risk Management policies have now been formally communicated across directorates and Operations.</li> <li>• The Tusla Privacy Notice is available on the website and has been communicated throughout the organisation.</li> <li>• An action plan to address DPC inquiries is in place. A separate action plan has been developed to address the findings of the OIC investigation under Section 44 of the FOI Act. Progress is reported to the DPO and senior management regularly and the OIC twice yearly.</li> <li>• In response to the cyber-attack on HSE ICT systems, Operation Shamrock is now in place, attended by senior managers including the DPO. The CEO has also appointed a temporary Deputy DPO who is the project lead for any risks to Tusla and its service users identified as a result of the cyber-attack on the HSE.</li> <li>• A full programme of work has now been established for phase 3 of the GDPR Programme, comprising five work streams under the governance and ownership of a GDPR steering group. The five work streams comprise: data protection operating model; third-party privacy risk management; data protection by design and default; regulatory engagement; change management, training and awareness.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Policy and Legislation</b>	Compliance	<p><b>Data Protection</b>            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 may be breached, resulting in an impact on service users to discharge their privacy rights. Due to current resources, organisation, practice and procedures adopted across the FOI function, a lack of compliance with 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><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>• Elements of Fairness - These aspects of DP are covered in the training which is being rolled out to all staff. Furthermore, a DP helpdesk has been established to facilitate queries from staff. As part of the training programme, a FAQ document is to be established to further inform DP practice across the eight principles of GDPR.</li> <li>• Elements of Purpose Limitation - These aspects of DP are covered in the training which is being rolled out to all staff. Furthermore, a DP helpdesk has been established to facilitate queries from staff. As part of the training programme, a FAQ document is to be established to further inform DP practice across the eight principles of GDPR.</li> <li>• Elements of Data Minimisation - These aspects of DP are covered in the training which is being rolled out to all staff. Furthermore, a DP helpdesk has been established to facilitate queries from staff. As part of the training programme, a FAQ document is to be established to further inform DP practice across the eight principles of GDPR.</li> <li>• Elements of Lawfulness - These aspects of DP are covered in the training which is being rolled out to all staff. Furthermore, a DP helpdesk has been established to facilitate queries from staff. As part of the training programme, a FAQ document is to be established to further inform DP practice across the eight principles of GDPR.</li> <li>• As a result of the cyber-attack occasioned on HSE ICT systems, DPO is providing updates to DPC on remedial actions and investigation of events.</li> <li>• Elements of Transparency - These aspects of DP are covered in the training which is being rolled out to all staff. Furthermore, a DP helpdesk has been established to facilitate queries from staff. As part of the training programme, a FAQ document is to be established to further inform DP practice across the eight principles of GDPR.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Integrated Supports and Services</b>	Operational	<b>COVID-19</b> There is a significant challenge faced by the organisation in relation to the staffing of services during the Omicron variant wave 5 of COVID-19.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• Communication: CEO engagement with DCEDIY on return-to-work programme and negating HSE derogations.</li> <li>• Communication: CEO continued engagement with workforce through management teams and union engagement.</li> <li>• Human Resources: HR department commenced preparatory plans for future remote working policy (medium-term solution).</li> <li>• Estates: CEO has directed immediate return-to-work location plans from the Estates function.</li> </ul>
<b>Integration and Accountability</b>	Reputation and Profile	<b>ICT Services</b> There is a risk 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 control of its ICT infrastructure and ICT assets, not having sufficient coverage of enterprise standard ICT solutions across Tusla Services, and not having a mature ICT capability.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• Tusla ICT Directorate (Tusla ICT) was established in 2017 to create an independent ICT infrastructure for Tusla.</li> <li>• Tusla ICT began to implement an ICT Strategy and Data Management Strategy under the Corporate Plan.</li> <li>• Tusla ICT has started a programme of work to segregate the Tusla data environment from the HSE data environment.</li> <li>• 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.</li> <li>• Tusla has increased resources in ICT incrementally year on year.</li> <li>• Board approval to expedite the programme of work since the cyber-attack of 14 May 2021.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Integration and Accountability</b>	Reputation and Profile	<p><b>ICT Services</b></p> <p>There is a risk 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 control of its ICT infrastructure and ICT assets, not having sufficient coverage of enterprise standard ICT solutions across Tusla Services, and not having a mature ICT capability.</p>	<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>• 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.’</li> <li>• Deliver ICT projects which establish independent infrastructure and systems.</li> <li>• Deliver ICT projects to digitise paper-based information processes.</li> <li>• 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.</li> <li>• Access controls to all systems in the network environment affected by the cyber-attack were removed and re-instated by justification.</li> <li>• All internet access points removed and re-introduced by justification, assessment, and newly defined security requirements.</li> </ul>
<b>Integrated Supports and Services</b>	Operational	<p><b>Demand on Services</b></p> <p>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 CPW.</p>	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• Children with immediate risk of harm are prioritised.</li> <li>• Management and governance structures are in place to allow for regular performance monitoring at all levels.</li> <li>• Additional budget allocation for staffing from DCEDIY. Additional funding has been allocated to areas of priority as identified in the business plan.</li> <li>• PPPGs are in place to support and guide practice.</li> <li>• Engagement with universities in ROI and NI regarding new graduates is under way. Engagement with universities in ROI and NI has been completed for the academic year 2019/2020 and are planned for 2020/21. Priority vacancies will be filled from this campaign.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Integration and Accountability</b>	Operational	<b>Demand on Services</b> 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 CPW.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• Service Improvement Plans are in place.</li> <li>• Implementation of Child Protection and Welfare Strategy.</li> <li>• Ongoing implementation of audit programme and reviews on practice assurance and performance systems.</li> </ul>
			<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>• Ongoing engagement with HR on workforce planning processes is being embedded to address resourcing needs within our funding allocation throughout the Agency in 2021.</li> <li>• Under the Supply portfolio, HR continues to have ongoing third-level provider engagement/Social Work Education Group to formally advocate increasing the supply of social workers to maintain and increase graduate levels. Initiatives include a bursary scheme and increased placement opportunities. Ongoing engagement with third-level institutions.</li> <li>• Additional requests for resources to be made through the estimates process for 2022.</li> <li>• Workforce Development Group in place with DCEIDY attended by Assistant Secretary and Director of S&amp;I.</li> <li>• There is ongoing practice reform integration to meet existing levels of service demand.</li> <li>• Agency resource approvals remain in line with overall budget.</li> <li>• There is a cross-service delivery framework in place (PPFS, Alternative Care, Fostering) to provide oversight and governance of the levels of service that exist.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<p><b>Integrated Supports and Services</b></p>	<p>Service User Experience</p>	<p><b>Special Care Placements</b>                      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 GAL service and capacity issues.</p>	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• CPL actively recruiting on behalf of special care services.</li> <li>• Engaging with National Operations regarding the provision and management of onward placements.</li> <li>• Engagement with private providers to provide specialist step-down placements.</li> <li>• In line with the agreed expansion of the qualifications for special care, ongoing recruitment has been agreed to fully resource special care with a view to increasing bed capacity.</li> </ul> <p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Concluded:</b> CEO approval of special care plan for a step-down unit from special care, which involved negotiations with DCEDIY to seek funding for provision of transitional units through the CVS and/or private CRS services.</li> <li>• CEO coordinated response in July 2021 to include additional and immediate management of 1) full funding approval for discharge of cases, 2) full funding approval for CRS to advance step-down framework, and 3) full funding approval for additional therapeutic inputs.</li> <li>• CEO issued an additional instruction for a coordinated response to and management of local complex case management/district court cases.</li> <li>• Establishment of a task force to review referrals to and transfer to special care.</li> <li>• Implementation of a new standardised special care process for Q4.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Operational	<b>Demand on Services</b> 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.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• A retention survey has been carried out in five of the 17 areas for teams working at the 'front door'. The retention report has been finalised and issued to the CPWS steering group.</li> <li>• The multi-disciplinary team is currently working in cooperation with Tusla's therapeutic service.</li> <li>• A pilot bursary/sponsorship programme commenced in 2019 with NUI Maynooth to increase the direct supply of graduates to the surrounding regions.</li> <li>• Tusla is 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.</li> <li>• Tusla will continue to work collaboratively with the Social Work Education Group (SWEG), established in 2019 and led by the DCEDIY. The work of the interdepartmental group is aimed at determining and influencing the future supply of social workers from the higher education institutes.</li> <li>• In 2020 Tusla established a Pay and Number strategy which identified an acceptable agency target for Tusla. An agency conversion process was also completed that converted 408 agency staff to direct Tusla employment, which had a positive outcome including cost savings for Tusla.</li> <li>• As a result of engagements with graduates in social work, offers made to 175 graduates resulted in over 100 employments.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Operational	<b>Demand on Services</b> 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.	<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>• The Corporate Plan 2021–2023 highlights a focus on the development of our workforce's 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. This will result in increased staff retention rate to 96% by the end of 2023.</li> <li>• 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.</li> <li>• 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.</li> <li>• The DCEDIY is recommending the SWEG group; invitations to attend have been extended to the Higher Education Authority and Dept of Health representatives, who will work with the SWEG group towards influencing the increase of future additional supply of social work graduates in Ireland. Tusla will also continue to work with SWEG to progress recommendations that emerged from research on graduate placements commissioned by DCEDIY in 2019 and will be supported in 2021 by the placement coordinators.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Operational	<b>Demand on Services</b> 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.	<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>• Following representations to the Interdepartmental group on Economic Migration and the Dept of Enterprise, Trade and Employment's Economic Migration Policy Unit, it was confirmed that social workers are officially removed from the ineligible occupations list and social workers from outside the EU/EEA are now eligible for employment permits. A business case has been drafted in conjunction with the DCEDIY for submission to the DEBI to have Social Work placed on the Critical Skills Employment List.</li> <li>• In 2021 Tusla embarked on an additional focused graduate recruitment campaign for ROI graduates. 118 out of a potential 184 graduates have accepted roles with Tusla, with remaining candidates applying to the Rolling Social Work Campaign. Graduate recruitment for 2021 remains on track for completion by 31/08/2021.</li> </ul>
<b>Integrated Supports and Services</b>	Operational	<b>Foster Care Demand</b> 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.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• 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 CIC review process.</li> <li>• Actions are 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.</li> <li>• PPPGs are in place to support and guide practice.</li> <li>• 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 supports can be provided locally, and relative care safeguarding visits are conducted prior to relative carer approval.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
Integrated Supports and Services	Operational	<b>Foster Care Demand</b> 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.	<b>Controls:</b> <ul style="list-style-type: none"> <li>A pre-approval model for non-statutory foster care providers is in place and provided by Tusla Children's Regulation Service. The National Operational Framework for the aforementioned is under review and will be finalised in March 2021. It will increase governance and oversight. A market engagement process is taking place with private providers to ensure adequate contracts are in place.</li> </ul>
			<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>Implementation of the Alternative Care Strategy.</li> <li>Enhancement of the operational guidance for the management of serious concerns and allegations is under way.</li> <li>Pre-approval model to be developed for private foster care providers.</li> <li>Tusla is extending its out-of-hours social work support to include 24-hour telephone support for foster carers.</li> </ul>
Relationship, Collaboration and Communication	Reputation and Profile	<b>Public Confidence</b> Although reducing concurrently 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, are those of consistency with practice and legacy issues.	<b>Controls:</b> <ul style="list-style-type: none"> <li>Communication strategy in place with all internal and external stakeholders.</li> <li>Continuous monitoring of threats to public confidence, matched with individual crisis communications plans with appropriate escalations to the CEO are in place.</li> <li>Programme of improvement in place to increase compliance with regulatory requirements - as evidenced in trends of recent HIQA reports.</li> <li><b>Concluded:</b> Programme of improvement in place to increase GDPR compliance with training programme ongoing to target 3,000 staff by end January 2021.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Financial	<b>Financial Governance and Oversight</b> 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, including funded services.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• There is in place a Commissioning Unit to oversee various external agencies and relevant strategy developed.</li> <li>• Governance systems developed and established for Section 56 funded and 59 organisations including agencies including the setup of the Financial Compliance Unit and issuing of the Tusla Good Governance Framework.</li> <li>• Desktop reviews of a number of funded agencies have been completed and guidance provided to local commissioners regarding financial governance for funded agencies.</li> <li>• Annual Compliance Statements sought from all Tusla-funded agencies. Where not returned fully and accurately completed within prescribed deadlines, funding to that agency is put on hold until received.</li> <li>• Development of the Unsatisfactory Audit Report Process- where a funded agency receives an Unsatisfactory Audit report, the funded agency is put on monthly monitoring, review, and payment approval.</li> <li>• Tusla-specific financial regulations, policies and standard operating procedures continue to be developed.</li> <li>• Training in procurement delivered to relevant staff members responsible for purchasing on behalf of the Agency.</li> <li>• Completion of the Tusla Annual Control Assurance Survey by relevant staff.</li> <li>• HSE memorandums of understanding in place continue to be relied upon for certain services.</li> <li>• A Financial Compliance Unit was established in 2017 with the role of completing desktop reviews on funded agencies and providing guidance to local commissioners regarding financial governance for funded agencies.</li> <li>• Controls were amended for finance processes during COVID-19 and approvals accepted by email rather than physical signatures.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
Corporate Services	Financial	<p><b>Financial Governance and Oversight</b></p> <p>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, including funded services.</p>	<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>• Continual refinement of financial regulation and processes for all services being overseen as changes are introduced.</li> <li>• Continued development of fit-for-purpose ICT systems to support governance and control of financial activity.</li> <li>• Further enhancements to the annual Control Assurance Survey.</li> <li>• Issuing of a number of Tusla-specific financial regulations, policies, and standard operating procedures.</li> <li>• Roll-out of the new HSE My Self Service online system for Travel and Subsistence claims.</li> <li>• Development of internal procurement ICT reporting solutions.</li> </ul>
Corporate Services	Reputation and Profile	<p><b>CASP Implementation</b></p> <p>As a result of events (COVID, cyber-attack), a delay in the implementation of the CASP procedure due to come into force may result in reputational damage and ongoing challenges in the management of child abuse substantiation issues.</p>	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• A national Substantiation Governance Group with representatives from all Tusla directorates supports, continues to monitor, and oversees the CASP Implementation Plan and reports to the SLT. It will present survey and consultation feedback to the SLT (October 2021) and agree an implementation date.</li> <li>• The current Section 3 process can continue to be adhered to pending a newer policy coming into force.</li> <li>• A Planning and Advisory Committee is to develop and propose an approach for the implementation of CASP procedures and guidance to the Governance Group to implement. This includes consideration of significant changes to the CASP procedure, developing MTP metrics for CASP, refining the CASP business process map, refining and further development of CASP forms and letters, and CASP DPIA review.</li> <li>• There are in place CASP regional leads to facilitate the implementation of the policy; South lead now in recruitment expected to be in place July 2021.</li> <li>• A Community of Practice has been developed in each region and will operate under agreed terms of reference to support practice.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Reputation and Profile	<b>CASP Implementation</b> As a result of events (COVID, cyber-attack), a delay in the implementation of the CASP procedure due to come into force may result in reputational damage and ongoing challenges in the management of child abuse substantiation issues.	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>Regional retrospective teams established across the four regions, where all retrospective cases are worked consistently.</li> <li>A comprehensive list of key stakeholders has been compiled at regional and national level to capture all interested parties for the briefings.</li> </ul> <p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>CASP training is to be redeveloped to be accessible online in order to address the requirement for upskilling of relevant staff members on the new policy and requirements.</li> <li>A communication plan is to be developed and ready for roll-out once CASP comes into force. In the interim, appropriate responses to CASP queries are addressed on an individual basis.</li> <li>The stakeholder engagement plan is to be redeveloped to ensure appropriate consultation post-COVID-19.</li> <li>The current project plan will be revised and updated to reflect the new timelines for implementation.</li> <li>Communication engagements are scheduled to take place supported by the CASP national lead, relevant Service Director and Director of Service &amp; Integration, with An Garda Síochána also present. The briefings are planned to include presentations from key Tusla staff, followed by a Q&amp;A session. Internal and external consultations on the CASP procedure are now scheduled to take place in September 2021.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Corporate Services</b>	Reputation and Profile	<b>CASP Implementation</b> As a result of events (COVID, cyber-attack), a delay in the implementation of the CASP procedure due to come into force may result in reputational damage and ongoing challenges in the management of child abuse substantiation issues.	<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>The ongoing development of the CASP Data Management Plan will continue as a core enabler to support the implementation and delivery of CASP within the extended timeline.</li> <li>The recruitment of 11 professionally qualified social workers to support implementation is progressing.</li> </ul>
<b>Integrated Supports and Services</b>	Operational	<b>ICT Services</b> There is a risk that a breach of policy, a failure of a control, the absence of a control, a technical error, or force majeure 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.	<b>Controls:</b> <ul style="list-style-type: none"> <li>Tusla ICT Directorate (ICT) performs regular information security assessments and reviews on the current infrastructure/system.</li> <li>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 includes information security training and the requirement to read the policies and confirm they have been read.</li> <li>ICT has established an information security programme of work aligned with the ISO 27001 Information Security Standard.</li> <li>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.</li> <li>ICT carries out vulnerability scanning, penetration testing and information security audits on ICT assets and data environments.</li> <li>All systems are developed to an OWASP security standard.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Integrated Supports and Services</b>	Operational	<b>ICT Services</b> There is a risk that a breach of policy, a failure of a control, the absence of a control, a technical error, or force majeure 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.	<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>• ICT is progressing the programme to align information security with the ISO 27001 Information Security Standard. The new Information Security Policy Framework shall be introduced in 2021 with an implementation plan including training and awareness.</li> <li>• All critical ICT assets shall be assessed in 2021 for their compliance with the new framework of policies, standards and procedures, which includes baseline assessment standards.</li> <li>• 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. First Internal Audit assessment completed (vulnerability assessment of TCM system) with successful outcome.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Regulatory Functions</b>	Operational	<b>Children Services Regulation</b> There is the potential of 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.	<b>Controls:</b> <ul style="list-style-type: none"> <li>• A manual internal system audit is in place, informed by relevant information received on services and previous reported results of services, that can identify the levels of regulatory compliance within services.</li> <li>• There is an oversight structure in place for the assessment and inspection programmes to review findings that may highlight services that could be operating outside of regulatory parameters.</li> <li>• There is an agreed escalation of high-risk services to the National Registration and Enforcement panel.</li> <li>• 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.</li> <li>• There is a stakeholder consultation forum in order to discuss and engage with the sector on standardised practice and regulatory requirements.</li> <li>• There is a regulatory support forum to communicate regulatory requirements to the sector.</li> <li>• 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.</li> <li>• Annual research is undertaken on inspection findings and disseminated to the sector.</li> <li>• Established teams in the regulatory office work within specific task functions to improve alignment across the system, standardisation practices and promote specialised learning and development.</li> <li>• Attendance at Committees of Early Year Regulatory Services within Europe to communicate and learn best practice reporting and enforcement procedures.</li> <li>• Working group established and project plan has commenced.</li> <li>• Kick off for TCM project commenced 12.04.2021.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<b>Regulatory Functions</b>	Operational	<b>Children Services Regulation</b> There is the potential of 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.	<b>Planned Actions:</b> <ul style="list-style-type: none"> <li>Liaise with the Director of ICT to establish a Tusla Case Management system.</li> <li>Steering group established between QA, CSR and ICT for commencement of TCM project.</li> <li>Working group established and project plan commenced for TCM project.</li> </ul>
<b>Integrated Supports and Services</b>	Operational	<b>ICT Services</b> As a result of the cyber-attack on HSE ICT systems, there is a potential of exfiltration of Tusla's data which may contain an individual's highly sensitive and/or personal information.	<b>Controls:</b> <ul style="list-style-type: none"> <li><b>Concluded:</b> Initiation of ICT containment measures was undertaken as an immediate response to the cyber-attack.</li> <li><b>Concluded:</b> Internal system-wide communication (text-based and website) of the event and containment measures required.</li> <li><b>Concluded:</b> Tusla Crisis Management Team, chaired by the CEO, was established, and convened to agree priority decisions in respect of risk mitigation.</li> <li>Communication and engagement with relevant statutory regulatory bodies including DPC, HIQA and SCA.</li> <li>Investigation by AGS and National Cyber Crime Centre into the cyber-attack.</li> <li><b>Concluded:</b> A Tusla ICT cyber-attack Incident Response Team was established.</li> <li>Emergency procurement of data security partners undertaken to augment ICT system security.</li> <li>CEO established a memorandum of understanding with the HSE for examination of specified servers (Operation Shamrock) that comprehends Tusla information potential exposure.</li> </ul> <b>Planned Actions:</b> <ul style="list-style-type: none"> <li>Director of ICT to establish, via the final investigation report into the cyber incident, whether any of Tusla's service user or staff's information has been exfiltrated and the report to be provided to the CEO and the Board.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
Integrated Supports and Services	Financial	Corporate and Business Plan There is a 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><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• Cost control action plan put in place for allocation of services within spend limits.</li> <li>• A prioritisation of services across the Agency will be required for agreement across the Directorate.</li> <li>• Development of ongoing costings for presentation to the Board in preparation for estimates to Department.</li> </ul>
			<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>• The Business Planning Process for the forthcoming year to take into account the proposed funding, prior to being finalised.</li> </ul>
Integrated Supports and Services	Projects and Objectives	<p><b>Cyber-attack/TuslaIRL Project</b></p> <p>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>	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Allocation of required budget and cost accounting resources to track and report on the financial progress of the project.</li> <li>• Recruitment/redeployment of additional human resources and backfilling where required to support the project deliverables.</li> <li>• Involvement of other key directorates, including personnel from the data protection office, communications, and project management office, to support the project.</li> </ul>

