

Deputy Brian Stanley Chair, Committee of Public Accounts Leister House Dublin 2 Do2 XR20

22 November 2021

Ref: SO594 PAC33

Dear Deputy Stanley,

I refer to your correspondence dated 01st November 2021 following the Agency's appearance before the Committee of Public Accounts on Thursday 21st October 2021, please see below responses to questions raised:

1. A detailed breakdown of expenditure relating to the COVID-19 pandemic, that was not in compliance with procurement rules. (pg. 5) Response:

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Covid-19 Contracts awarded without a Compliant Procurement Process			
Non-Compliant Contracts Year Ended 2020			
Category of Expenditure & Vendor Name	Y/E 2020 (Excl		
	Vat)		

Cleaning	398,462
TED KELLEHER FIRST AID AND HYGIENE	144,114
CODEX*	71,954
REACHGROUP T/A NEWSPREAD LTD	49,117
MICHAEL MCGOWAN CHURCH SUPPLIES LTD	46,427
BERENDSEN IRELAND LTD	29,527
DERRYCOURT COMPANY LTD	25,849
ISS FACILITY	11,660
BIDVEST NOONAN	11,268
MCKEEVER KLEEN T/A EVERKLEEN	7,628

An Ghníomhaireacht um Leanaí agus an Teaghlach / Child and Family Agency

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MEATH CLEANING SUPPLIES LIMITED	918
Medical & Surgical Supplies	257,158
CODEX *	206,088
PRBCG LTD	51,070
Office Supplies & Sundry Expenses	90,909
CODEX*	90,909
Advertising	57,144
MEDIAVEST T/A SPARK FOUNDRY	57,144
Building Main/Repair/Vehicle maintenance	79,403
PRECISION BUILDING SERVICES	34,289
GARTBRATTAN PROPERTY SOLUTIONS LTD	8,879
LMC FM LTD	975
PRIMO	35,260
Office	18,696
JUSTIN HERBERT LTD	18,696
Courier	13,576
DHL	13,576
Design & Print	12,863
DOGGETT GROUP	12,863
Agency	12,551
CPL SOLUTIONS	12,551
Security	2,517
MCR OUTSOURCING	2,517
Lingual/Interpreter/Translation	68
CONTEXT	68
Grand Total	943,347

*The payments to CODEX which are shown with an * in the table above were €369k in total for the year

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2. The number of financial statements for 2020 that Tusla's compliance unit have not received from the 660 entities funded by the agency. (pg. 9)

Response:

The total number of funded agencies who have not submitted a compliance statement for the year 2020 is three (funding to the value of C20k) and funding to these agencies has been put on hold. (see also response to question 5 below)

3. The percentage of private residential care providers that Tusla is in a position to inspect in a given year. (pg. 17)

Response:

The Alternative Inspection & Monitoring Service in Tusla register and inspect non statutory residential care centres. This includes private providers and providers in the voluntary sector. There are 146 centres registered with Tusla and the end of Q3 2021, 128 inspections had been undertaken. By years end all registered residential centres (100%) will have received an inspection in 2021.

We introduced in 2021 a Rapid Response Team who follow up promptly on identified high risk in private residential centres so we anticipate that in 2022 that our inspection rate will further increase.

4. The number of agencies deemed not suitable by Tusla to receive further funding in the last five years. (pg. 18)

Response:

Prior to 2020, Tusla has ceased funding to two Agencies based on non-compliance with funding requirements.

Tusla has also decommissioned several services based on the local area requirements. Commissioners may re-direct funding in line with Tulsa's national or area-based commissioning plans, to support and prioritise children, young people, and families with the highest level of need.

Decommissioning can include ending the overall service level agreement (known as Part A) with a funded agency. This ends the contractual relationship between Tusla and the funded agency. Decommissioning can also include ending a particular type of service provided by the agency (known as a SLA -Part b) but other services from the funded agency may still be commissioned by Tusla.

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5. A detailed list of the sanctions available to Tusla for agencies that have not provided annual financial statements. (pg. 19)

Response:

Company accounts information of funded agencies is publicly available on various platforms, The Financial Compliance Unit have access to all funded agencies company accounts information via Vision Net or the free website Benefacts (Vision net gather their data from the Companies Registration Office). Where the funded agency is not a company, accounts information is obtained from the relevant Tusla commissioner. Tusla Finance has not had any instances where they could not access or get copies of accounts therefore no sanctions have been applied for this matter.

Each year a number of internal audits are conducted on section 56 organisations and the key weaknesses that have arisen as unsatisfactory findings are summarised as follows:

- Compliance concerns relating to Budgets and Financial Planning
- Compliance concerns around Procurement and Purchasing processes
- Appropriateness of expenditure against Tusla Funding requirements
- Compliance with Travel and Subsistence policy

Where a service receives a finding of unsatisfactory audit, the Agency puts in place a process to oversee and monitor the implementation of the recommendations with the S56 organisation.

Since 2020, eight funded agencies have been put on a service improvement programme as a result of unsatisfactory audit findings. Where a funded agency receives an unsatisfactory audit report, they will be prioritised for inclusion for follow up internal audits in the next plan. (see response to question 2 above)

6. A breakdown of the number of social workers employed in each of Tulsa's areas of responsibility. (pg. 20)

Response:

In response to the above question please see breakdown of the number of social workers in each Tusla Region and separately those employed by National Services.

Table 1 Is a breakdown of the number of Social Workers employed in each of the geographic region by Service (August 2021).



