



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

**Tusla Strategic Action Plan arising from the
HIQA Investigation into the management of
allegations of child sexual abuse against adults of
concern by the Child and Family Agency**

April 2019

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1. Introduction

Following the publication of the *HIQA investigation report into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency*, Tusla committed to addressing the areas for improvement and risks identified in the report. To meet this commitment Tusla has developed this Strategic Action Plan based on an analysis of the findings and recommendations in the investigation report. The analysis of the investigation report identified nine strategic improvement themes.

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

2. Tusla Oversight and Governance of Improvement Plan

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

- **Board level:** The Board monitors progress against the plan and holds the Chief Executive Officer (CEO) and members of the executive to account in relation to progress against the action plan.
- **Executive level:** The CEO is the sponsor of the plan's implementation and the Senior Management Team (SMT) is the steering group. An SMT subgroup, chaired by the Director of Quality Assurance governs and monitors the implementation of the plan and supports effective collaboration and the management of interdependencies. The subgroup reports to the SMT. The HIQA/EAG Core Group exists to perform this function.
- **Operational/Service Delivery level:** The Chief Operations Officer (COO) oversees and tracks progress via the National Operations Management Team.
- **The DCYA Expert Assurance Group:** The EAG advises and supports on the implementation of the action plan.

3. Key Achievements to Date

3.1. Service Performance Framework (Action 7.1)

The Agency has partnered with Deloitte to design, develop, and approve a framework to underpin a future Service Performance and Improvement System. A comprehensive project plan has been developed setting out five phases of work to be completed by the end of Q2 2019.

A project team has been mobilised comprising senior members from each directorate including a regional service director and two area managers. The project team has met three times and has provided input on the project plan, the case for development and design principles for the future system.

The first round of one to one consultations is nearing completion. This round of consultations included members of the Senior Management Team, representatives from the National Operations Team and other senior managers within Tusla (approximately 20 in total).

A “High Level Case for Development” (Phase 2) has been developed and was signed-off by the Senior Management Team on 13th March 2019.

Actions on-going under the next phase (Phase 3 Performance Management Framework Design) include development and appraisal of framework design options, development of prototype dashboards and prototyping options along with a review of metrics and KPIs.

3.2. An Garda Síochána Pulse – Tusla NCCIS Case Management System (Action 4.8)

There are approximately 22,000 notifications from An Garda Síochána (AGS) to Tusla annually, and approximately 8,000 notifications from Tusla to AGS annually. A reasonable estimate is that approximately 500,000 records are exchanged between AGS and Tusla during the notifications process and subsequent exchanges of information between the social worker and Garda such as receipt confirmation, contact details, meeting notes, action forms and status changes. Streamlining the exchange of information is an important and tangible efficiency that will improve outcomes for children.

Tusla and AGS held a workshop in January to explore a proposal to develop a solution that provides for the controlled and secure exchange of digital data between the AGS PULSE and the Tusla NCCIS case management systems to support the notifications process.

Both teams have agreed that there is a compelling business case for the project and will collaborate over the next 3 months on a scoping project to deliver a detailed project proposal and business case in the form of a Project Initiation Document (PID). It is expected that the PID will be presented at the May meeting of the ‘National Child Safeguard Strategy Liaison Committee (NCSSLIC)’ who have oversight over the joint protocol and interworking between both agencies.

3.3. Finalisation of Audit Plan (Action 7.4)

The Practice Assurance and Service Monitoring Team have developed an audit plan for 2019 in accordance with Action 7.4.

This has been circulated and communicated to all service Directors and the Chief Operations Officer which will form the basis of engagement with area managers in relation to audit activity for the year.

The audit plan is supported by an Audit Charter which clearly outlines the role, function and purpose of the practice assurance team and the independence of their role within Tusla.

The schedule of audits will include an examination of safety planning and risk management arrangements in place as part of the terms of reference for the specific audit topics selected. This will include an examination of the management of allegations against foster carers, care planning, the management of unallocated cases and an examination of variances in the listing of children on the Child Protection Notification System (CPNS).

3.4. The 'Tusla Portal' system for online reporting of Child Protection and Welfare concerns (Action 1.1)

In January 2018 Tusla launched the 'Tusla Portal' to allow mandated reporters and also general members of the public to report child protection and welfare concerns to Tusla using a secure online system. Approximately 10,000 reporters have registered on the Portal and between 70-100 reports are now being submitted daily via this online channel. The Portal provides Tusla with a 'digital front door' that allows reporters to securely and instantly submit concerns to Tusla using an easy to use online form with on screen advisory guidance to assist the reporter in the process. Submitted reports are immediately directed to the dedicated contact teams in each Tusla area. The Portal is delivering significant benefits in reducing the administration overhead in processing reported concerns as well as improving data quality and data security.

