



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**

July 2019

Table of Contents

1. Introduction	3
2. Tusla Oversight and Governance of Improvement Plan	3
3. Key Achievements to Date	3
3.1. Mobility Enablement of Social Work Staff.....	3
3.2. Child and Youth Participation Conference 2019.....	3
3.3. An Garda Síochána Pulse – Tusla NCCIS Case Management System (Action 4.8)	4
3.4. Annual Audit Plan and Charter (Action 7.4).....	4
3.5. Improving the Quality of Student Placements.....	5
3.6. The ‘Tusla Portal’ system for online reporting of Child Protection and Welfare concerns (Action 1.1)	5
3.7. Area/Regional Therapeutic Team Plans.....	5
3.8. Child Protection and Welfare Strategy (Action 1.1).....	6
3.9. Tusla Equality Diversity and Inclusion (TEDI) (Action 7.6)	6
4. Actions	7
4.1. Improvement Theme 1: Management of child protection and welfare referrals	7
4.2. Improvement Theme 2: Safety Planning	8
4.3. Improvement Theme 3: Management of retrospective cases of abuse.....	9
4.4. Improvement Theme 4: Interagency working	10
4.5. Improvement Theme 5: Data and information management	11
4.6. Improvement Theme 6: Workforce planning	12
4.7. Improvement Theme 7: Governance, management and oversight	13
4.8. Improvement Theme 8: Organisational risk management.....	14
4.9. Improvement Theme 9: Collaborative systems to embed learning	15

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 are aligned to each of the nine themes that serve to make measurable 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 action there are already detailed project/programme plans in place, particularly if they are linked to an existing programme of work.

2. Tusla Oversight and Governance of 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. Mobility Enablement of Social Work Staff

An 18-month program under the ICT Strategy to mobile-enable all social workers was completed in Q1 2019. The initiative provided approximately 1,800 social work staff with a smart phone, laptop and a mi-fi connectivity device. This mobile enablement allows social workers to access and update case notes, emails etc. where and when they need to. Social workers have reported significant time savings by no longer being desk bound with benefits gained by now having the capability to complete case notes directly with families in their homes or simply being able to now work remotely in situations such as when waiting at court. The mobile enablement program also enables Tusla ICT to now progress an Apps strategy that will provide social workers with mobile phone apps to further reduce the administration burden and inefficiencies of existing manual processes.

3.2. Child and Youth Participation Conference 2019

The 4th Tusla Child and Youth Participation Conference was held in April 2019, and was attended by over 400 children, young people and staff from Tusla and Tusla partner organisations making it the biggest Tusla conference of the year.

The theme of this year's conference was "Bigger & Better: Building on our Success". Tusla services and practitioners showcased participatory progress over the past year, and reaffirmed their commitment to continue improving participatory practice in the work it does with children and young people.

Young people were involved in every aspect of the conference with Tony Griffin, founder of Soar, Leanne McDonagh, artist and activist, and Danielle Douglas, who spoke of her journey from foster child to president of an international organisation presenting keynote speeches. Soulworks, the Tusla Choir, and Familibase performed on stage, a young person from Dublin North spoke about their participation in Signs of Safety on the main stage and highly acclaimed spoken-word poet Natalya O'Flaherty closed out the conference with a powerful and emotionally-charged performance.

Some examples of the massive contribution to the success of the conference were evident from the workshops and presentations hosted on the day. The Krafty Kids group of 6-12 year olds told us of the launch of their sensory garden which they designed with a landscape architect. Due to the success of last year's awareness video on Cyber Bullying, a youth initiative group once again produced and directed an excellent video, this time creating awareness of LGTBI+ issues. There was a presentation on the day with a number of services receiving the Investing in Children Membership Award which recognises and celebrates examples of imaginative and inclusive practice.

A day of high energy performances, excellent exhibitions and captivating presentations captured the incredible atmosphere of the day and resulted yet again in extremely positive feedback.

3.3. 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). The PID is to be presented at the next meeting (June) of the National Child Safeguard Strategy Liaison Committee (NCSSLC), which has oversight of the joint protocol and interworking between the respective agencies.

3.4. Annual Audit Plan and Charter (Action 7.4)

The practice assurance and service monitoring team developed an annual audit plan and audit charter in Q4 2018 for implementation throughout 2019. In Q1 2019, 22 audits were conducted across Tusla Residential, special care, child protection and foster care services, including:

- Audit of the Child Protection Notification Service (examining ethnicity of children listed and variations in rates of listing between Tusla areas)
- Audit of the management of allegations against foster carers
- Audit of care planning processes

- Verification audits of progress of action plans submitted in response to recent HIQA inspections in Dublin South Central and Carlow/Kilkenny/South Tipperary
- Audit of child protection referrals received by Tusla from the Reception and Integration Agency
- Monitoring of residential and special care centres compliance with standards and regulations

A summary report on the preliminary findings of these audits, which are subject to factual accuracy checks, are awaiting quality improvement plans from the respective services. The findings highlighted both good practice and risks identified. Engagement with area managers and service directors is taking place in Q2 2019 in relation to quality improvements arising from these audits.