Strategic Objectives	Risk Category	Key Risk	Controls and Planned Actions
<p><b>Integrated Supports and Services</b></p>	<p>Projects and Objectives</p>	<p><b>Cyber-attack/TuslaIRL Project</b>                      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>	<p><b>Controls:</b></p> <ul style="list-style-type: none"> <li>• Commissioning of additional external ICT expertise including security partners to support the project.</li> <li>• CEO-requested steering group to re-appraise projected timeline in light of learnings from initial three-month delivery of project.</li> </ul>
			<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>• Communications plan will be put in place to update key stakeholders on project progress.</li> <li>• Through the project plan, the Chair of the steering group will put in place processes to monitor the stage gates of the project and associated dependencies, risks and issues.</li> </ul>

# Annual Financial Statements

For the year ending  
31st December 2021

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# Information

## Board Address

Child and Family Agency, Floors 2-11 Brunel Building,  
Heuston South Quarter, Dublin 8

## Members of the Board

Pat Rabbitte, Chairperson

Anne O’Gara, Deputy Chairperson

Paul White

Deirdre Kiely to 31st December 2021

Sean Holland

Liam Irwin

Avril McDermott

Patricia Doherty

Charles Watchorn

Sean Quigley from 10th January 2022

Susan Bowman from 10th January 2022

Teresa McDonnell from 10th January 2022

## Chief Executive Officer

Mr Bernard Gloster

## Banks

Ulster Bank, College Green Branch, PO Box 145, 33 College Green, Dublin 2

Bank of Ireland, Lower Baggot Street, Dublin 2

## Solicitors

Beauchamps, Riverside Two, Sir John Rogerson’s Quay, Dublin 2

## Auditors

The Comptroller and Auditor General, 3A Mayor Street Upper, Dublin 1

## Website

[www.tusla.ie](http://www.tusla.ie)

# Governance Statement and Board Members' Report

The Child and Family Agency (also referred to as the Agency) Board was established on 1st 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. On Saturday 27th June 2020, An Taoiseach announced that "Educational welfare functions will be returned to the Department of Education". Responsibility for functions under the Education (Welfare) Act 2000, including associated policy development, was transferred to the Department of Education with effect from 1st 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 31st December 2021 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 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 seven 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 either three, four or five years. As required by the Code of Practice for the Governance of State Bodies (Revised 2016) a self-assessment Board effectiveness review was carried out in 2021 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 2021.