In February 2019 Tusla ICT added a further significant enhancement with the delivery of the first phase of the integration of the Portal with the National Child Care Information System (NCCIS, Tusla's national case management for managing child protection and welfare concerns). The Portal now automatically and instantly alerts the dedicated contact teams processing the reported concern if the child is already known to Tusla on NCCIS by matching items such as names and addresses. This enhancement further reduces the administration work required in processing a concern and improves the information set available to the social work teams in informing the screening and intake processes.

3.5. Retrospective teams (Action 3.4)

Tusla have identified an action to improve the processes and structures for the management of retrospective cases of abuse to ensure a consistent and effective national approach.

The Chief Operations Officer has agreed a structure of regional teams. A recruitment campaign is currently underway for Principal Social Worker posts for substantiation, whose role will have an initial focus on retrospective and adult abuse cases. These teams will lead on the National Service Improvement Plan. Significant progress has been achieved in that a draft retrospective operating model has been developed and agreed by the working group. This model was drafted in consultation with workers who are currently working on retrospective cases, which allowed for informed and extremely positive collaborative input, and provided staff with a strong sense of ownership and eagerness for implementation.

The Retrospective and Adult Abuse Regional Team PSW will ensure their region has a consistent approach to investigations and case management of Retrospective Cases. This position will be responsible for co-ordinating the regional retrospective team and will provide clinical leadership, line management to the designated social work teams within their region.

The PSW and Service Director will link directly into the National Lead to ensure governance and consistency, and will be expected to be a member of the National Oversight Group.

3.6. Child Protection and Welfare Strategy (Action 1.1)

The implementation of CPWS and the roll out of the new national approach to practice, Signs of Safety, continues to progress. To date 1,487 staff have attended the 2-day training, and 484 staff have attended the 5-day training. We are on track to deliver training targets for 2019.

The introduction and implementation of practice intensive workshops has helped to make significant progress in embedding the new national approach to practice. Each region has now identified a core number of staff who will receive additional training to host practice intensives more regularly, and this will help to support cross-area/ regional learning.

The CPWS structure will be used as the vehicle to implement Phase 1 of the Workforce Model, subject to board approval, focusing on providing additional support to frontline Social Workers, and strengthening the Front Door.

3.7. Tusla Equality Diversity and Inclusion (TEDI) (Action 7.6)

The TEDI programme has been developed by the Health Wellbeing and EAP Department to drive initiatives that demonstrate Tusla's commitment to equality, diversity and inclusion. The goals of the programme are to influence cultural change and encourage a supportive and accepting working environment within Tusla to the benefit of all staff.

Initiatives from the TEDI agenda are linked to the targeted goals of the organisation via inclusion in the Workforce Planning, Business and Strategic Plans.

4. Actions

4.1. Improvement Theme 1: Management of child protection and welfare referrals

IMPROVEMENT THEME 1: Improve the management of child protection and welfare referrals in accordance with Children First to ensure harm is identified and responded to in a timely manner. This includes a reduction in cases awaiting allocation to a social worker.	
Theme Lead: COO	
Indicators: % unallocated cases,% of referrals receiving preliminary enquiry within specified timeline, % of PIs going to IA, fidelity to prioritisation system	
Strategic Action	Timeframe
1.1: The systems, structures and processes in each area will be significantly strengthened to ensure the risk of harm to children is identified and responded to in a timely manner the process for screening and conducting preliminary enquiries on all child protection and welfare referrals will be significantly strengthened by implementing new systems, including supervision, and structures in line with Signs of Safety and Children First.	Q4 2019
1.2: A protocol, in line with the Intensive Case Prioritisation methodology ¹ , for the governance and oversight of cases awaiting allocation to ensure social work duty teams effectively supervise these cases will be developed and implemented. (The scope of this protocol is limited to Child Protection and Welfare cases.)	Q1 2019 (protocol developed) Q4 2019 (for full implementation)
1.3: A new system for the prioritisation of cases awaiting allocation based on risk and case / support needs will be developed and implemented.	Q1 2019 (system developed) Q4 2019 (implementation)
1.4: Tusla will review, update and implement its current processes for closing cases to ensure it is safe and effective and aligned with Signs of Safety. The monitoring of re-referrals will form a key quality assurance mechanism in this process this method will be monitored locally and nationally	Q2 2019 (Updated process review) Q4 2019 (full implementation)
1.5: The learning and development needs of staff who work on cases of child sexual abuse and retrospective cases of abuse will be scoped. Learning and development interventions will be designed, planned and delivered in alignment with the Signs of Safety Practice Methodology.	Q1 2019 for retrospective Q3 2019 for CSA

¹ Methodology used under Signs of Safety

4.2.Improvement Theme 2: Safety Planning

IMPROVEMENT THEME 2: Define and implement a new process for safety planning across the agency to support the management of risk for children and families.

