

1. Formation

The Child and Family Agency (Tusla) was set up as an independent legal entity on 1 January 2014 under the Child and Family Agency Act 2013. Establishing Tusla was a major public service reform initiative involving approximately 4,000 staff and a budget of over €600 million.

The establishment of Tusla was a major public service reform initiative that from inception in 2011 to commencement took three years; with the key development mechanism being a Taskforce, which was mandated to:

- Propose a vision and the principles to guide operations;
- Advise on the appropriate service responsibilities, and the delivery of same;
- Review existing financial, staffing and corporate resources; and propose a methodology for resource allocation;
- Propose an organisational design and operating child welfare and protection service model;
- Prepare a detailed implementation plan;
- Identify the main priorities and core relationships required;
- Oversee the implementation and monitor progress, pending establishment of the Agency.

The Report of the Taskforce on the Child and Family Support Agency was published in July 2012. The taskforce supported the idea of a new, dedicated Child and Family Agency (CFA) with its own management team and board, reporting to the Department for Children and Youth Affairs (a newly appointed Department in 2011). The Taskforce report essentially advocated the move of all children's services from disparate agencies into one, newly formed body that should offer *"a new alignment of services, which has the vision, integrated services, budget and clear accountability to the public"*. The headline driver of the move appears to be two-fold:

1. The fragmentation and siloed delivery structure of children's services was identified as the systemic cause of failing to meet children's needs, as evidenced by the high-profile reports detailing the outworkings of such failings; this was considered to have led to a lack of accountability amongst agencies and professionals; and
2. A lack of comprehensive, early and multi-disciplinary responses to the needs of children and families due to a lack of the necessary range of supports. The report notes that *"earlier, missed opportunities in such situations expose children to unacceptably poor outcomes and mean that interventions are usually expensive and often ineffective. There is the human cost of damage to individual children ... escalating costs to the State in terms of immediate avoidable expenditure on residential, detention and prison services and also further long-term direct costs for Gardaí, Justice, social welfare, health and homeless services."*

The Taskforce recommended that *'in addition to child welfare and protection services, the core services of the CFA must include a broad based range of primary prevention, early intervention, family support and therapeutic and care interventions'* (DCYA, 2012: iii). The services recommended for direct or interface remit of the agency were as follows:

Service	Relationship with CFSA	
	Direct Services	Interface Services
Public Health Nursing	✓ Continue to be co-located with the local health service	-
Speech and Language Therapy	✓	-
Child and Adolescent Mental Health Services (CAMHS)	✓	-

Service	Relationship with CFSA	
	Direct Services	Interface Services
Psychology Services	✓	-
Garda Youth Diversion Projects	-	✓
Young Persons' Probation Service	-	✓
Children Detention Schools	✓	-
Domestic and Sexual Violence Services	✓	-
Hospital Social Workers (maternity & paediatric)	✓ Continue to be based at hospitals	-
National Educational and Welfare Board	✓	-

At the same time as the Taskforce was deliberating on issues with respect to the new agency, a change programme within the HSE's Children and Family Services was being rolled-out by a newly appointed national director, whose goal at that time was to create what was referred to as a 'shadow' organisation, whereby the necessary staff, management and budgetary arrangements would be put in place to facilitate a smooth transition to the new agency on establishment day.

A review of the Tusla formation process was undertaken in 2017¹ and the finding was that "Notwithstanding the scale of the project, the economic climate of austerity and the very considerable work effort involved, the establishment of Tusla was relatively successful. The case study gives an overview of the factors that contributed to this largely positive outcome: ownership of change, goodwill and vision, leadership and management, effective governance and a pragmatic and realistic approach."

Insights from the report are as follows:

- The timeframe from the publication of the taskforce report to the Tusla formation was 18 months. A strong branding and communication campaign accompanied its establishment.
- A project oversight group was established in November 2012 to monitor, discuss and resolve significant issues to the satisfaction of all the major stakeholders, to ensure readiness for the establishment of the Child and Family Agency. The group was supported by a number of sub groups that included a Project Team led by the CEO-designate; an Industrial Relations Sub Group; a Financial Due Diligence Sub Group; a Community Psychology Services Sub Group.
- The taskforce report recommended that a proportion of public health nurses (PHNs) would transfer from the HSE to the new agency; but in practice the report notes that *"the public health nurses just slipped under the radar", and did not become part of the new agency in any form. A number of factors appear to have contributed to this outcome. Inevitably when you are trying to take responsibility for a service away from one state organisation and assign it to another, there are negotiations and, in some quarters, resistance. Furthermore, in establishing a new agency of this scale over a short time frame, it wouldn't be unusual that some aspects of the initial vision would be re-assessed in the light of realities on the ground.*
- Psychology services were regarded by the taskforce on the CFA as a priority service for transfer to the new agency. The report notes *"However, breaking up psychology services was not straightforward as the service had developed across the country in a disparate and ad-hoc manner. Some HSE areas had psychology services as a part of community care, while others did not. In some areas the service ceased when a child turned 18, in other areas it continued. Furthermore, referrals could come from a broad range of sources in addition to social workers (GPs, PHNs, paediatric hospitals, other professional services such as speech and language therapy, and schools) and levels*