Member	Role	Appointment Period
Pat Rabbitte	Chairperson	1st Jan 2019 to 31st Dec 2023
Anne O'Gara	Deputy Chairperson	25th Sept 2018 to 24th Sept 2023
Deirdre Kiely	Ordinary Member	1st Jan 2017 to 31st Dec 2021
Paul White	Ordinary Member	3rd Feb 2016 to 2nd Feb 2021 (re- appointed for a further three years from 2nd Feb 2021)
Sean Holland	Ordinary Member (Chairperson of the Service and Quality Committee)	16th Apr 2018 to 15th Apr 2023
Liam Irwin	Ordinary Member	16th Apr 2018 to 15th Apr 2023
Avril McDermott	Ordinary Member (Chairperson of the Organisational Development Committee)	13th Jun 2018 to 12th Jun 2023
Patricia Doherty	Ordinary Member	7th Nov 2019 to 6th Nov 2024
Charles Watchorn	Ordinary Member (Chairperson of the Audit and Risk Committee)	1st Jan 2020 to 31st Dec 2024
Sean Quigley	Ordinary Member	10th Jan 2022 to 9th Jan 2027
Susan Bowman	Ordinary Member	10th Jan 2022 to 9th Jan 2027
Teresa McDonnell	Ordinary Member	10th Jan 2022 to 9th Jan 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 2021 the Board met on 11 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](http://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, which are delegated by the Board, is retained through a robust reporting framework involving the Board committee structure, CEO and Executive Team.

## Audit and Risk Committee

The composition of the Audit and Risk Committee for the year ended 31st December 2021 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, 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 2021:

- 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 – reviewed and approved the annual Internal Audit Plan and received and considered reports from the Internal Auditor and management's responses;
- Impact of COVID-19 on the Agency's control environment;
- Compliance, protected disclosures and fraud – reviewed the Agency's fraud awareness policy, reviewed and approved a revised Protected Disclosures Policy, Standard Operating Procedure and Guidance document and received reports regarding concerns raised and reviewed grant funding to the Community and Voluntary sector in receipt of over €1m regarding compliance with the Service Level Agreement;

- Risk management – approved the Agency’s Organisation Risk Management Policy, reviewed the Agency’s Corporate Risk Register and monitored new and emerging risks, received and considered reports from the Chief Risk Officer;
- Supported the development of an Enterprise Risk Appetite Statement; and
- Cyber security – monitored cyber-attack and received report on ICT systems, security risk, mitigations and assurance mechanisms.

### Service and Quality Committee

The composition of the Service and Quality Committee for the year ended 31st December 2021 included three 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 focused on the following matters in 2021:

- Reports from the National Director of Quality Assurance on the findings of reviews performed by the Practice Assurance and Service Monitoring Team and recent Health Information and Quality Authority (HIQA) inspections, any themes emerging and the implications for the overall risk profile of Tusla;
- Reports from the Director of Services and Integration providing service improvement reports and significant operational responses to the findings of reviews from the Quality Assurance Division;
- 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, the Agency’s Registered Social Care Provider;

- Special Reports on Signs of Safety, Domestic Sexual and Gender Based Violence (DSGBV) Services and Tusla’s response following application of Section 12 under the Child Care Act 1991 by An Garda Síochána;
- Monitoring the effectiveness of the Quality Assurance Division;
- Reviewing commissioned arrangements and performance against agreed service level agreements and/or service standards required;
- Service user engagement;
- 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;
- Impact of cyber-attack on services; and
- Impact of COVID-19 on service provision.

### Organisational Development Committee

The composition of the Organisational Development Committee for the year ended 31st December 2021 included three 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 2021:

- Significant guidance on the development and embedding of the proposed organisational structure reform;
- 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 the cyber-attack and cybersecurity;
- 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, assurance that actions are being taken to address recommendations and other issues identified and that learning is acted upon.

### A Schedule of memberships and attendance at the Agency's Board and Committees in 2021 is shown below

Member	Board (11 Meetings)	Audit & Risk Committee (6 Meetings)	Service & Quality Committee (4 Meetings)	Organisational Development Committee (6 Meetings)	Total Meetings Attended	Meetings Eligible to Attend 2021
Pat Rabbitte	11				11	11
Anne O'Gara	9		4		13	15
Paul White	8			4	12	17
Deirdre Kiely	8	6			14	17
Sean Holland	10		4		14	15
Liam Irwin	10	4	3		17	21
Avril McDermott	11			6	17	17
Patricia Doherty	11			6	17	17
Charles Watchorn	11	6			17	17
Jim Campbell (Independent member)			4		4	4
Uli Schackermann (Independent member until 30th March 2021)		1			1	2

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

	2021 €'000	2020 €'000
<b>Domestic</b>		
- Board	-	-
- Employees	6,163	6,682
<b>Non-Domestic</b>		
- Board	-	-
- Employees	15	10
<b>Total</b>	<b>6,178</b>	<b>6,692</b>

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

### (b) Professional Services Expenditure (by key area)

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

	2021 €'000	2020 €'000
Strategic Planning, Organisational Reform and Restructure	73	67
Legal and Human Resources	21	21
Financial and Taxation	17	6
Other (Including Health, Social Care and Business)	200	453
<b>Professional Services Expenditure Total</b>	<b>311</b>	<b>547</b>

### (c) Hospitality Expenditure

The Agency incurred no Hospitality expenditure in 2021 or 2020.

### (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:

	2021 €'000	2020 €'000
Legal Costs	15	47
Legal Settlements	12	28
<b>Total</b>	<b>27</b>	<b>75</b>

The total number of legal compensation (settlements) for the Agency during 2021 was two.

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

The total severance/termination payments expenditure for the Agency during 2021 was nil (2020: €123k). The Agency also granted no added years for pension purposes to staff members.

### Key Personnel Changes

The Board would like to express sincere thanks to all outgoing Board members for their dedication and valued contribution to the Agency since its inception on 1st January 2014. The Board would also like to welcome all newly appointed members in 2022.



**Pat Rabbitte**  
Chairperson  
15th June 2022

# Statement on Internal Control

This Statement on Internal Control for 2021, which was approved by the Board of Tusla, at its meeting on the 25th March 2022, 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 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 whilst 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 our legal, regulatory and governance obligations.

This Statement on Internal Control sets out how these duties and obligations have been carried out in 2021 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.

Significant work continued to be undertaken in 2021 across the organisation in prioritising the effectiveness of control structures and arrangements so that the system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, is continually enhanced and improved. This statement represents the position for the year ended 31st December 2021 and up to the date of approval of the financial statements.

## Capacity to Manage Risk

Tusla has three Board committees, including a Service and 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.

Tusla's Internal Audit function is provided by the Health Service Executive (HSE) Internal Audit and Internal Audit work is informed by analysis of risk, and the assurances required in key priority areas.

The Agency developed, and the Board has approved, a revised Interim Risk Appetite Statement on 26th March 2021. Risk is a regular Board agenda item. 2021 saw a continuation of risk management training, presentations, and workshops across the organisation as well as at Board level.

## 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 funds a number of arms-length agencies in multiple programme areas, including child welfare and protection, school completion programme, 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 heavily 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.

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, review, evaluation, and improvement processes.

The Senior Leadership Team (SLT), 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 SLT, individually and collectively, play 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 its 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 approved by the Board on 26th March 2021, undertook a further review of the implementation and of the Risk Management process on 29th October 2021. The ARC reviews the corporate risk register at each ARC meeting. Their 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 2021. The organisation wide survey to support the 2021 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 directors provided individual assurance assessments for their areas of responsibility. A further initiative is the provision a number of internal committees and working groups reports on a diverse range of areas, from procurement to external commissioning to service quality and residential care. 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, Board committees, the Chief Executive and the Senior Leadership 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 and 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 dedicated directorate structure with eight lead directors as part of overall organisational structure;

- Strategic planning and performance reporting process for the 2021-2023 Corporate Plan;
- A senior leadership sub-group focusing on 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) and the Board and committee assurance needs;
- Establishing and agreeing terms of reference and reporting obligations for internal executive committees, project teams and working groups with oversight by the Senior Leadership Team;
- 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 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 Senior Leadership 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;
- 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; and
- Procedures for determining and reporting significant control failures and ensuring appropriate corrective actions are tracked and implemented.

### Ongoing Monitoring and Review

Formal procedures have been established for monitoring and improving internal control processes. Internal Audit, through their program of audits approved by 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 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, and the Agency completed this in 2019.

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, it includes key risks and related controls, which have been identified and documented and processes 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 identified in 2021 and progress being made with 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 and overall assurance opinion on the control environment for 2021 was Limited. Individual areas identified are detailed below.

### Payroll Overpayments

The Agency has identified instances of payroll overpayments due to the manual nature of the time recording process. The Agency has put in place controls to mitigate the risks inherent in the manual process. The changes have led to a marked reduction in the occurrences in overpayments in 2020 and 2021. The number of instances fell again in 2021 to 148 (2020: 152; 2019: 232) and the overpayments year-on-year cumulative balance has also reduced from €0.99m in 2020 to €0.98m in 2021.

The Agency continues to focus on mitigating actions to address overpayments occurring and ensuring repayment plans are in place where they do occur.

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

Control weaknesses relating to the monitoring and oversight of agencies in receipt of exchequer funding have been identified over the years by the Office of the Comptroller and Auditor General, Internal Audit and the Commissioning Unit. To enhance governance and oversight of funded agencies, the Financial Compliance Unit and Commissioning Unit continue to develop robust processes and systems.

Weaknesses identified in 2021 and previous years have been actively managed and significant improvements have been made, and the Agency continues to push for the achievement of timely governance assurances provided to Tusla by all funded agencies. Based on our assessment and the results of Internal Audit completed in 2021, there remain ongoing control weakness and Tusla are addressing and will continue to actively address these control weaknesses with the grant aided agencies.

As part of this work and where an unsatisfactory audit or assessment occurs, the relevant funded agency is placed on a strict improvement programme with active monthly monitoring until all recommendations for improvement have been implemented.

### 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 travel and subsistence, cash allowance payments, and payments to Grant Aided Agencies remain mainly manual systems. However, Tusla's financial processes are transacted on one company code in SAP.