Theme Lead: Director of T&P

Indicators: % of safety plans in place (abuse and welfare), % of safety plans in line with new process

Strategic Action	Timeframe
2.1: Define the safety planning process for child protection cases and child welfare cases, open to social work departments, in line with signs of safety. This will include the process for safety planning for children who had not yet had a child protection case conference and who are awaiting allocation to a social worker.	Q1 2019
2.2: Implement the new safety planning process in child protection cases.	Q3 2019
2.3: Implement the Safety planning process in child welfare cases, open to social work departments.	Q4 2019

4.3.Improvement Theme 3: Management of retrospective cases of abuse

IMPROVEMENT THEME 3: Improve the processes and structures for the management of retrospective cases of abuse to ensure a consistent and effective national approach.	
Theme Lead: COO	
Indicators: % of unallocated cases, SBP in place in all areas, fidelity to prioritisation system	
Strategic Action	Timeframe
3.1: Publish the National Child Abuse Substantiation Procedures (inclusive of retrospective abuse) to provide specific guidance on the creation of files and sharing of information. These procedures will be implemented nationally when approved.	Q2 2019 for publication Q3 2019 for implementation
3.2: A Substantiation Governance Group will be established to oversee the implementation of the policy and to drive a nationally consistent approach to the management of retrospective and extra-familial referrals.	Q 2 2019
3.3: Tusla will develop and implement a standard business process for managing retrospective cases of abuse and develop a module on NCCIS to support case management.	Q2 2019 for new SPB Q4 2019 for NCCIS module
3.4: A new system for the prioritisation of retrospective cases awaiting allocation based on risk will be developed and implemented.	Q 2 2019
3.5: Each region will establish a multidisciplinary team to ensure the management of retrospective cases of abuse are consistently managed and to build expertise.	Q 2 2019

4.4.Improvement Theme 4: Interagency working

IMPROVEMENT THEME 4: Tusla will develop robust systems and processes to support effective interagency working to strengthen the management of Child Protection and Welfare referrals.	
Theme Lead: COO	
Indicators: No. of SW receiving joint training, no. of specialist multi agency teams, no. of children receiving therapeutic and treatment services.	
Strategic Action	Timeframe
4.1: Tusla will monitor and evaluate the implementation of the Tusla and An Garda Síochána Children First joint protocol 2017.	Q2 2019 and on-going
4.2: A Data Sharing Agreement between Tusla and An Garda Síochána will be developed and implemented jointly.	Q1 2019
4.3: An information sharing protocol between Tusla and HSE will be developed and implemented jointly (recording of joint decision-making).	Q2 2019
4.4: There is a joint review between An Garda Síochána and Tusla to optimise joint training, and when completed, social workers will be allocated to undertake the training.	Q 3 2019
4.5: Tusla will implement the strategic plan for the development of therapeutic and treatment services to support children and families.	Q2 2020
4.6: Multiagency child sexual abuse teams will be implemented on a national basis. A pilot of the One House/ Barnahus model will commence in 2019.	Q2 2019 for pilot Q2 2020 nationally
4.7: Tusla will establish processes to ensure liaison between Tusla and An Garda Síochána Divisional Protective Services Units (DPSUs).	Q3 2019
4.8: A system for connecting information systems between Tusla and An Garda Síochána will be developed to support the management of child protection and welfare referrals.	Q4 2020

4.5.Improvement Theme 5: Data and information management

IMPROVEMENT THEME 5: Implement safe and effective data and information management systems to support case work and compliance with best practice.	
Theme Lead: CEO	
Indicators: compliance with GDPR, compliance with record management policy and procedure.	
Strategic Action	Timeframe
5.1: A record management policy and procedure for social work practice will be developed and implemented in all Tusla services to ensure record management practices are safe and effective.	Q4 2019
5.2: An NCCIS module will be developed to support good record management and data protection practices for the management of retrospective cases of abuse. (Ref 3.3)	Q4 2019
5.3: The Agency will scope out a Data Management Plan and implementation plan encompassing data governance, data management procedures, data architecture and the information life cycle within the Agency.	Scoping Q2 2019 Full: Q3 2020