Services detailed below: Aftercare, Business Support, Case Conference Lead, Child Protection & Welfare, Children in Care, Duty Intake/Initial Assessment, Foster Care and Partnership Prevention & Family Support

Tusla Region	Aftercare	Business Support	Case Conference Lead	Child Protection & Welfare	Children in Care	Duty Intake\Initial Assessment	Foster Care	Partnership Prevention & Family Support	Tusla Social Worker WTE
Dublin Mid									
Leinster	2.00	14.00	7.39	70.23	137.69	72.53	65.13	29.45	398.42
Dublin North East	1.00	20.86	6.35	80.37	75.84	80.50	58.66	10.34	333.92
South	2.78	8.72	6.42	142.65	56.20	73.43	57.04	14.32	361.56
West	7.64	16.47	10.52	123.26	79.49	44.64	61.94	6.53	350.49
Total	13.42	60.05	30.68	416.51	349.22	271.10	242.77	60.64	1,444.39

National Services	Social Workers WTE
Acts National	5.41
Adoption	68.44
Children First	10.21
Chief Social Work Office & Policy & research	24.1
Crisis Intervention	26.78
Early Years Service	1.1
Learning and Development	11.11
NIAPP	1.99
Unaccompanied minors	8.7
Child Residential Services	4
Grand Total	161.84

Breakdown of Social Workers in National Services.

7. A note outlining Tulsa's procedures regarding engagement between its staff and service users, and how readily contactable its staff are. (pg. 21)

Response:

Service users in many instances will have the social workers contact numbers it will depend on the circumstances of each person using the service as to whether they engage with the service by email, phone or the website. The local Tusla Office has its phone number published on the website. We have noted the observations of some members of the committee and will attempt to improve the public information as to how they can contact our staff.

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8. A note outlining any quantitative and/or qualitative research by Tusla on the outcomes of cases, particularly those concerning children. (pg. 21-22)

Response:

Data below on children with three or more care placements shows that the levels of placement movement in Ireland is less than neighbouring countries. This data is from work done as part of Tusla commissioned research to compare Ireland to other countries, where possible and meaningful, across a variety of factors. This is an indication of placement stability and it is internationally recognised that children who have increased stability and permanency have the best outcomes in care.

Number of children in their third or greater placement. (Canavan an Furey 2019)

	Ireland	England	Scotland	Wales
Children in their 3rd or more care placement in a 12- month period	169	7,520	833	565
%of total placements	3%	11%	5%	10%

Secondly, the figure for adults in after care in continuing education provides an outcome measure for these adults who have been in care. At the end of Q2 2021, 78% (1,808/2,319) of those 18-22 years in receipt of an aftercare service were in education/accredited training.

There is a commitment at Departmental level, following the Ryan report, to explore a longitudinal study in respect of outcomes for children in care, Tusla is supportive of this.

9. A list of the 660 agencies that are funded by Tusla, broken down by category. (pg. 22-23)

Response:

Tusla publishes details of all funded agencies in receipt of over €50k within the Annual Financial Statement, and these are broken down by category which are attached in **Appendix 1**

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10. Expenditure by Tusla, to date on external investigations involving the agency. (pg. 23-24)

Response:

Following the reply of the CEO at the committee this matter is being further researched to ensure that it includes all external investigations review regardless of whether they are Protected Disclosure, HR or service-based complaint. This will be provided to the committee under separate cover not later than 4 weeks.

11. A note providing information on the following, with regard to staff members leaving Tusla:

- how Tusla records the reasons for a staff member's departure
- a table providing a breakdown, by reason for departure, of the number of staff members that have left the agency. (pgs. 25 and 30)

Response:

In response to the question above please see table 1 below providing a breakdown of leavers from Tusla, by reason staff members have stated when they left the agency. Reasons for leaving are captured at the time of resignation.



Table 1

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Going Abroad 2 New Job Opportunity 2 No Job Satisfaction 2 No Promotional Opportunities 2 Other Health Board / Agency 16 Permanent Job offer 2 Personal 2 Resignation 3	Further Training/Education	1
New Job Opportunity 5 No Job Satisfaction 2 No Promotional Opportunities 6 Other Health Board / Agency 16 Permanent Job offer 2 Personal 8 Resignation 3	Going Abroad	1
No Job Satisfaction 2 No Promotional Opportunities 6 Other Health Board / Agency 16 Permanent Job offer 2 Personal 8 Resignation 2	New Job Opportunity	5
No Promotional Opportunities 6 Other Health Board / Agency 16 Permanent Job offer 2 Personal 8 Resignation 3	No Job Satisfaction	2
Other Health Board / Agency 16 Permanent Job offer 2 Personal 6 Resignation 2	No Promotional Opportunities	6
Permanent Job offer 2 Personal 8 Resignation 2		16
Personal 8 Resignation 3		1
Resignation S		8
		3
	Grand Total	225

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12. The reasons why a foster carer would choose to work with a private foster care agency, but not directly through Tusla. (pg. 28-29)

Response:

Foster carers might be recruited by a private agency through seeing some of their advertisements or publicity or being approached in some of their recruitment meetings so they might choose that route. Foster carers can move between private agencies and Tusla in both directions for reasons of their experiences or outlook. Foster carers who have an experience where they don't have significant relationship with their Link Social Worker can find that they don't have sufficient support, this can be is a result of staff turnover. Also, carers can be frustrated with their view of a lack of support or services for their child in care. We don't have research on this area and the policy decision to allow private foster care agencies means that there will be fluidity. The main the focus of Tulsa is that children in State care are placed in foster care, where at all possible.