Work has continued by the HSE in 2021 to deliver a programme of change on a phased basis that incorporates People, Process and Technology. Due to a change in the HSE Programme timetable, Tusla is expected to commence migration in 2023 to the new Integrated Financial Management System (IFMS) under current Phase 1 deployment plans. Tusla is engaged in planning to ensure that it can capture maximum benefit from the implementation of the new system.

## Data Protection

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. Tusla views all data breach incidents very seriously and is committed to addressing the root causes of any systemic issues which have resulted in the occurrence of the data breaches and acknowledges that rectifications are required in order to prevent similar breaches occurring in the future.

A new GDPR Steering Group has been established to facilitate cross Agency integration and accountability. A dedicated programme of work has been put in place by Tusla to address the weaknesses in its systems and progress will be overseen by the Organisational Development Committee. The weaknesses identified included the transmission of sensitive personal data by post and email, issues related to redaction when sharing personal data and controls over data sharing.

Tusla actively engaged with the DPC to support its inquiry processes and is fully committed to implementing the required changes which will enable compliance with data protection legislation, including training and awareness raising initiatives across the Agency.

## Procurement

The Agency continues to improve its compliance with procurement regulations as set out in the 2016 Irish Regulations (EU Directive 2014/24) which is in line with internal policies and procedures and consistent with the Office of Government Procurement guidelines when purchasing with taxpayers' monies. As part of governance requirements, the Agency also adopts the Code of Practice for the Governance of State Bodies (Revised 2016) in ensuring that it is compliant with legislation. In instances where the regulations do not apply, for example, below threshold purchases and purchases that fall outside of the scope of procurement, the Agency continues to strive in achieving the best value for money.

The Agency will report €5.4m of non-compliant contracts that were entered into without a competition in 2021 (2020 €7.3m including Covid €948k).

In 2021, the Agency completed a number of key procurements. These contracts have an annual budget (excluding VAT) and include Residential Children Services of €88m; Legal Services of

€8m; ICT of €2.5m; GDPR of €2.4m and MACE (Multiple Adverse Childhood Experiences) cross-border interventions of €1.5m. In addition to this, the Agency commenced the tender process for Private Foster Care Services for €23m which concluded in February 2022 when contracts were awarded.

In late 2021, the Agency met with the Public Accounts Committee in relation to the actions being taken to address known challenges with compliance and those weaknesses have been outlined with proposed steps to be implemented in the Corporate Procurement Plan 2022 - 2024. As most of the Agency's purchases relate to children and family services, which are complex in nature and not straight forward in awarding a contract, senior management will continue to prioritise and address high risk service areas of procurement.

## Information and Communication Technology (ICT)

The HSE continues to provide ICT services to Tusla. These services incorporate hosting services, network management, information security and computer management. The HSE, a critical third-party provider, has identified in its SIC that internal audits have identified weaknesses in relation to security controls and disaster recovery protocols, particularly in relation to older and legacy systems. In the main, the systems utilised by Tusla are more current and less impacted by legacy issues, but where Tusla is dependent on these systems, these weaknesses may have an implication for the Agency's internal controls and the control environment. The Agency engages on an ongoing basis with the HSE which has indicated that it is committed to improving controls in respect of information and cybersecurity.

HSE has provided Tusla with a letter of assurance for 2021 over the internal controls that the HSE operates for ICT services provided.

The ICT Strategy 2018 and Data Management Strategy 2019-2022 are delivering an ambitious programme of work that will address control issues year on year over the lifetime of the new Tusla Corporate Plan 2021-2023, which includes the TuslaIRL Programme to develop its own ICT infrastructure, the NCCIS2 Programme to develop a new Enterprise Case Management System and the Cyber Security Programme to enhance all aspects of information security in line with ISO27001 Information Security Standard.

Following the HSE cyber-attack, the Tusla Board approved a plan in 2021 to expedite the existing programme, to migrate Tusla ICT systems away from the HSE network to Tusla's own dedicated ICT infrastructure. This migration programme is an initiative of the Tusla Data Management Strategy 2019-2022 and over 1,500 staff have been migrated to date and all remaining staff are scheduled to be migrated by the end of 2022. After the migration programme the only services that will remain shared with HSE are for SAP Financial and HR systems shared services. The cyber-attack reaffirmed the existing risks associated with sharing the HSE ICT infrastructure as stated on the Tusla corporate risk register and also validated the 2019 decision to progress the separation of Tusla's ICT infrastructure and data away from the HSE.

### HSE Cyber-Attack

The Agency relies upon the HSE ICT Department for support for its ICT systems. On Friday 14th May 2021, the HSE notified Tusla of a cyber-attack and ransom demand perpetrated by a criminal organisation outside of the State. As Tusla was almost entirely (90%) dependent on HSE ICT systems, the event necessitated the immediate shutdown of all Tusla systems to prevent further attacks. The attack did not result in any direct financial loss to Tusla. As part of our disaster recovery and business continuity protocols, a Crisis Management Team was put in place immediately by the CEO to direct the Agency's response.

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. This project was named Operation Shamrock and is working to provide a report detailing Tusla's understanding of the impact of the attack on Tusla controlled personal data.

Tusla is continuing to work with the relevant authorities, including An Garda Síochána and the National Cyber Security Centre, in an ongoing investigation into the cyber-attack. Tusla has also informed the Data Protection Commission, the DCEDIY, the Department of Education and the State Claims Agency of the implications for any identified exfiltration of data. Tusla is presently undertaking a detailed review of any documents that have been exfiltrated as part of the attack with a view to informing those affected in line with data protection and privacy law.

As payment systems were impacted by the attack, Tusla put in place alternative arrangements to pay foster carers and other urgent payments until normal services were restored. The disaster recovery arrangements for payroll were successfully deployed. Reconciliations were conducted in 2021 to assess if there was any loss due to payments which may have been misdirected due to the manual nature of the mitigations, and no material errors were detected.

### COVID-19

The onset of the COVID-19 pandemic from early 2020 had a significant impact on the Agency's business. The move to safe and secure remote working and uncertainties around continuity and sustainability of service levels occupied much of senior managements' time and energy. The immediate response to the pandemic was the establishment of a dedicated multi-disciplinary Crisis Management Team to co-ordinate decision-making and communications and to maintain and continue the close working relationship with the HSE and Government departments. Tusla's Board was kept informed and updated as necessary and inputted into key decisions which arose from the different scenarios and circumstances which evolved during 2020 and 2021. The priority has been to continue to ensure, to the greatest extent possible, that services were being delivered safely, and to the requisite standards, that uncertainties and risks were managed and importantly, that an effective control environment was and continues to be maintained.

Key controls over these processes remained substantially the same as they were pre-pandemic with increased communication levels, collaboration, and supervision to adapt to the challenge of remote working. Additional software controls and monitoring were implemented to mitigate the ICT risks from remote working, with associated guidance and awareness training for staff. Tusla's Board, Senior Leadership Team and management will keep the emerging situation under continual review.

The Agency took the decision to continue to fund all contracted agencies through 2020 and 2021 after considering the impact on planned service delivery agreements from COVID-19. This decision was made in the interest of maintaining contacts with vulnerable children and families as access to vulnerable children was severely impacted from the closure of schools and the

cessation of most normal services, professional and recreational, which would be relied on to support vulnerable children and families. Tusla also obtained significant support from funded organisations which were required to assist Tusla staff in priority essential work which had to be continued or supplemented during the phases of restrictive public health measures.

Tusla increased funding to Domestic, Sexual and Gender Based Violence Services (DSGBV) to provide additional emergency and support services due to increased service demand experienced in 2020 and 2021 including international evidence emerging as to the impact of the public health restrictions on domestic violence situations. The funding decisions were in line with Government wishes to ensure that services by the Community and Voluntary agencies dealing with vulnerable people were maintained, and to ensure that these agencies had certainty over funding through the pandemic. These decisions were all communicated with and updated to the relevant Department and Ministers.

## Other Prior Year Internal Control weaknesses

### Risk Management

A review of the Risk Management policy commenced in 2020 and was finalised and circulated in 2021. There is regular reporting to the Audit and Risk Committee on the Risk Management Framework in place within the Agency and a formal review by the full Board on an annual basis as set out in the Code of Practice for the Governance of State Bodies (Revised 2016). The Agency is not reporting Risk Management as a significant weakness for 2021.

### Travel and Subsistence

Management put in place a number of actions, including the issuing of standard operating procedures, in 2021 to mitigate specific weaknesses that had been identified in previous years, and progress on these will be overseen by the Audit and Risk Committee. The Agency launched MySelf Service HSE platform which incorporates an automated Travel and Subsistence module on 1st June 2022. The Agency is not reporting Travel and Subsistence as a significant weakness for 2021.

## Review of Effectiveness

For 2021, 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.

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 his 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 2021 at our meeting on 25th March 2022.



**Pat Rabbitte**  
Chairperson  
15th June 2022



# 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 2021 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 2021 and its income and expenditure for 2021.
- 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.

### Non-compliant procurement

The statement on internal control discloses that in 2021 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.

### HSE cyber-attack

The statement on internal control outlines the actions taken by the Agency in the aftermath of the cyber-attack in May 2021 and its ongoing work with the other relevant State bodies reviewing the impact of the attack.

**Seamus McCarthy**  
Comptroller and Auditor General  
16 June 2022

## Responsibilities of 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 31st December 2021

	Note	2021 €'000	2020 €'000
<b>Revenue Income</b>			
Department of Children, Equality, Disability, Integration and Youth (Vote 40, Subhead A3)		841,517	824,146
Department of Children, Equality, Disability, Integration and Youth (Vote 40, Other Subheads)	4	10,537	25,426
Other Revenue	4	3,055	2,771
Department of Education (Vote 26, Subhead A11.9)	4	36,507	-
<b>Total Revenue Income</b>		<b>891,616</b>	<b>852,343</b>
<b>Expenditure - Pay and Pensions</b>			
Wages and Salaries	6	273,674	264,083
Employer PRSI	6	26,687	25,509
Pensions	6	13,492	9,610
Agency Pay	6	11,983	13,359
<b>Total Pay and Pensions</b>		<b>325,836</b>	<b>312,561</b>
<b>Expenditure - Non-Pay</b>			
Foster Care and After Care Allowances	7	121,392	118,676
Independent Placement Provision	7	150,152	142,284
Community, Voluntary and Charitable Organisations	7	194,357	181,648
Legal Expenses and Guardian Ad Litem Costs	7	30,660	30,269
General Child Care Services	7	19,056	19,419
Office and Administration	7	37,667	36,613
<b>Total Non-Pay</b>		<b>553,284</b>	<b>528,909</b>
<b>Total Expenditure</b>		<b>879,120</b>	<b>841,470</b>
<b>Net Operating Surplus for the Year</b>		<b>12,496</b>	<b>10,873</b>

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 1-28](#) form part of the financial statements.



**Pat Rabbitte**  
Chairperson  
15th June 2022



**Bernard Gloster**  
Chief Executive Officer  
15th June 2022

## Statement of Capital Income and Expenditure for the Year Ended 31st December 2021

	Note	2021 €'000	2020 €'000
<b>Capital Revenue</b>			
Department of Children, Equality, Disability, Integration and Youth (Vote 40, Subhead A3)		16,579	16,894
		<b>16,579</b>	<b>16,894</b>
<b>Expenditure</b>			
Capital Expenditure on Child and Family Agency Capital Projects	14(b)	16,359	16,378
		<b>16,359</b>	<b>16,378</b>
<b>Net Capital Surplus for the Year</b>		<b>220</b>	<b>516</b>

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 1-28](#) form part of the financial statements.