3.5. Improving the Quality of Student Placements

A working group was established in January 2019 to work on a more consistent approach to student placements in the Agency. The group has reviewed current practices for students of social work and social care in community and residential settings, using data from a 2018 survey and workshop with practice teachers within the Agency. A guidance document on Tusla's approach to student placements is to be published for autumn 2019 and the new academic year. The group will also make recommendations to management on the coordination of placements and relationships with the educational institutions.

3.6. 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 professional reporters (including mandated reporters) and 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.

3.7. Area/Regional Therapeutic Team Plans

Each region is to have a Regional Therapeutic Manager with responsibility for supporting implementation of regional and therapeutic plans, and ensuring structures for clinical governance and supervision are established e.g each discipline to have supervision and oversight to ensure clinical practice is safe and of a high standard. Reporting to the regional Service Director, the Regional Therapeutic Manager posts are to progress development of therapeutic services. Business cases for these posts are currently with COO for approval.

Following a review of the Assessment Consultation Therapy Service (ACTS) service¹, 5 Clinical Team Manager posts are currently being recruited (competition almost complete) to manage existing ACTS multidisciplinary teams and to facilitate restructuring into regional teams as opposed to a national service, as it is currently.

ACTS will also adopt the AMBIT Therapeutic Framework for working with young people in detention and/or at risk of detention. This is an evidence-based model with a trauma and attachment approach, and focuses on working with both young person and team/network around young person. It is congruent with Well Tree Model (in residential care) and with Signs of Safety framework. Training for AMBIT is to start in September 2019.

3.8. Child Protection and Welfare Strategy (Action 1.1)

The implementation of CPWS and the rollout 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.

3.9. 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.

¹ ACTS is a small national specialised clinical service that provides multidisciplinary consultation, assessment and focused interventions to young people who have high risk behaviours associated with complex clinical needs.

4. Actions

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

<p>IMPROVEMENT THEME 1: Improve the management of child protection and welfare referrals in accordance with Children First to ensure harm is identified and responded to in a timely manner. This includes a reduction in cases awaiting allocation to a social worker.</p>	<p>Theme Lead: COO</p>
	<p>Indicators: % unallocated cases,% of referrals receiving preliminary enquiry within specified timeline, % of PIs going to IA, fidelity to prioritisation system</p>
<p>Strategic Action</p>	<p>Timeframe</p>
<p>1.1: The systems, structures and processes in each area will be significantly strengthened to ensure the risk of harm to children is identified and responded to in a timely manner the process for screening and conducting preliminary enquiries on all child protection and welfare referrals will be significantly strengthened by implementing new systems, including supervision, and structures in line with Signs of Safety and Children First.</p>	<p>Q4 2019</p>
<p>1.2: A protocol, in line with the Intensive Case Prioritisation methodology², 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.)</p>	<p>Q1 2019 (protocol developed) Q4 2019 (for full implementation)</p>
<p>1.3: A new system for the prioritisation of cases awaiting allocation based on risk and case / support needs will be developed and implemented.</p>	<p>Q1 2019 (system developed) Q4 2019 (implementation)</p>
<p>1.4: Tusla will review, update and implement its current processes for closing cases to ensure it is safe and effective and aligned with 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</p>	<p>Q2 2019 (Updated process review) Q4 2019 (full implementation)</p>
<p>1.5: The learning and development needs of staff who work on cases of child sexual abuse and retrospective cases of abuse will be scoped. Learning and development interventions will be designed, planned and delivered in alignment with the Signs of Safety Practice Methodology.</p>	<p>Q1 2019 for retrospective Q3 2019 for CSA</p>

² 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
Strategic Action	
Indicators: % of unallocated cases, SBP in place in all areas, fidelity to prioritisation system	
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. ³	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

³ This action is an amalgamation of Actions 3.1 and 5.2 in the original Action Plan, which read “3.1: Publish the Substantiation Policy and Procedure (inclusive of retrospective) on the management of retrospective and extra-familial abuse in all Tusla areas” and “ 5.2: The policy on National Procedures for Determining the Outcome of Allegations of Retrospective and Extra-familial Abuse Cases and Protecting Children at Potential Risk of Harm will provide specific guidance on the creation of files, sharing of information and will be implemented nationally”

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 2020
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 five 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
Strategic Action	Indicators: compliance of supervision, schedule of audits completed, no. of staff receiving governance training.
	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 achievement and development system for all staff	Q4 2020

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
Strategic Action		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)	