13. The number of foster carers that have moved from operating directly with Tusla to a private foster care agency over the past three years. (pg. 29)

Response:

In 2020, a total of 220 Child and Family Agency foster carers ceased fostering voluntarily (due to choice or retirement). A further 20 ceased by reason of founded allegation, complaint, or serious concern.

During the same period, 226 new Child and Family Agency foster carers were approved. A further 45 foster carers were also approved for private agencies and carers of children from other countries. The latter is predominantly in relation to children originating in the UK and placed with relative foster carers in Ireland under Brussels II (EU Regulations)

14. A note outlining the recommended ratio of children to social worker, and the equivalent ratio for other categories of social work, including:

- children in care,
- child protection work, and
- family support work. (pg. 32)

Response:

The National Policy and Toolkit for Social Work Caseload Management (2018) provides a structured approach to caseload management for Tusla social work services. Caseload

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management is integral to the process of professional supervision. By reviewing the caseloads of individual workers, supervisor and supervisee reflect on the manageability of the practitioner's caseload, capacity for allocating or closing cases, and actions that might be taken to improve the balance of that caseload. The overall purpose is to provide balanced caseloads for social workers. The National Policy and Toolkit for Social Work Caseload Management (2018) seeks to provide a common approach nationally to allow the manageability of caseloads to be assessed on an ongoing and routine basis as part of the process for the safe and effective management of cases, reflective practice, and support to staff.

Caseload Management Data for Q1 2021 (based on data for 16/17 areas):

Child protection and welfare (doesn't include duty): 365 caseloads of which 101 (28%) manageable, 231 (63%) busy but okay and 33 (9%) unmanageable

Children in care: 303 caseloads of which 53 (17%) manageable, 210 (69%) busy but okay and 40 (13%) unmanageable

Fostering: 203 caseloads of which 41 (20%) manageable, 148 (73%) busy but okay and 14 (7%) unmanageable

Total: 871 caseloads of which 195 (22%) manageable, 589 (68%) busy but okay and 87 (10%) unmanageable

15. A note outlining the current ratio of children per social worker in Ireland, and the equivalent ratio in other European countries by way of comparison. (pg. 32-33)

Response:

The nearest approximate to this is the work compiled by the DECDIY in the table below showing the number of social workers per 1000 of the child population.



Country	Title	Year (social worker data)	Rateper1,000 of thechildpopulation[1][2]
Northern Ireland	Child and family care – Social Worker [3]	2020	4.5
Wales	Children's Services – Social Worker [4]	2018 - 2019	2.7
England	Children and family - Social Worker ^[5]	2018 - 2019	2.6
Scotland	Fieldwork services for children – Social Worker ^[6]	2018	2.3
Ireland ^[7]	Child protection and welfare social worker	2020	1.4

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16. A breakdown by region, and Tusla areas within each region, of the number of social workers currently employed, and the current number of social worker vacancies. (pg. 33)

Response:

In response to the above question please see Table 3 below shows the number of social workers currently employed in the Agency within each Region and the current number of social worker posts being recruited. The table below also includes the use of agency staff which would be filling current vacancies within each Region.

Social Work Recruitment detail August 2021						
Area	SW WTE	Agency	SW Total	Vacancies being recruited		
Dublin Mid Leinster	398.42	2	400.42	52		
Dublin North East	333.92	18	351.92	65		
South	361.56	21	382.56	70		
West	350.49	13	363.49	89		
Nat Service & Corp Dir	157.84	1	158.84	3		
Total	1,602.23	55	1,657.23	279		

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17. A detailed note outlining the joint protocol being worked on by Tusla with the HSE relating to children in care who have complex needs or disabilities. (pg. 33-34)

Response:

Please see attached Appendix 3

18. Whether Tusla provides respite services directly, and if so, whether Tusla provides a respite service in Wexford for children fostered through the agency, or if this is done by service providers in the private sector. (pg. 34)

Response:

Respite care is a time limited preventative intervention provided to both children from care and children from home.

Note respite care has two meanings for two different providers. Child protection respite is within Tusla services and disability respite is within HSE services.

Tusla provides respite services for children in foster care, or residential care, or, for children living at home, where their family require such support to prevent children coming into care.

Separately, respite services for children, or young people with a disability, or those with complex medical needs is provided by the HSE. Where a child in care needs to avail of a specific HSE disability respite service, Tusla staff work with their colleagues in the HSE, to ensure that a coordinated approach is taken to the care of the child, in line with the HSE/Tusla Joint Protocol for Interagency Collaboration.

Tusla provides respite services to children in both:

- 1. Tusla provided or commissioned respite fostering placements
- 2. Tusla Respite Centres (Limerick, Letterkenny, Drogheda, Navan, Dublin, and Waterford)



To date in 2021, Tusla have funded €230,000 in respite allowances to 258 Tusla foster carers, with €20,000 of this being paid in the Wexford Area. The Agency has also implemented a new Respite Policy, which better supports Foster Carers when a child, or young person is availing of a respite placement.

A key requirement in the provision of respite care is to ensure that the placement meets the needs of the child or young person, and where possible that the respite placement is provided by the same family, or, unit, to provide continuity for the child/young person. All efforts are made to ensure that the child receives respite care in the area in which they are living, however this is dependent on the availability of respite carers/residential placements at the time of the placement need.