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Chairperson  
15th June 2022



**Bernard Gloster**  
Chief Executive Officer  
15th June 2022

## Statement of Financial Position as at 31st December 2021

	Note	2021 €'000	2020 €'000
<b>Non-Current Assets</b>			
Property, Plant and Equipment	8	82,363	82,049
<b>Total Non-current Assets</b>		<b>82,363</b>	<b>82,049</b>
<b>Current Assets</b>			
Inventories	9	222	52
Trade and Other Receivables	10	11,354	8,792
Cash and Cash Equivalents	11	28,683	16,340
<b>Total Current Assets</b>		<b>40,259</b>	<b>25,184</b>
<b>Current Liabilities</b>			
Trade and Other Payables	12	(58,960)	(56,323)
<b>Total Current Liabilities</b>		<b>(58,960)</b>	<b>(56,323)</b>
<b>Net Current Liabilities</b>		<b>(18,701)</b>	<b>(31,139)</b>
<b>Creditors (amounts falling due after more than one year)</b>			
Restricted Contributions	13	(261)	(537)
<b>Total Net Assets</b>		<b>63,401</b>	<b>50,373</b>
Capitalisation Account		82,367	82,055
Capital Retained Reserves		798	578
Revenue Retained Reserves		(19,764)	(32,260)
<b>Capital and Reserves</b>		<b>63,401</b>	<b>50,373</b>

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 1-28](#) form part of the financial statements.



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Chairperson  
15th June 2022



**Bernard Gloster**  
Chief Executive Officer  
15th June 2022

## Statement of Changes in Reserves for the Year Ended 31st December 2021

	Capitalisation Account €'000	Capital Reserves €'000	Revenue Reserves €'000	Total €'000
<b>Balance at 1st January 2020</b>	<b>69,172</b>	<b>62</b>	<b>(43,133)</b>	<b>26,101</b>
Net Surplus for the year	-	516	10,873	11,389
Additions to non-current assets in the year	836	-	-	836
Less: Net Book Value of non-current assets disposed in the year	(52)	-	-	(52)
Less: Depreciation charge in the year	(4,673)	-	-	(4,673)
Add Revaluation in year 2020	16,772	-	-	16,772
<b>Balance at 31st December 2020</b>	<b>82,055</b>	<b>578</b>	<b>(32,260)</b>	<b>50,373</b>
<b>Balance at 1st January 2021</b>	<b>82,055</b>	<b>578</b>	<b>(32,260)</b>	<b>50,373</b>
Net surplus for the year	-	220	12,496	12,716
Additions to non-current assets in the year	2,478	-	-	2,478
Less: Depreciation charge in the year	(3,340)	-	-	(3,340)
Add Revaluation in Year as at 31st December 2021	1,174	-	-	1,174
<b>Balance at 31st December 2021</b>	<b>82,367</b>	<b>798</b>	<b>(19,764)</b>	<b>63,401</b>

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 1-28](#) form part of the financial statements.



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15th June 2022



**Bernard Gloster**  
Chief Executive Officer  
15th June 2022

## Statement of Cash Flows for the Year Ended 31st December 2021

	2021 €'000	2020 €'000
<b>Cash Flows from Operating Activities</b>		
Surplus for the current year (Revenue and Capital Account)	12,716	11,389
Adjustments For:		
Purchase of property, plant, and equipment	2,478	836
Increase in Inventories	(170)	(33)
Increase in Trade and other receivables	(2,562)	(1,316)
Increase/(Decrease) in Trade and other payables	2,635	(10,631)
<b>Net Cash Flow from Operating Activities</b>	<b>15,097</b>	<b>245</b>
<b>Cash Flows from Investing Activities</b>		
Purchase of property, plant, and equipment	(2,478)	(836)
(Decrease)/ Increase in Restricted Contributions	(276)	34
<b>Net Cash Flow from Investing Activities</b>	<b>(2,754)</b>	<b>(802)</b>
<b>Net Cash Flow from Financing Activities</b>	<b>-</b>	<b>-</b>
<b>Net Increase/(Decrease) in Cash and Cash Equivalents in the period</b>	<b>12,343</b>	<b>(557)</b>
Cash and Cash Equivalents at the beginning of the period	16,340	16,897
<b>Cash and Cash Equivalents at the end of the period</b>	<b>28,683</b>	<b>16,340</b>

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 1-28](#) form part of the financial statements.



**Pat Rabbitte**  
Chairperson  
15th June 2022



**Bernard Gloster**  
Chief Executive Officer  
15th June 2022

# 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 the Republic of Ireland issued by the financial reporting council in the UK, subject to the following exceptions specified by the Minister.

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 31st December 2021 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 either 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). In 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). 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 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 2021.

**(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 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. Tangible non-current assets are stated at historic cost less accumulated depreciation.

The Agency commenced a fixed asset revaluation programme in 2016 with the Valuation Office and the first phase of this process selected the highest valued buildings and the land portfolio. A material reduction in the value of these assets was determined and this was reflected in the 2016 financial statements following sanction by the Department of Children, Equality, Disability, Integration and Youth. The revalued assets had been transferred to the Agency from the HSE at

their holding net book value on 1st January 2014 under the Child and Family Agency Act 2013. Fixed assets with a total value of €76.3m were transferred on that date.

The Agency continued with this revaluation programme in 2021 and this generated a net increase of €4.1m in the value of the 10 assets selected. This increase has been reflected in these financial statements.

The Valuation Office has previously valued the buildings using depreciated replacement cost as per FRS 102 Revaluation Model 17.15B : “Under the revaluation model, an item of property, plant and equipment whose fair value can be measured reliably shall be carried at a revalued amount, being its fair value at the date of revaluation less any subsequent accumulated depreciation and subsequent accumulated impairment losses. Revaluations shall be made with sufficient regularity to ensure that the carrying amount does not differ materially from that which would be determined using fair value at the end of the reporting period.” Depreciated replacement cost is defined as the current cost of replacing an asset with its modern equivalent asset less any deductions for physical deterioration and all relevant forms of obsolescence and optimisation. As part of this method of valuation, the value of the land underlying the asset reflects the cost of a site suitable for the modern equivalent facility but not necessarily the actual site occupied by the existing asset. The assets not in use by the Agency are presumed to be available for disposal and have been valued by reference to the market value of comparable properties in each location. Depreciation of buildings is charged in the year after revaluation is completed.

On this basis, the Valuation Office valued the assets at €18,422,090. An increase in value of €4,105,966 is recognised in 2021 as set out below:

Land & Buildings	
Net Book Value at 31.12.2021 (Pre-revaluation)	14,316,124
Valuation at 31.12.2021 (Post-revaluation)	18,422,090
<b>(Decrease)/increase Current Year</b>	<b>4,105,966</b>
Adjustments for prior year revaluations	(2,932,561)
<b>Revaluation (Decrease)/increase</b>	<b>1,173,405</b>

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 & 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 1st 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 1st January 2013 are members of the Single Scheme. For the current financial year, the Child and Family Agency has 2,129 staff on the Single Scheme. Employee deductions under the Single Scheme are paid to Department of Public Expenditure 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 1st 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. There were no judgements required that had a significant effect on amounts recognised in the financial statements for 2021.

**NOTE 2 Board Members' Fees**

	2021 €	2020 €
<b>Fees Payable</b>		
Pat Rabbitte	20,520	20,520
Paul White	11,970	11,970
Deirdre Kiely	11,970	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
<b>Total Board Members' Fees</b>	<b>104,310</b>	<b>104,310</b>

\*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**

	2021 €	2020 €
<b>Travel and Subsistence Expenses</b>		
Avril McDermott	109	24
Sean Holland	-	152
<b>Total Board Members' Expenses</b>	<b>109</b>	<b>176</b>

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**

	2021 €'000	2020 €'000
1. Subhead B4 - Early Years Pre-School Inspectorate	5,427	4,401
2. Subhead C5 - Children and Young People's Services Committees	1,757	1,796
3. Subhead C5 - Domestic, Sexual and Gender Based Violence (DSGBV)	223	-
4. Subhead B8* - Family Resource Centres and Barnahus project	1,000	618
5. Subhead B8* - Outcomes for Children/QCBI	-	197
6. Subhead B8* - TESS/School Completion Programme	100	765
7. Subhead B7 - Area Based Childhood Programme	234	9,387
8. Subhead B8* - Adoption	200	262
9. Subhead A6 - COVID-19 Additional Funding	-	8,000
10. Subhead B8* - Fostering in Roma and Traveller Communities	275	-
11. Subhead C5 - Children's First Awareness Week	90	-
12. Subhead B8* - Education Champions	459	-
13. Subhead B8* - Education Supports for Children in Care and Separated Children Seeking International protection	772	-
<b>Total Other Revenue</b>	<b>10,537</b>	<b>25,426</b>

\* All Funding listed under the above Subheads B8 relates to funding provided from the Dormant accounts funds.

1. 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.
2. Funding of Children and Young People’s Services Committees (CYPSC) – CYPSCs are a key structure identified by government to plan and coordinate services for children and young people in every county in Ireland.
3. Funding for Domestic, Sexual and Gender Based Violence (DSGBV) – 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).
4. 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.
5. Funding of 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.
6. Dormant account funding for Tusla Education Support Service (TESS).
7. Funding of the Area Based Childhood (ABC) Programme – Funding for the year 2020 in respect of the ABC Programme was €9.4m and for the year 2021 is classified in the financial statements under Subhead A3. 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.
8. Adoption – Additional funding sourced from Dormant account funds for specific projects provided by Barnardos.
9. Covid-19 – The year 2021 additional funding is classified in the financial statements under subhead A3
10. Funding provided 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.
11. Funding 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. It was run in conjunction with the Government Information Service and hosted on Gov.ie.
12. Additional funding provided by DCEDIY in order to provide for additional educational needs of young people in care or aftercare.
13. 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, focussed educational support to allow them to catch up with their peers and succeed in the Irish education system.

**(b) Other Income**

	2021 €'000	2020 €'000
EU Income Special Projects	300	692
Secondment Income	1,439	1,022
Other Specific Project Funding Income	297	394
Early Years Income	174	128
Miscellaneous Income	845	491
Refund of Overclaimed Expenses	-	44
<b>Total Other Revenue</b>	<b>3,055</b>	<b>2,771</b>

**(c) COVID-19 Funding and Expenditure**

	2021 €'000	2020 €'000
Income Received	-	8,000
<b>Expenditure</b>		
Pay	(1,149)	(1,431)
Non Pay	(7,682)	(6,442)
<b>Total Expenditure</b>	<b>(8,831)</b>	<b>(7,873)</b>

No separate subhead additional funding was provided for Covid-19; instead it was included within A3 subhead income received in 2021. The balance of €127k surplus from 2020 is included in the overall surplus for the Agency.

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

	2021 €'000	2020 €'000
Income Received	36,507	-
<b>Expenditure</b>		
Pay	(9,184)	-
Non-Pay	(727)	-
School Completion Programme Grants (SCP)	(25,861)	-
School Completion Programme (SCP) Counselling Grants	(234)	-
<b>Total Expenditure</b>	<b>(36,006)</b>	<b>-</b>
<b>Surplus at 31st December 2021</b>	<b>501</b>	<b>-</b>

## NOTE 5 Pay and Pensions

### (a) CEO Remuneration

	2021 €'000	2020 €'000
<b>CEO Remuneration</b>		
Chief Executive Officer (CEO) Remuneration (Mr Bernard Gloster) Gross Pay	182	180
<b>CEO Travel and Subsistence</b>		
Chief Executive Officer (CEO) Travel Costs (Mr Bernard Gloster)	2	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) Senior Key Management Personnel

Including the remuneration of the Chief Executive Officer detailed in **NOTE 5 (a)**, the total remuneration for all senior key management personnel is €1.218m for the 2021 financial year (2020: €1.17m). Key management personnel in the Agency consisted of the Board, CEO and members of the Senior Management Team reporting to the CEO.