4.6.Improvement Theme 6: Workforce planning

IMPROVEMENT THEME 6: Ensure Tusla’s workforce has the appropriate skill mix, administrative supports and structures to support frontline staff deliver safe and effective service.	
Theme Lead: Director of HR	
Indicators: admin support per SW team, SW retention rate, SW vacancies filled, no. of multi-disciplinary teams in place.	
Strategic Action	Timeframe
6.1: The development of a workforce strategy has commenced. This strategy will outline the appropriate skill mix for all services and locations to support the delivery safe and effective services. The strategy will cover 2018-2021 and will include new HR metrics regarding the workforce.	Q4 2018
6.2: In advance of the publication of the workforce strategy the top four areas with the highest number of cases awaiting allocation will be targeted to address the following: <ul style="list-style-type: none"> • Filling staffing vacancies, to include the use of SW posts, that cannot be filled, for the recruitment of other frontline staff • Appropriate reduction of agency staff utilisation • Increase administrative and business support staff • Improve staff retention, particularly SW 	Q 3 2019
6.3: Tusla will formally advocate increasing the numbers and variety of modes of social work education to ensure an increase in the numbers of social workers graduating as part of its work on The Third Level Liaison Group.	Q2 2019
6.4: Tusla will increase its administrative and business support capacity to support and free up front line social work staff from noncore administrative tasks. This process will prioritise areas with a higher risk profile. This profile will commence in 2018 with existing funds with an additional ask for 2019.	Q3 2019
6.5: Tusla has established a staff retention steering group to develop a strategy to improve the retention of social work staff.	Q2 2019

4.7. Improvement Theme 7: Governance, management and oversight

IMPROVEMENT THEME 7: Improve governance, management and oversight systems across the agency to optimise performance, identify and manage risk and ensure effective case supervision is in place.	
Theme Lead: CEO	
Indicators: compliance of supervision, schedule of audits completed, no. of staff receiving governance training.	
Strategic Action	Timeframe
7.1: Tusla will develop a service performance framework to enable the Agency to identify, assess, monitor and take action to optimise individual and organisational performance.	Q2 2019
7.2: Governance, oversight, leadership and performance management training will be provided to all regional, area management teams and key business partners to support area and regional management teams effectively lead, govern and identify and manage performance issues.	Q4 2019
7.3: The Agency's Service Delivery Framework will be reviewed to determine the optimal operating and governance model for services. This will include a review of the area boundaries and structures and reporting arrangements.	Q4 2019
7.4: The QA Directorate will carry out a schedule of independent audits focusing on the process for management and oversight of referrals, cases awaiting allocation, cases of retrospective abuse, safety planning and risk management arrangements. The learning from such audits will be shared across the national system to support necessary developments for better outcomes for children.	Q4 2019 and on-going
7.5: A learning and development programme for frontline staff on Quality Assurance and Quality Improvement methods will be developed and implemented.	Q4 2019
7.6: Develop and implement an organisational change strategy to ensure the Tusla values and behaviours are implemented and adhered to throughout the Agency.	Q3 2020
7.7: Develop and implement a performance management and development system for all staff	TBC

4.8. Improvement Theme 8: Organisational risk management

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

4.9.Improvement Theme 9: Collaborative systems to embed learning

IMPROVEMENT THEME 9: Develop and implement collaborative systems to embed and share learning to support quality improvement and risk management.	
Theme Lead: Director of QA	
Indicators: self-audit plans in place in each area, quality assurance and monitoring schedule of audits completion.	
Strategic Action	Timeframe
9.1: A cross directorate National Quality Improvement Collaborative Forum will be established to embed and support on-going strategic approaches to learning and improvement in Tusla services arising from QA Directorate outputs, HIQA, NRP and Ombudsman reports. This forum will also support links between learning and between national, regional and local services. (Reference 7.4)	Q3 2018
9.2: A digital system for tracking actions arising from internal and external oversight will be established to support good governance and accountability.	Q3 2018
9.3: Each area will develop and implement an annual self-audit plan which will focus on key practice and risk themes. The plan will include the completion of the QI framework self-assessments and the roll out of the collaborative case audit methodology. The results of audits will be reported to relevant Service Director to ensure the audit cycle is completed.	Q 3 2019
9.4: Quality Assurance and Monitoring officers have been put in place to monitor the quality and safety of services in the 17 Tusla areas. Additional Quality Assurance Monitoring Officers will be recruited to increase independent oversight and audit for larger areas. (Reference 7.4)	Q4 2018 (approval of funding) Q3 2019 (recruitment complete)