Currently, the Waterford Respite Centre (also covers Wexford) is providing a respite service to 11 children. The remaining 5 centres provide a service to between 20 and 25 children at any one time, with a maximum of 4 children being cared for in each centre on any one night.

Tusla does not collate national data on the number of Foster Carers that provide respite placements as they are included in our general foster carer data. At the end of Q2 2021, there were 4,039 general foster carers assessed and approved across all areas, 323 of these foster carers reside in the Wexford/ Waterford area.

The provision of foster care and respite foster care is dependent on the available number of foster carers. As an Agency, we are committed to improving how we recruit, retain and better support foster carers, ensuring that we have foster carers from a wider geographical area and from more diverse backgrounds.

19. A note outlining:

- the number of Protected Disclosures Tusla has dealt with since it was founded,
- the number upheld in full or in part,
- Tulsa's expenditure on Protected Disclosures, and



• information on Tulsa's policy on and approach to dealing with Protected Disclosures. (pg. 35)

Response:

- Tusla has received 27 disclosures under the Protected Disclosures Act 2014, and in line with its Protected Disclosures policy.
- Tusla undertakes a two-step process in respect of protected disclosures. First, it undertakes a screening or "preliminary evaluation". This is to establish if the disclosure falls within the parameters of the Protected Disclosures Act 2014. The screening process also determines if any of the matters disclosed fall within another policy e.g., personal grievance, Trust in Care, or Dignity at Work, and directs the discloser to those policies where appropriate.
- Of the 27 disclosures received:
 - 16 were screened out at preliminary evaluation stage
 - 08 were screened in at preliminary evaluation stage
 - 03 other

Where a disclosure has been screened in at preliminary evaluation stage, a further investigation typically takes place, followed by corrective action where recommendations arise.

Of the 11 matters (including 2 disclosures from the Department of Children and Youth Affairs) that Tusla took further action on:

- 4 were upheld in full or in part. This means that deficits were identified, and corrective action recommended.
- 5 were not upheld. This means that further investigation revealed that relevant wrongdoings were not substantiated.
- 2 are subject to ongoing investigation.

Tulsa's current policy (approved 2016) is in line with the Protected Disclosures Act <u>https://www.tusla.ie/uploads/content/Tusla Protective Disclosure Policy.pdf</u>

A revised policy has been prepared following review and stakeholder consultation and is subject to Board approval this quarter (Q4 2021) with anticipated go-live date of 01 January 2021.

Tusla publishes annual reports in respect of its protected disclosures activity at the following link: <u>https://www.tusla.ie/staff/protected-disclosures/protected-disclosures/annual-reports/</u>

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Under SI 367/2020, signed into law on 24 September 2020, the CEO of Tusla is a prescribed person under the Protected Disclosures Act 2014 and as such can received protected disclosures from staff in crèches and other entities regulated by Tusla. No disclosures have been received to date under this mechanism.

20. Any data that can be provided by Tusla on the types of claims taken against the agency in 2019. (pg. 39)

Response: The States Claims Agency have provided the following details of claims made against the Agency in 2019 and 2020. 79 of the claims received related to the RTE programme on a private Crèche chain. These claims were ultimately dealt with by the Crèche's insurers with the State being indemnified. It is important to point out that the number of claims listed below are the claims made in the years and do not represent either the claims for which the SCA makes provision. The total number of claims is attached in **Appendix 2**.

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Incident/Hazard Category	Sub Hazard Type	Claim Create Date		
		2019	2020	
Crash/Collision	Crash/Collision	11	5	
	Total	11	5	
Exposure to Behavioural Hazards	Child Abuse	28	9	
	Violence, Harassment and Aggression	16	7	
	Total	44	16	
Exposure to Physical Hazards	Ergonomics (including manual/people handling)	1	0	
	Mechanical Components	2	1	
	Non Mechanical (Including Person/Animal)	1	0	
	Slips, Trips, Falls	5	4	
	Total	9	5	
Exposure to Psychological hazards	Wrongful Accusation	0	2	
	Wrongful Death	2	2	
	Wrongful Exposure	75	8	
	Wrongful Injury	4	0	
	Wrongful Release	4	5	
	Wrongful Retention	0	7	
	Total	85	24	
Property Damage/Loss (non	Structure/Building/Fixtures	1	0	
crash/collision)	Vehicle	2	1	
	Total	3	1	
Grand Total		152	51	

21. Information on Tulsa's expenditure on youth services, any capacity reviews it has undertaken of youth services, and how the agency collaborates with any Department-led programmes funding the youth sector. (pg. 40)

Response:

Exchequer funding support for targeted youth services and youth clubs is also provided through the Vote of the Department of Children Equality Disability Integration and Youth. This funding is largely administered through the Education and Training Boards, as the mid-level governance function for DCEDIY funds. The ETBs are represented on local Children and Young People's Services Committees, of which Tusla are also members.

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Funding for targeted youth services is provided through UBU Your Place Your Space scheme and is based on a needs assessment process, referred to as the Area Profile Needs Assessment and Service Requirements (APNASR). This process involves liaising with local stakeholders and agencies. Tusla, the Child and Family Agency is consulted as a stakeholder in this process and appropriate data provided by the agency is incorporated in the overall needs' assessment for the ETB functional area profile. Youth services will also engage with Tusla as stakeholders on an interagency or collaborative basis as needed locally. Any expenditure by Tusla in this category is reflected in the total provision as in question 2 above.