### (c) Termination Benefits

	2021 €'000	2020 €'000
Termination benefits charged to the Income and Expenditure Account	-	123
<b>Total Termination Benefits</b>	<b>-</b>	<b>123</b>

There were no termination benefits charged to the income and expenditure account for the year ended 31st December 2021.

The Agency granted no added years for pension purposes to staff members.

**NOTE 6 Employments**

	2021 €'000	2020 €'000
<b>Summary Analysis of Pay Cost</b>		
Basic Pay	263,043	248,409
Holiday Pay Accrual	(961)	4,058
Allowances	2,077	2,121
Overtime	1,179	968
Night Duty	1,805	1,725
Weekends	4,654	4,860
On-Call	1,577	1,317
Arrears	300	625
<b>Subtotal Pay</b>	<b>273,674</b>	<b>264,083</b>
Employer PRSI	26,687	25,509
<b>Employer PRSI</b>	<b>26,687</b>	<b>25,509</b>
Agency Pay	11,632	12,801
Secondment Charges	351	558
<b>Agency Pay</b>	<b>11,983</b>	<b>13,359</b>
Pensions*	13,492	9,610
<b>Total Pay and Pensions</b>	<b>325,836</b>	<b>312,561</b>
	<b>2021 €'000</b>	<b>2020 €'000</b>
<b>*Analysis of Pensions</b>		
Ongoing Pension Payments	7,880	6,194
Once-Off Lump Sums and Gratuity Payments	5,552	3,224
Death Gratuities	60	192
<b>Total Pensions</b>	<b>13,492</b>	<b>9,610</b>

During 2021, €8.02m (2020: €7.81m) was deducted for Additional Superannuation Contribution (ASC) from the Child and Family Agency's staff.

During 2021, €0.608m (2020: €0.58m) 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 and Reform.

The number of employees by Area of Operation was as follows in whole time equivalents (WTEs) at 31st December 2021:

	2021 WTE	2020 WTE
Social Work	1,669	1,669
Social Care	1,200	1,256
Psychology and Counselling	29	33
Other Support Staff including Catering	42	44
Other Health Professionals	176	173
Nursing	6	6
Family Support	133	133
Educational and Welfare Officer	112	110
Admin Grades 3 to 7	982	955
Management Grade 8 and above	230	218
<b>Total Child and Family Agency employees</b>	<b>4,579</b>	<b>4,597</b>

The headcount of staff at 31st December 2021 was 5,069 staff and at 31st December 2020 was 5,090. These values do not include agency staff. Includes Department of Education funded posts for TESS and AEARS headcount of 150, WTE of 142 to the value of €9.184m

**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 DPER circular 13/2014.

From / To	2021	2020
€60,000 - €69,999	862	786
€70,000 - €79,999	276	304
€80,000 - €89,999	201	155
€90,000 - €99,999	47	64
€100,000 - €109,999	38	29
€110,000 - €119,999	17	13
€120,000 - €129,999	3	1
€130,000 - €139,999	-	2
€140,000 - €149,999	-	-
€150,000 - €159,999	1	-
€160,000 - €169,999	-	-
€170,000 - €179,999	-	-
€180,000 - €189,999	1	1
	<b>1,446</b>	<b>1,355</b>

**NOTE 7 Non-Pay Expenditure**

	2021 €'000	2020 €'000
<b>Fostering Care and After Care Allowances</b>		
Statutory Foster Care Allowances	86,400	88,197
After Care Allowances	26,937	24,476
Other Care Allowances	8,055	6,003
<b>Total Foster Care and After Care Allowances</b>	<b>121,392</b>	<b>118,676</b>

	2021 €'000	2020 €'000
<b>Independent Placement Provision</b>		
Foster Care Provision	24,705	23,675
Separated Children Seeking International Protection	3,600	3,633
Residential Provision	121,847	114,976
<b>Total Independent Placement Provision</b>	<b>150,152</b>	<b>142,284</b>

	2021 €'000	2020 €'000
<b>Community, Voluntary and Charitable Organisations Section</b>		
56 - Section 59 Arrangements (461 payees) (Appendix 1)	141,390	131,282
Schools Completion Programme (104 payees) (Appendix 2)	25,861	24,068
Family Resource Centre (122 payees) (Appendix 3)	20,308	19,501
Family Support Service Counselling (276 payees) (Appendix 4)	6,798	6,797
<b>Total Community, Voluntary and Charitable Organisations</b>	<b>194,357</b>	<b>181,648</b>

NB: As some entities are funded through multiple streams, the total number of individual entities funded was 658.

	2021 €'000	2020 €'000
<b>Legal Expenses and Guardian Ad Litem Costs</b>		
Child and Family Agency Legal Services	13,077	14,776
Guardian Ad Litem Costs*	7,898	7,818
Guardian Ad Litem Legal Fees*	6,107	6,289
Third Party Legal Costs	3,419	1,318
Other Legal Costs	159	68
<b>Total Legal Expenses and Guardian Ad Litem Costs</b>	<b>30,660</b>	<b>30,269</b>

\*Guardian 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.

	<b>2021</b> <b>€'000</b>	<b>2020</b> <b>€'000</b>
<b>General Childcare Services</b>		
Medical Costs	1,193	1,045
Therapy/Psychology Costs	5,088	4,112
Transport Costs	1,020	822
Recreation Costs	553	715
Heat, Power and Light	1,722	1,575
Cleaning and Waste Disposal	2,211	2,532
Furniture, Crockery and Hardware	672	1,425
Bedding and Clothing	239	1,020
Security and Alarm Costs	1,541	1,465
Vehicle Costs	543	554
Catering and Provisions	1,565	1,616
Creative Community Alternatives (CCA)	2,070	1,638
Other Sundry Expenses	639	900
<b>Total General Childcare Services</b>	<b>19,056</b>	<b>19,419</b>

	<b>2021</b> <b>€'000</b>	<b>2020</b> <b>€'000</b>
<b>Office and Administration</b>		
Rent and Rates	9,738	9,802
Maintenance	1,373	1,632
Lease Interest, Bank Interest and Charges	25	13
Prompt Payment Interest and Compensation	198	93
Administrative Fines*	-	85
Insurance	545	495
Audit Fees	105	102
Professional Services	4,665	4,165
Bad and Doubtful Debts	268	(41)
Education and Training	1,436	1,350
Travel and Subsistence	6,178	6,692
General Office Expenses	2,543	3,907
Printing, Postage and Stationery	1,932	1,733
Telecoms	3,007	2,824
Computers and Systems Maintenance	5,451	3,603
Membership, Licenses and Subscriptions	203	158
<b>Total Office and Administration</b>	<b>37,667</b>	<b>36,613</b>

\*Administrative fines charged to Tusla from Data Protection Commission for data breach investigations conducted in 2019.

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

	Land & Buildings €'000	Plant & Equipment €'000	Total €'000
<b>Cost/Valuation</b>			
At 1st January 2021	95,945	12,925	108,870
Additions in the Year	1,920	558	2,478
Transfers from Work in Progress	-	-	-
Revaluation 2021 (NOTE 1 (I))	1,174	-	1,174
Disposals	-	(5)	(5)
<b>Balance at 31st December 2021</b>	<b>99,039</b>	<b>13,478</b>	<b>112,517</b>
<b>Depreciation</b>			
At 1st January 2021	(15,432)	(11,389)	(26,821)
Charge for the Year	(2,354)	(984)	(3,338)
Disposals	-	5	5
<b>Balance at 31st December 2021</b>	<b>(17,786)</b>	<b>(12,368)</b>	<b>(30,154)</b>
<b>Net Book Values</b>			
<b>Balance at 31st December 2021</b>	<b>81,253</b>	<b>1,110</b>	<b>82,363</b>
<b>Balance at 31st December 2020</b>	<b>80,513</b>	<b>1,536</b>	<b>82,049</b>

The Agency commenced a fixed asset revaluation programme in 2016 with the Valuation Office and the first phase of this process selected the highest valued buildings and the land portfolio **€4.7m** of the buildings remains to be revalued.

## NOTE 9 Inventories

	2021 €'000	2020 €'000
Inventory of Consumable Items	222	52
<b>Total Inventories</b>	<b>222</b>	<b>52</b>

## NOTE 10 Trade and Other Receivables

	2021 €'000	2020 €'000
Prepayments	4,045	3,978
<b>Other Receivables</b>		
Payroll Technical Adjustment	1,845	1,845
Superannuation and ASC Income Accrual Account	1,438	990
Payroll Overpayments	998	990
Sundry Receivables	3,976	1,701
Guardian Ad Litem VAT Refunds	5	5
<b>Gross Receivables</b>	<b>12,307</b>	<b>9,509</b>
Less: Provision for Doubtful Debts	(953)	(717)
<b>Total Receivables</b>	<b>11,354</b>	<b>8,792</b>

**NOTE 11 Cash and Cash Equivalents**

	2021 €'000	2020 €'000
Bank	28,661	16,322
Cash and Cash Equivalents	22	18
<b>Total Cash and Cash Equivalents</b>	<b>28,683</b>	<b>16,340</b>

**NOTE 12 Trade and Other Payables**

	2021 €'000	2020 €'000
Trade Payables (Revenue Account)	3,041	1,420
Trade Payables (Capital Account)	59	99
Accruals Non-Pay (Revenue Account)	19,269	21,947
Accruals Foster Care and Foster Care Allowances	1,804	2,087
Accruals Independent Placement Provisions	3,632	2,273
Sundry Payables	1	-
<b>Total Trade Payables</b>	<b>27,806</b>	<b>27,826</b>
	2021 €'000	2020 €'000
Accruals Pay	14,958	11,745
Holiday Pay Accrual	5,942	6,904
Taxes and Social Welfare	10,254	9,848
<b>Total Other Payables</b>	<b>31,154</b>	<b>28,497</b>
<b>Total Trade and other Payables</b>	<b>58,960</b>	<b>56,323</b>

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

	2021 €'000	2020 €'000
<b>Opening Balance at 1st January 2021</b>	<b>537</b>	<b>503</b>
Income Received	149	1,127
Expenditure	(425)	(1,093)
<b>Closing Balance at 31st December 2021</b>	<b>261</b>	<b>537</b>

**NOTE 14 Capital Expenditure****(a) Additions to Non-Current Assets in the Year**

	2021 €'000	2020 €'000
Property	1,920	78
Plant and Equipment	558	758
	<b>2,478</b>	<b>836</b>
Funded from DCEDIY Capital Vote 40	2,404	742
Funded from DCEDIY Revenue Vote 40	74	94
	<b>2,478</b>	<b>836</b>

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

	2021 €'000	2020 €'000
Expenditure on the Child and Family Agency's own assets (Capitalised)	1,283	836
Expenditure on the Child and Family Agency's projects (Non-Capitalised)	15,076	15,542
<b>Total Expenditure on Child and Family Agency's Projects charged to Capital</b>	<b>16,359</b>	<b>16,378</b>
<b>Total Capital Expenditure per Capital Income and Expenditure Account</b>	<b>16,359</b>	<b>16,378</b>

**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 2021 was €13.5m (2020 : €9.6m), which included payments in respect of one-off lump sums and gratuity payments on retirement of €5.6m (2020 : €3.4m).