¹ Case Studies on Innovation and Reform in the Irish Public Sector: Case Study on Tusla September 2017

of cooperation with other healthcare professionals varied considerably. A further, more pertinent challenge was that many psychologists were reluctant to transfer to Tusla for professional reasons, preferring to remain associated with other healthcare and medical professionals within the HSE and to continue to deliver a service across age ranges. As they perceived it, transferring to Tusla would mean over-specialisation due to primarily delivering a service to children in care ... however, despite extensive negotiation and, as one interviewee recalled it - 'a decision was taken [in principle] at every level that they should move' - the committee failed to reach final agreement and Tusla commenced operation without any psychology services. Instead, a memorandum of understanding was put in place with the HSE that these services would be provided to Tusla on a pro-rata basis."

In practice the services that moved into Tusla varied slightly from those recommended by the Taskforce insofar as the CAHMS and PHNs did not move across as a direct service however this has evolved over the past decade and now Tusla is moving to AHPs being within their service. This interface piece appears to be a work in progress with the development of the development of a Joint Protocol for Interagency Collaboration Between the Health Service Executive and Tusla developed in April 2021.

2. Overview

Tusla provides a range of services under the following headings:

- Child Protection and Welfare
- Tusla Education Support Services (TESS)
- Family Support
- Adoption
- Counselling and Therapeutic Supports
- Domestic Sexual and Gender Based Violence (DSGBV)
- Children's Service Regulation
- Alternative Care

Tusla is governed by a Board, which is responsible for establishing the Agency's overall strategic direction and ensuring the implementation of the appropriate financial controls, operational and compliance controls, and risk management procedures. The Chair of the Board reports to the Minister for Children Equality Disability Integration and Youth (CEDIY) on the measures taken to achieve the Agency's priorities and performance targets. The CEO is responsible to the Board for the performance of the Agency's functions.

As the end of December 2020, Tusla had 4,796 WTE (Whole-Time Equivalent) (inclusive of agency staff), employed across a number of grade groups, the largest being in Social Work at 36.31% and 27.33% in Social Care and 20.77% in Admin grades. The remainder of staff were employed across Education and Welfare, Family Support, Management Grades, other health professionals, Nursing, other Support Staff and Psychology/Counselling. At the end of December 2020, a total of 198 agency staff were engaged, 135 of which were in social care and 34 were in social work.

Tusla is required (Under Section 41 of the Child and Family Agency Act, 2013) to develop a Corporate Plan in response to the high-level priorities set out in the Performance Framework and the yearly Performance Statements issued by the Minister for Children, Equality, Disability, Integration and Youth (CEDIY) to the Agency every three years and annually respectively. These are detailed below.

Corporate Plan [Currently under 2021 – 2023 Edition]

Tusla Vision

Families and 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

Tusla Mission

Dedicated and committed to working in partnership with children, families and 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.

Tusla Goals

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

Tusla Reporting

Tusla monitors and assesses progress made in achieving actions through a quarterly review of Business Plan actions (to board and Department), bi-monthly performance conferences and through monitoring performance indicators and metrics. Each year, their Annual Report and Financial Statements detail progress and achievements toward the achievement of the goals set out in its Corporate Plan.

Annual Business Plan [Currently under 2023 Edition, but the following refers to 2022]

This sets out the actions TUSLA will undertake in implementing the goals and objectives which we have committed to through their Corporate Plan. The business plan details the following:

- Proposed Actions and Activity Targets to drive the targeted improvement or increased activity committed to in their Corporate Plan. Example targets are below:
 - 10% reduction in Child Protection /Welfare waiting lists;
 - 100% of children over 16 in care have a care plan that reflects their permanency goals;
 - 10% increase in the number of young people 18 and over who have an allocated aftercare worker where their aftercare plan determines this as a need;
 - Mapping of all existing Tusla and Tusla commissioned therapeutic services completed;
 - 100% referrals to Child Safeguarding relating to unsolicited information received are processed within five days;
 - Revised suite of metrics/KPIs to enhance performance reporting across the system (including 6 regions), and for use by the performance conference system; and
 - 100 % of all high risk rated Early Years services are inspected in 2022.
- Financial Framework within which Tusla will operate in the context of the overall funding allocated to the Agency. Detail is provided as to the funding allocated to prioritised initiatives (linked to goals and objectives). Also details the capital expenditure plan, financial governance, financial reporting, the impact of prior year cost pressures and expected in-year cost pressures.

The following relates, with note taken from the Corporate Plan that circa one third of the budget is used to commission services for children and young people from external agencies, in addition to those services provided by Tusla:

Tusla 2022 Annual Budget	
Spend Category	Allocation (€m)
Pay	357.016
Foster Care and Other Allowances	122.294
Independent Placement Provision	161.418
Legal	30.494
Grant Arrangements	181.297
Other Non-Pay	73.255
Gross Non-Capital Allocation	925.774
Capital Allocation	18.500
Total	944.274

- Tusla Human Resources (HR) Priorities with respect to working collaboratively with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) in 2022 and other stakeholders regarding the sourcing, recruiting, development and support of its workforce.