22. The current annual rate of attrition among foster carers. (pg. 40)

Response:

220 foster carers ceased fostering in the last year and we recruited a similar number while we have a total of 3,586 foster carers (excludes private foster carers) giving an attrition rate of 6.1%

Yours Sincerely,

unal forthe

Bernard Gloster Chief Executive

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Appendix 1

AFS NOTE 7 Non-Pay Expenditure

	2020	2019
	€'000	€'000
Community, Voluntary and Charitable Organisations		
Section 56 – Section 59 Arrangements (446 payees)	131,282	123,189
Schools Completion Programme (105 payees)	24,068	25,442
Family Resource Centre (122 payees)	19,501	18,535
Family Support Service Counselling (288 payees)	6,797	6,354
	181,648	173,520
Total Other Payables	28,497	26,617
Total Trade and Other Payables	56,323	66,962

Appendices -Summary by Grant Type, Service and Region

	€′000 2020	€′000 2019
Regional Service Level Agreements	65,442	60,859
Domestic, Sexual & Gender Based Violence (DSGBV)	25,606	23,856
Residential Services	22,782	21,297
Area Based Childhood Programme (ABC)	8,316	8,017
Creative Community Alternatives (CCA)	5,003	5,030
National Grants	2,258	1,598
Adoption	925	1,300
Children and Young Peoples Services Committees (CYPSC)	620	401
Quality and Capacity Building Initiative (QCBI)	-	384
National Early Years	122	229
Irish Refugee Programme	208	218
Total Section 56	131,282	123,189
School Completion Programme	24,068	25,442
Family Resource Centres	19,501	18,535
Family Support Service Counselling Payments	6,797	6,354
Total Other	50,366	50,331
Total Grant Payments	181,648	173,520

	2020
Section 56 – Section 59	€'000
Total Payments less than €50,000	3,148
Payments equal to or greater than €50,000	
Barnardos	8,962
Extern Ireland	7,763
Daughters of Charity	5,198
Foróige	4,899
Peter McVerry Trust	4,241
Focus Ireland	4,012
Youth Advocate Programmes (Yap)	3,421
Empowerment Plus	2,818
Don Bosco Care	2,752
St Bernards Children's Services	2,499
Traveller Families Care	2,232
Sonas Domestic Violence Charity	2,180
Smyly Trust Services	2,044
Home Again	1,985
Crosscare	1,959
Saoirse Housing Association	1,780
The Cottage Home Children and Family Services	1,759
Bessborough Centre	1,650
Salvation Army	1,524
Childhood Development Initiative (CDI)	1,484
Good Shepherd Cork	1,460
Dublin Rape Crisis Centre	1,452
Aoibhneas Ltd	1,391
Соре	1,231
Kildare Youth Services	1,153
Clarecare	1,131
Empowering People In Care (Epic)	1,105
Limerick Social Services Centre	1,070
Adapt	1,057
Arlington Novas Ireland	939
Paul Partnership	883
Niche Health Project (Cork)	872
Northside Partnership	860
Early Learning Initiative	808
Clondalkin Behavioural Initiative	801
The Homeless Girl's Society	784
Clare Haven Services	779

Streetline	722
Wellsprings - Mercy Childcare	719
An Cosán Shanty Education & Training	673
Louth Leader Partnership	654
Womens Aid	642
Bray Womens Refuge Housing	640
Kilkenny Womens Refuge	640
Womens Aid Dundalk	637
Cuan Saor	628
I.S.P.C.C.	622
Cloyne Diocesan Youth Services	618
Home Youth Liaison Service	611
Irish Foster Care Association	595
Oasis Housing Association	590
The Cari Foundation	574
Young Ballymun	571
Lifestart	569
Adapt Kerry	568
Donegal Womens Domestic Violence Service	562
Dublin Institute of Technology	536
Drogheda Womens Refuge	525
Galway Rape Crisis Centre	523
Youth New Ross	493
Ballyfermot Chapelizod Partnership	488
Rape Crisis Midwest	476
Teach Tearmainn Housing Association	465
Meath Springboard Family Support	462
Wexford Womens Refuge	456
Rehabcare Group	448
Praxis Care Group	441
North Tipperary Community Services	433
St Catherine's Community Services Centre	429
Cuanlee	426
Meath Womens Refuge	426
Carrs Child And Family Services	420
Daughters of Charity Community Services	415
Bray Area Partnership	413
Mayo Womens Refuge & Support Services	393
Springboard Project	390
Active Connections	372
Darndale Belcamp Integrated Childcare Service	364
Esker House Womens Refuge and Support	361
Sligo Family Support	360
Springboard Project Raphoe	357
Aster Family Support	353
Domestic Violence Advocacy Service	338