**NOTE 16 Capital Commitments****Future tangible non-current assets purchase commitments:**

	2021 €'000	2020 €'000
Within one year	18,500	18,676
After one year but within five years	-	-
After five years	-	-
	<b>18,500</b>	<b>18,676</b>
Contracted for but not provided in the financial statements	7,115	10,489
Included in the Capital Plan but not contracted for	11,385	8,187
<b>Total Future Tangible Non-Current Assets Purchase Commitments</b>	<b>18,500</b>	<b>18,676</b>

**NOTE 17 Properties**

Properties were transferred to the Child and Family Agency on establishment at 1st 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.

**The Child and Family Agency estate comprises the following:**

	2021 No. of Properties	2020 No. of Properties
Freehold Properties	84	84*
Leasehold	135	130
<b>Total Number of properties</b>	<b>219</b>	<b>214</b>

\*Prior year property figures were individually counted and are amended to be counted as one full property site from 2021.

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

The Child and Family Agency had total commitments under non-cancellable operating leases as detailed below:

	2021 Land and Buildings	2021 Other €'000	2020 Land and Buildings	2020 Other €'000
Within one year	6,629	-	6,142	-
In the second to fifth years inclusive	21,334	-	19,893	-
In over five years	34,417	-	35,298	-
	<b>62,380</b>	<b>-</b>	<b>61,333</b>	<b>-</b>

Operating lease payments recognised as an expense in 2021 were €8.3m.

## 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 31st December 2021 is €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 2021, the Agency paid €18k (2020: €15k) 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 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 States Claims Agency identified the claims that relate to the Child and Family Agency from the overall liability managed by the State Claims Agency relating to Tusla and the HSE. The outstanding liability relating to Tusla, estimated by the State Claims Agency as at 31st December 2021, was €67m (2020: €62m). The finalised claims cost charged in 2021 was €2.43m (2020: €6.09m). The Child and Family 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 14th 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.

Tusla is also continuing to work with the relevant authorities, including An Garda Síochána and the National Cyber Security Centre, in an ongoing investigation into the cyber-attack and is presently undertaking a detailed review of any documents that have been exfiltrated as part of the attack with a view of informing those affected in line with data protection and privacy law. It is not possible to estimate any potential liability that may arise from this criminal event.

### **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 €318k for payroll services in 2021, 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 2021.

#### **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 Cyber-Attack

The Agency relies upon the HSE ICT Department for support for its ICT systems. On Friday 14th May 2021, the HSE notified Tusla of a cyber-attack and ransom demand perpetrated by a criminal organisation outside of the State. As Tusla was almost entirely (90%) dependent on HSE ICT systems, the event necessitated the immediate shutdown of all Tusla systems to prevent further attacks. The attack did not result in any direct financial loss to Tusla. As part of our disaster recovery and business continuity protocols, a Crisis Management Team was put in place immediately by the CEO to direct the Agency's response.

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. This project was named Operation Shamrock and is working to provide a report detailing Tusla's understanding of the impact of the attack on Tusla controlled personal data.

Tusla is continuing to work with the relevant authorities, including An Garda Síochána and the National Cyber Security Centre, in an ongoing investigation into the cyber-attack. Tusla has also informed the Data Protection Commission, the DCEDIY, the Department of Education and the State Claims Agency of the implications for any identified exfiltration of data. Tusla is presently undertaking a detailed review of any documents that have been exfiltrated as part of the attack with a view of informing those affected in line with data protection and privacy law.

It is not possible to assess at this time whether there will be any future financial liability in relation to this matter.

## NOTE 27 COVID-19

The onset of the COVID-19 pandemic from early 2020 had a significant impact on the Agency's business. Note 4(C) highlights the associated costs to the Agency. The Agency increased funding to Community and Voluntary Agencies Domestic to provide additional emergency and support services due to increase service demand experienced in 2020 and 2021, including international evidence emerging as to the impact of the public health restrictions on domestic violence situations. The funding decisions were in line with Government wishes to ensure that services by the Community and Voluntary agencies dealing with vulnerable people were maintained, and to ensure that these agencies had certainty over funding through the pandemic. These decisions were all communicated with and updated to the relevant Department and Ministers.

In 2022 staff and services are returning to normal levels however, the Agency continues to follow public health guidelines to ensure safety of staff and clients.

## NOTE 28 Approval of Financial Statements

The financial statements were approved by the Board 27th May 2022

## Summary by Grant Type, Service and Region

	2021 €'000	2020 €'000
Regional Service Level Agreements	64,582	65,442
Domestic, Sexual and Gender Based Violence (DSGBV)	29,592	25,606
Residential Services	23,045	22,782
Area Based Childhood Programme (ABC)	8,872	8,316
Creative Community Alternatives (CCA)	5,455	5,003
National Grants	7,387	2,258
Adoption	954	925
Children and Young Peoples Services Committees (CYPSC)	483	620
Quality and Capacity Building Initiative (QCBI)	-	-
National Early Years	122	122
Irish Refugee Programme	-	208
Disability Grants	898	-
<b>Total Section 56</b>	<b>141,390</b>	<b>131,282</b>
School Completion Programme	25,861	24,068
Family Resource Centres	20,308	19,501
Family Support Service Counselling Payments	6,798	6,797
<b>Total Other</b>	<b>52,967</b>	<b>50,366</b>
<b>Total Grant Payments</b>	<b>194,357</b>	<b>181,648</b>

## Appendix 1

	2021 €'000
<b>Section 56 - Section 59</b>	
Total Payments less than €50,000	2,991
<b>Payments equal to or greater than €50,000</b>	
Barnardos	9,650
Extern Ireland	7,521
Peter McVerry Trust	6,060
Daughters of Charity Child and Family Services	5,637
Foróige	4,845
Focus Ireland	3,823
Youth Advocate Programmes (YAP)	3,683
Don Bosco Care	3,233
Empowerment Plus	2,777
Traveller Families Care	2,604
Sonas Domestic Violence Charity	2,406
St Bernard's Children's Services	2,380
St Laurence O'Toole Catholic Social Care (Crosscare)	2,362
Smyly Trust Services	2,196
Saoirse Housing Association	2,059
Home Again	1,997
Bessborough Centre	1,848
Cottage Home Child and Family Services	1,747
Dublin Rape Crisis Centre	1,731
Good Shepherd Cork	1,677
Tallaght West Childhood Development Initiative (CDI)	1,556
Cope Galway	1,510
Empowering People in Care (Epic)	1,388
Adapt Domestic Abuse Services	1,262
Aoibhneas Ltd	1,256
Kildare Youth Services	1,213
Clarecare	1,192
Arlington Novas Ireland	1,110
Limerick Social Service Council	1,096
Carr's Child and Family Services	1,042
Northside Partnership	984
Paul Partnership Limerick	901
Clondalkin Behavioural Initiative Ltd (Archways)	860
Women's Aid	860
Clare Haven Services	859
Sherrard House	846
Galway Rape Crisis Centre	839
Early Learning Initiative, National College of Ireland	836

Safe Ireland National Social Change Agency	797
Streetline Ltd	787
Amber Women's Refuge Company	776
Women's Aid Dundalk	752
Oasis Housing Association	718
Huruma (Wellsprings)	696
Sligo Leitrim Home Youth Liaison Service	678
Louth Leader Partnership	675
The Shanty Educational Project (An Cosán)	672
Adapt Kerry	666
Technological University (TU) Dublin	665
Let's Grow Together! Infant and Childhood Partnerships	661
Irish Society for the Prevention of Cruelty to Children (ISPCC)	653
Bray Women's Refuge Housing Association	652
Springboard Project	642
Meath Women's Aid Housing Association	623
Donegal Domestic Violence Services	622
Irish Foster Care Association	615
Cuan Saor Women's Refuge	615
Young Ballymun	597
Teach Tearmainn Housing Association Company	597
Youth New Ross	560
Lifestart Services	560
Cloyne Diocesan Youth Services	554
Ballyfermot Chapelizod Partnership	546
Wexford Women's Refuge	544
Cuanlee	541
Drogheda Women and Children's Refuge	541
Rehab Group	529
Athlone Community Services Council	505
Rape Crisis Midwest	505
Meath Springboard Family Support Services	505
North Tipperary Community Services	504
Active Connections	436
Daughters of Charity Community Services	435
St Catherine's Community Services Centre	429
Bray Area Partnership	429
Domestic Violence Advocacy Service	379
Darndale Belcamp Integrated Childcare Service	376
Lifestart Supporting Parents	375
Limerick Youth Service	362
Amen Support Services	357
The CARI Foundation	356
Our Lady's Nursery Ballymun	356
PACT	354

Aster Family Support	349
North Clondalkin Integrated Family School Project	344
Praxis Care Group	341
Cork Rape Crisis Centre	341
Cruthu Foundation	340
Mercy Family Centre	335
St Brigid's Day Nursery	333
St Helena's Childcare Centre	323
Co. Wicklow Community Partnership	320
West Cork Women Against Violence	316
Rape Crisis and Sexual Abuse Counselling Sligo Leitrim and West Cavan	306
Finn Valley FRC	304
Teach Oscail Resource Project	304
Wexford Rape and Sexual Abuse Support Services	303
Rape Crisis North East	292
Kerry Rape and Sexual Abuse Centre	289
Blakestown and Mountview Neighbourhood Youth Project	282
Ballymun Day Nursery	276
North Tipperary Development Company	268
Yana North Cork Domestic Violence Project	267
St Louise's Day Nursery	265
Ballyfermot Centre For Children, Young People and Families	262
Offaly Domestic Violence Support Services	257
St Brigid's Family and Community Centre	256
Carlow and South Leinster Rape Crisis Centre	249
Edenmore Daycare Nursery	247
The Men's Development Network	247
Donegal Sexual Abuse and Rape Crisis Centre	244
St Vincent's Day Nursery	242
New Communities Partnership	242
Donegal Youth Service	240
Waterford Rape and Sexual Abuse Centre	237
Sligo Springboard	237
Deansrath Family Centre	237
Salvation Army	234
Laois Support Services Against Domestic Abuse	234
Mayo Rape Crisis Centre	228
Togher Family Centre	228
North-West Inner City Family School Project	215
Tearmann Housing Association	214
Longford Women's Link	212
Bonnybrook Day Nursery Centre	207
Alcohol Forum Ireland	206
Kilkenny Rape Crisis Centre	203
Kilkenny Community Early Years Project	200

Mahon FRC	200
Mead Day Nursery	195
Tipperary Rape Crisis Centre	194
Teach Na Daoine FRC	190
Gorey Youth Needs Group	188
Cox's Demense Youth and Community Project	184
My Project Minding You	181
Domestic Violence Information Resource Centre (OSS Cork)	180
Goldenbridge Early Childhood Development Service	177
Sligo FRC	177
Vita House Services	174
School of Social Work and Social Policy, Trinity College Dublin (TCD)	169
Cork Life Centre	165
Donegal Women's Centre	163
Tir Boghaine Cuideachta Faoi Theorainn Ráthaíochta	161
Carlow Women's Aid	158
Roscommon Safelink	156
Bluestack Special Needs Foundation Ltd	156
Cork City Childcare	153
The Marian Centre	152
Cork Anti-Poverty Resource Network	152
Carlow Regional Youth Services	149
Newbury House Family Centre	148
Coiste Aiseanna Na Hoige Teo	147
Dublin Travellers Education and Development Group	147
First Steps Rowlagh	146
Domestic Violence Response	143
One In Four Ireland	141
Tullamore Rape Crisis Centre	141
Clonmel Community Mothers	139
Ballinrobe FRC	138
Athlone Midland Rape Crisis Centre	138
Anew Support Services	136
Kilbarrack-Foxfield Nursery Centre	134
St Anne's Day Nursery	132
Westmeath Support Services	131
Doras Bui A Parent Alone Resource Centre	129
Phoenix Community Resource Centre	129
Moatview Nursery Early Education Centre	124
Tipperary Regional Youth Service	123
ECCE and Play Early Childhood Ireland	122
Candle Community Trust	120
St Michael's Family Centre	117
Hill Street FRC	115
Ballyboden Children's Centre	111