North Clondalkin Integrated Family School	334
Safe Ireland	333
Our Lady's Nursery Ballymun	327
Wexford Rape Crisis Centre	326
Sexual Violence Centre Cork	326
County Wicklow Community Partnership	325
Mercy Family Centre	320
St Brigid's Family and Community Centre	317
Pact	313
Youth Service Board Limerick	312
St Helena's Childcare Centre	308
West Cork Women Against Violence	296
Rape Crisis & Sexual Abuse Counselling	289
St Brigid's Day Nursery	287
Waterford Rape Crisis Centre	273
Neighbourhood Youth Project	269
Kerry Rape Crisis Centre	267
St Louise's Day Nursery	265
ISCOIL	263
Tír Na nÓg Early Childhood Care	263
Dundalk Rape Crisis Centre	255
Donegal Sexual Abuse & Rape Crisis Centre	254
Familibase	250
Sligo Springboard	249
Kerry Diocesan Youth Service	248
Togher Pre School & Family Centre	247
St Vincent's Day Nursery	242
Amen Support Services	240
Edenmore Day Nursery	235
Offaly Domestic Violence Support Service	231
New Communities Partnership	230
Deansrath Family Centre	225
North Tipperary Development Company	225
Mayo Rape Crisis Centre	225
Bluestack Foundation	207
Longford Womens Link	204
Aosóg After School Project	200
Teach Oscail FRC	199
Tearmann	199
You Are Not Alone - North Cork Domestic Violence	198
Bonnybrook Day Nursery	197
Kilkenny Rape Crisis Centre	194
Kilkenny Community Early Years Project	190
Mahon FRC	190
Tipperary Rape Crisis & Counselling Service	187
Mead Day Care Centre	185

Sligo Family Centre	182
Laois Support Services Against Domestic Abuse	180
Goldenbridge Early Childhood	177
Clonmel Community Mothers	174
One Stop Shop Cork	174
Carlow South Leinster Rape Crisis Centre	174
Ballygall Schools & Counselling & Family Service	169
Trinity College Dublin	169
The Mens Development Network	166
Vita House Family Centre	162
Mná Feasa Domestic Violence Project	162
Mounttown Neighbourhood Youth	159
Gorey Youth Needs Group	155
Cruthu Foundation	150
Cox's Demense Youth & Community Project	149
Cork City Childcare Company	148
Tipperary Regional Youth Service	147
Carlow Women's Aid	146
Tír Boghaine	146
The Marian Centre Ltd	145
Newbury House Family Centre	141
First Steps Rowlagh	139
Athlone Rape Crisis Centre	138
Carlow Regional Youth Service	137
Alcohol Forum	134
Roscommon Safelink Ltd	133
DVR Oughterarad Galway	132
Friends of Tacu	131
Regional Sexual Abuse/Tullamore Rape Crisis	131
Anew Support Service	129
Kilbarrack/Foxfield Day Nursery	128
St Michael House	127
Westmeath Support Services	125
Doras Buí	124
Early Childhood Ireland	122
Moatview Day Nursery	118
St Anne's Day Nursery	115
One in Four	115
Hill Street FRC	114
Cork Life Centre t/a Sunday's Well Life Centre Cork	114
Donegal Womens Centre	112
Phoenix Community Resource Centre	112
Ballyboden Children's Centre	111
Ballyhaunis FRC	110
Roscommon Integrated Development Company	108
West Dublin YMCA	103

Pavee Point Travellers Centre	102
Donegal Youth Service	102
Ferns Youthwork Ireland	102
Clare Youth Service	101
Letterkenny Youth and Family Services	100
National Family Support Network	100
St Michael's Family Life Centre	97
The Crann Support Group Ltd	96
County Dublin VEC	91
Genesis Psychotherapy & Family Therapy	90
Cobh FRC	89
Before 5 Family Centre	86
Aiseanna na hOige Teo	86
Glenfields Community Childcare	85
Family Resource Centre, Tyrone Place Inchicore	84
Clonmel Community Resource Centre	82
Ossory Youth Services	81
Shanakill FRC	81
Leitrim Integrated Development Company	79
Westmeath Community Development	79
Sligo County Child Care Committee	77
Carrick-on-Shannon Family Life Centre	76
Southside Partnership	75
Southend Family Resource Centre	74
St Aidan's School	73
Rialto Springboard Project	69
Ballina FRC	68
Parentline	66
Young People at Risk Initiative	64
Homestart	64
Youth Work Ireland - Galway	62
Kerry Family Resource & Counselling Centre	61
Inishowen Development Partnership	60
Carrigtwohill FRC	60
UNESCO Child and Family Research Centre, NUI Galway	60
Knockanrawley Resource Centre	60
Skibbereen Community & Family Resource Centre	59
Drogheda Lifestart	59
Northside FRC	58
YMCA Ireland Parents and Kids Together (PAKT)	58
Galway Simon Community	54
FORUM CONNEMARA LTD	54
Golf Course Road Community Centre	54
CURAM Claremorris	54
Boyle FRC	53
Castleisland FRC	53

Fotal	131,282
nishowen Development Partnership	50
Dunmanway FRC	50
Mountmellick Youth & FRC	52
Parents First (Laois/Offaly)	52
	_

Schools Completion Programme Payments	2020 €'000
Total Payments less than €50,000	63

Payments equal to or greater than €50,000

City of Dublin ETB	1,457
Kildare Wicklow ETB	1,139
Louth and Meath ETB	731
County Donegal ETB	730
Cork ETB	687
Kilkenny and Carlow ETB	629
Cavan and Monaghan ETB	627
Galway Roscommon ETB	485
Liberties D8 SCP	390
Ballymun SCP	367
Clondalkin A Collinstown SCP	361
Dublin and Dun Laoghaire ETB	361
Mayo Sligo And Leitrim ETB	316
St Paul's CBS D7 SCP	313
Ballyfermot D Dominican SCP	310
Mahon Blackrock SCP	291
Waterford SCP	284
North West City SCP	282
Sligo SCP	277
Ennis SCP	268
Dundalk SCP	259
Bantry Dunmanway SCP	257
Jobstown SCP	256
ISCOIL	250
Le Chéile SCP	249
Coolock D17 SCP	248
Business in The Community Ireland	247
Tullamore SCP	240
Treor	240
North Inishowen SCP	240
Southill SCP	229
St Munchin's SCP	226
Mayfield/The Glen SCP	225
Mullingar SCP	223
Deeside (Ardee) SCP	222

Gorey SCP	218
St Clondalkin School's Cluster SCP	217
Deis Scop SCP	217
The Donahies C.S SCP	216
Killinarden SCP	215
Artane St. Davids D5 SCP	215
Aisling Project Ltd	213
Brookfield/Fettercairn SCP	208
Clondalkin B Quarryvale Balgaddy SCP	203
Enniskerry Bunclody SCP	202
Blakestown Mountview SCP	199
St Oliver's Clonmel SCP	198
Old Bawn St. Dominics SCP	197
Drimnagh Bluebell Inchicore SCP	193
Sexton Street Assisting Youth (SSTAY) SCP	188
Cabinteely SCP	185
Galway City Westside SCP	184
North Kerry (Link) SCP	184
Tullow Area SCP	182
Edenmore Kilbarrack Raheny Árd Scoil	180
Limerick and Clare E.T.B.	180
Ballyfermot C Caritas SCP	178
Carrick-on-Shannon Education Centre	178
St Finian's Swords SCP	175
South West Wexford SCP	174
Athlone SCP	174
Tipperary Town SCP	172
East Tallaght Balrothery SCP	172
Balally Dundrum SCP	170
Mounttown Sallynoggin SCP	170
Finglas (St Vincent's) SCP	170
Crumlin Cluster SCP	170
Steps (Rosbrien) SCP	168
Riversdale D15 Tofe SCP	164
Bridgetown SCP	163
Palmerstown SCP	163
Dublin North Central SCP	162
Clár Chríochnú Scoile Conamara SCP	160
Crumlin Drimnagh and Harold's Cross SCP	159
Wexford SCP	159
Coolock SCP	150
Edenderry SCP	147
Swords Fingal SCP	147
St Marks St Maelruains SCP	146
Pairc SCP	142
Dungarvan SCP	142

St Michael's Secondary School	138
Synge Street SCP	136
Greenhills SCP	133
Laois and Offaly ETB	130
Scoil Mhuire N.S. and Ballinteer	126
St Canice's Community Action Ltd	126
Kilrush SCP	122
Kerry SCP	120
North Tipperary SCP	114
South Meath SCP	110
Connemara North and West SCP	102
Birr Roscrea SCP	101
Tipperary ETB	97
Croom Kilmallock SCP	90
Barnardos	67
St Ultans School	56
Ballybeg Community Development Project (Brill FRC)	52

Total

24,068

Family Resource Centre Payments	2020 €'000
Total Payments less than €50,000	10
Payments equal to or greater than €50,000	
Curragh Pride FRC	461
FRC National Forum	376
Athy Community and Family Centre	238
St Andrew's Resource Centre Ltd	236
South West Kerry FRC	232
Ard FRC	231
Aster Family Support Ltd	216
Teach Oscail FRC	213
Fatima Groups UTD	210
Northside FRC	208
Ballymun Child and FRC	202
Ballybeg Community Development Project	201
St Canice's Community Action Ltd	201
Mevagh Family Resource Centre	196
Quarryvale Family Resource Centre	195
Hospital FRC	191
Ballymote FRC	189
Northwest Clare FRC	188
Cobh FRC	185
Castlebar Le Chéile FRC	179
Forward Steps Resource Centre Ltd	179
Listowel FRC	179
Millenium FRC	178
Adrigole FRC	177
Raphoe FRC	177
Bagenalstown FRC	177
Rosemount Community Development Group	176
Ballinrobe FRC	175
Portlaoise Family & Community Resource Centre	174
School St and Thomas Court Bawn FRC	173
Teach Dara Kildare Town Community & Family Centre	171
Ballyspillane Community & FRC	171
Newpark Close Community Development	170
Clara Community & FRC	170
North Tipperary Community Services	170
Barnardos	169
Duagh FRC	169
Lus na Gréine	169
Clann Resource Centre Oughterard	169

St Brigids Family and Community Centre	169
Mountmellick Youth & FRC	168
Raheen Community Development Group Ltd	168
Beara West FRC	168
Three Drives FRC	165
Gorey FRC	165
Carrigtwohill FRC	165
Killorglin FRC	165
Westport FRC	165
Boyle FRC	164
Loughrea Family & Community Resource	164
Cherry Orchard FRC	164
Solas FRC	163
Mountview FRC	163
Mohill Family Support Centre Ltd	163
Connect FRC	162
Newbridge FRC	162
Shannon FRC	161
Downstrands FRC	160
Springboard Project Raphoe	160
The Crann Support Group Ltd	160
Roscommon Integrated	160
Breffni Community Development Ltd	159
Cara House FRC	158
FACT Ballincollig FRC	158
Greystones FRC	158
Southill FRC	158
Tubbercurry Family and Childcare Centre	158
Le Chéile FRC	158
Bridgeways FRC	158
Cairdeas Kilmovee FRC	157
Tullamore Community and FRC	156
Shanakill FRC	156
Hill St. FRC	154
Trim FRC	154
St Johnston and Carrigans FRC	152
Mullaghmatt Cortolvin Community Development	150
Moville and District FRC	148
Hillview Community Resource Group	147
Killinarden Resource Centre	147
Spafield FRC	147
West Clare FRC	145
Killaloe Ballina FRC	143
Donegal FRC	140
Baldoyle Family Resource Services Ltd	140
South West Wexford Community	137