Clare Youth Service	111
Ballyhaunis FRC	110
Letterkenny Youth and Family Service	105
Genesis Psychotherapy and Family Therapy Services	99
Lifestyle Development Group	98
Niche Health Project (Cork)	98
Ferns Diocesan Youth Service	97
National Council of YMCAs Ireland	97
Crann Support Group	95
PMVT Learning Centre Carline	95
Treoir the National Federation of Services for Unmarried Parents and their Children	94
Family Resource Centre - Inchicore Domestic Violence	92
Kinsale Youth Support Services	90
Carrigtwohill FRC	90
Focus FRC	90
Parentline	89
Cobh FRC	88
Clones FRC	84
Carrick-On-Shannon Family Life Centre	84
Boyle FRC	83
Westmeath Community Development	83
Clonmel Community Resource Centre	81
Sligo County Child Care Committee	81
Compass Child and Family Services	80
Kerry Family Resource and Counselling Centre	79
Roscommon Integrated Development	78
Leitrim Integrated Development Company	78
YMCA Ireland Pakt Programme Blarney	78
Dunmanway FRC	76
Headstart Pre-School	73
Northside FRC	72
Southside Partnership DLR	71
Galway Regional Youth Federation	70
Rialto Springboard Project	69
Young People at Risk (YPAR)	67
Blanchardstown Home-Start	67
Ballina FRC	67
Shanakill FRC	63
Sligo Centre For Independent Living	63
UNESCO Child and Family Research Centre	63
Skibbereen Community and FRC	62
Inishowen Development Partnership	62
Galway Simon Community	60
Knockanrawley Resource Centre	60
Kerry Travellers Health and Community Development Project	59

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Before 5 Family Centre	58
Forum Connemara	57
Inspire Wellbeing	56
Society of St Vincent de Paul	55
St Canice's Community Action	55
Leitrim County Childcare Committee	54
Curam Clainne	54
Golf Course Road Westport Community Centre	54
Ballincollig Family Centre	53
Parents First (Laois/Offaly)	52
Cherish	52
Mountmellick Youth and FRC	52
Southend FRC	51
Hospital FRC	51
St Audoen's Pre-School	50
<b>Total</b>	<b>141,390</b>

## Appendix 2

	2021 €'000
<b>Schools Completion Programme Payments</b>	
Total Payments less than €50,000	93
<b>Payments equal to or greater than €50,000</b>	
City of Dublin ETB	1,464
Kildare and Wicklow ETB	1,262
Donegal ETB	779
Cork ETB	729
Cavan and Monaghan ETB	701
Kilkenny and Carlow ETB	647
Louth and Meath ETB	624
Galway Roscommon ETB	502
Liberties D8 SCP	407
Ballymun SCP	382
Mayo Sligo and Leitrim ETB	378
North West City ESL SCP	374
Dublin and Dun Laoghaire ETB	357
Ballyfermot D SCP	350
School Completion Programme Dublin 1 and 7	326
Sligo SCP	309
Waterford SCP	309
Jobstown SCP	307
Tipperary ETB	295
Collinstown Park SCP	276
Dundalk SCP	270
Ennis SCP	269
Bantry and Dunmanway SCP	269
Le Cheile SCP	260
Coolock D17 SCP	259
Business in the Community Ireland	258
Driminagh Bluebell Inchicore SCP	253
Treoir the National Federation of Services for Unmarried Parents and their Children	252
Mahon Blackrock SCP	252
Tullamore SCP	251
Ccs North Inishowen SCP	250
Iscoil	250
Deeside SCP (Ardee)	240
Southill SCP	239
Smile SCP	236
Cabinteely Community School SCP	235
Foróige	234
Gorey SCP	227

Deis Scop SCP	227
Longford SCP	226
Donaghmede/Ayrfield/Edenmore SCP	226
Mayfield/The Glen SCP	225
Killinarden SCP	225
Dublin 5 SCP	224
Old Bawn/St Dominic's SCP	224
Laois and Offaly ETB	223
Aisling Project	223
Bookfield/Fettercairn SCP	217
Quarryvale Balgaddy SCP	212
Greenhills SCP	211
Blakestown Mountview SCP	208
South Clondalkin SCP	205
Enniscorthy Bunclody SCP	201
Edenmore Kilbarrack Raheny SCP	200
Cdh School Completion Programme	198
St Oliver's Clonmel SCP	197
Sstay Sexton Street SCP	196
An Clar Criochnu Scoile	194
St Mark's / St Maelruain's SCP	193
Tullow SCP	190
Limerick and Clare ETB	187
Caritas SCP	186
Galway City Westside SCP	186
St Finian's SCP	183
Link North Kerry SCP	182
South West Wexford SCP	182
Athlone SCP	182
East Tallaght SCP	179
Finglas C SCP	178
Crumlin Cluster SCP	177
Mounttown Sallynoggin SCP	177
Steps SCP	176
Dublin North Central SCP	175
Tipperary Town SCP	171
Bridgetown SCP	170
Palmerstown SCP	170
Kerry ETB	168
Tofe SCP	167
Wexford SCP	167
St Michael's Secondary School	164
Mullingar SCP	161
Coolock SCP	157
Balally Dundrum SCP	155
Edenderry SCP	154

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Swords SCP	149
Dungarvan SCP	149
Pairc SCP	149
Drogheda Northside SCP	143
Synge Street SCP	138
Ballinteer D16 SCP	132
St Canice's Community Action	132
Kilrush SCP	128
Roscrea Birr SCP	105
Connemara North and West SCP	97
Croom Kilmallock SCP	95
South Meath SCP	85
Barnardos	71
St Ultan's Childcare Project	59
Brill FRC	55
<b>Total</b>	<b>25,861</b>

## Appendix 3

	2021 €000's
<b>Family Resource Centre Payments</b>	
Total Payments less than €50,000	-
<b>Payments equal to or greater than €50,000</b>	
Curragh Pride FRC	539
FRC National Forum	295
Fatima Groups United	247
Northside FRC	245
Ardaun Roscam Doughiska FRC	243
Aster Family Support	235
St Andrew's Resource Centre	226
Portlaoise Community and FRC	219
Teach Oscail Resource Project	218
St Canice's Community Action	214
Brill FRC	210
Quarryvale Community Resource Centre	209
Millenium FRC	207
North Tipperary Community Services	196
St Brigid's Family and Community Centre	195
Rosemount Community Development Group	194
Ballymote FRC	194
Ballinrobe FRC	191
Hospital FRC	189
Castlebar Le Cheile FRC	188
Listowel FRC	188
Moville and District FRC	186
Athy Community and Family Centre	186
Finn Valley FRC	186
Ballymun Child and FRC	186
Westport FRC	184
Mountmellick Youth and FRC	180
Ballyspillane Community and FRC	180
Shannon FRC	179
Solas Resource Centre	178
Lus Na Gréine FRC	178
Three Drives FRC	177
Raphoe FRC	176
Barnardos	176
Croom FRC	176
Newpark Close Community Development	176
Cherry Orchard FRC	175
Bridgeways FRC	175

Killorglin FRC	175
Hill Street FRC	175
Dunfanaghy Community and Family Resource	174
Mountview FRC	174
Roscommon Integrated Development	173
Clann Resource Centre Oughterard	173
Loughrea FRC	173
Carrigtwohill FRC	172
Newbridge FRC	172
Crann Support Group	172
Forward Steps Resource Centre	172
Mohill Family Support Centre	171
Connect FRC	171
Clara Community and FRC	171
Meitheal Mhíobhaigh Centre	170
Teach Na Daoine FRC	169
Tubbercurry Family and Child Care Resource House Project	169
Gorey FRC	169
Downstrands FRC	169
Teach Dara Kildare Town Community and FRC	169
Boyle FRC	168
FaCT FRC	168
Shanakill FRC	167
Southill FRC	167
School St and Thomas Court Bawn FRC	166
Tullamore Community And FRC	166
Cairdeas Kilmovee FRC	165
Bagenalstown FRC	165
Breffni Community Development Company	165
Le Cheile FRC	164
Adrigole FRC	163
Raheen Comm Development Group	162
Northwest Clare FRC	162
Dunmanway FRC	160
St Johnston Carrigan's Resource Group	160
Cobh FRC	158
Trim FRC	157
Beara West FRC	157
Kenmare FRC	157
Killinarden FRC	155
Hillview Community Resource Centre	154
Killaloe Ballina Community FRC	153
West Clare FRC	153
Duagh Family and Community Resource Centre	151
South West Kerry FRC	151

Spafield FRC	150
Baldoyle Family Resource Services	148
Kells FRC	147
West Sligo FRC	145
Sligo FRC	143
The Forge FRC	143
Tus Nua Artane Coolock FRC	141
South West Wexford Community Development Group	140
Gort Resource Centre	139
Abbeydorney Kilflynn FRC	139
Ballyboden Children's Centre	138
Focus FRC	137
Ballina FRC	137
Balally FRC	136
Donegal FRC	132
Kerryhead/Ballyheigue FRC	130
Castlerea Community And FRC	128
Clones FRC	128
Droichead FRC	127
Greystones Peoples Project FRC	127
Maine Valley FRC	126
St Kevin's FRC	126
Ballyfermot Resource Centre	124
Taghmon FRC	123
Southend FRC	123
Athlone FRC	121
Cara House FRC	121
Sacred Heart Community and Childcare Project	120
St Matthew's FRC	120
Middleton Community Forum	119
Claremorris FRC	119
Mill FRC	119
Ballyduff Family and Community Support Forum	118
Ballyhaunis FRC	117
Ballyogan Community Development Management Committee	115
St Brigid's Preschool and Family Centre	111
Cara Phort FRC	105
South Dublin County Partnership	100
Bandon FRC	83
<b>Total</b>	<b>20,308</b>

## Appendix 4

	2021 €'000
<b>Family Support Services Counselling Payments</b>	-
Total Payments less than €50,000	2,393
<b>Payments equal to or greater than €50,000</b>	
Accord	1,592
Rainbows Ireland	265
Cherish	184
Barnardos	175
Cork Counselling Services	171
St Laurence O'Toole Social Catholic Care (Crosscare)	167
The CARI Foundation	143
Association For Agency Based Counselling and Psychotherapy in Ireland	129
Clanwilliam Institute	125
Beacon of Light Counselling Centre	113
Dundalk Counselling Centre	108
Irish Sudden Infant Death Association	107
Bessborough Centre	100
Boyle FRC	95
Genesis Psychotherapy and Family Therapy Services	89
Northside Counselling Services	85
St Brigid's Family and Community Centre	84
Candle Community Trust	81
Carp Killinarden	76
Vita House Services	71
South West Counselling Centre	70
Knock Counselling Centre	68
Trinity Adult Resource Group for Education and Training	65
Kildare Youth Services	65
The Shanty Educational Project (An Cosán)	63
Curam Clainne	59
Institute of Professional Counselling	55
<b>Total</b>	<b>6,798</b>

# TÚSLA

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

[tusla.ie](http://tusla.ie)