Total	19,501
Bandon FRC	04
SDC South Dublin County Partnership	84
Cara Phort FRC	95
Buds Ballyduff Family & Community Services	103
St Brigids Community Centre	110
Focus FRC	110
Neart Hamhnais Teoranta (Ballyhaunis)	111
Clones FRC	111
Midleton Community Forum CLG	112
St Matthew's FRC	112
Claremorris FRC	113
Croom FRC	113
Monsignor McCarthy FRC	113
Ballyfermot Resource Centre Ltd	113
Dunmanway FRC	115
Castlerea and Family Resource Centre	115
	115
Droichead FRC	116
Ballyogan Community Development	117
Mill FRC	117
Sacred Heart Comm and Childcare Project	119
Castlemaine FRC	120
Ballyboden Children's Centre	120
Taghmon FRC	122
St Kevin's FRC	124
Sligo FRC	126
Ballina FRC	127
Abbeydorney / Kilfynn FRC	128
Dunfanaghy Community FRC	129
Kerryhead/Ballyheigue FRC	129
Balally FRC	130
The Forge FRC	132
Southend Community Development Group	132
The Peoples Resource Centre Kells	133
Gort Resource Centre Ltd	135
Kenmare FRC	136
Artane Coolock Resource and Development Centre	137
West Sligo FRC	137

13

Total

Family Support Services Counselling Payments	2020 €'000				
Total Payments less than €50,000	2,406				
Payments equal to or greater than €50,000					
Accord	1,592				
Rainbows Ireland	300				
Cherish t/a One Family	244				
Cork Counselling Services Ltd	181				
Barnardos	176				
The Association of Agency Based Counselling & Psychotherapy	170				
The Cari Foundation	157				
Beacon Of Light Counselling Centre	128				
Clanwilliam Institute	119				
Crosscare	117				
Boyle FRC	113				
Dundalk Counselling Centre	97				
South West Counselling Centre	95				
Genesis Psychotherapy & Family Therapy Services	95				
Northside Counselling Services	95				
St Brigid's Family and Community Centre	84				
Candle Community Trust	81				
THE SOCIAL & HEALTH EDUCATION PROJECT	75				
Vita House Family Centre	74				
Knock Counselling Centre Ltd	64				
Trinity Adult Resource Group For Education & Training	64				
The Family Centre	58				
KERRY ADOLESCENT COUNSELLING SERVICE	55				
FINGAL COUNSELLING SERVICES	54				
Pro Consult	52				
Irish Sudden Infant Death Association	51				
Total	6,797				

R0910 (iii) PAC33



Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta National Treasury Management Agency

An Ghníomhaireacht um Éilimh ar an Stát State Claims Agency

TUSLA

Quarterly Claims Report 2020 (Q4)

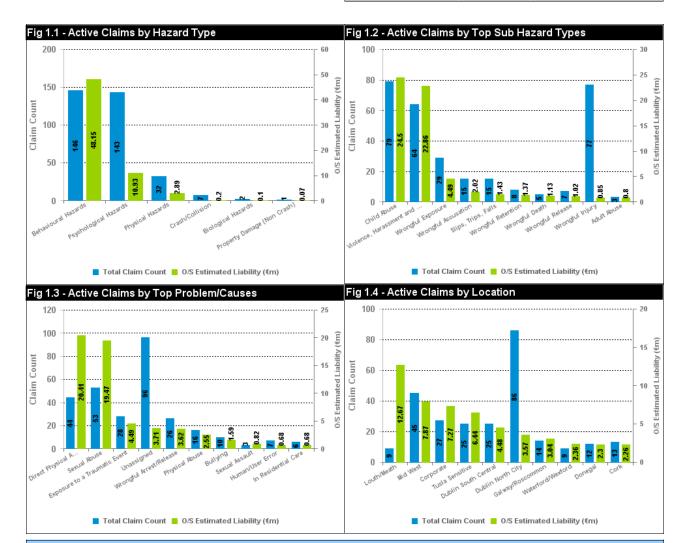
Report run date: 01/01/2021



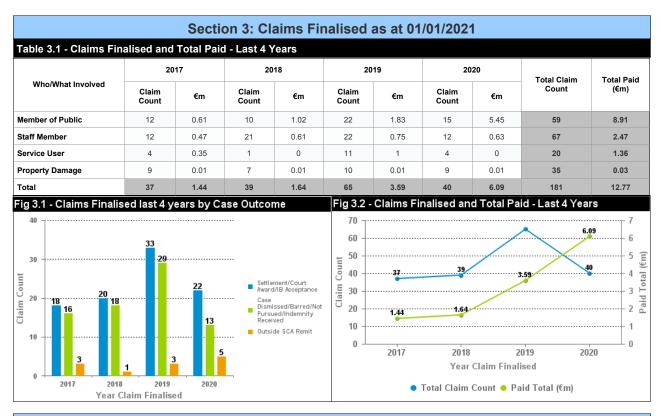
Córas Náisiúnta um Bainistíocht Teagmhais National Incident Management System

"This report has been produced solely for use by the Authorities/Agencies which come within the remit of the State Claims Agency, as established by the National Treasury Management Agency (Amendment) Act, 2000. The contents are confidential and intended for the use of authorised personnel only. If you have received this report in error, any use, reproduction or dissemination of this is strictly prohibited. If any anomalies are observed within the report please contact stateclaims@ntma.ie"

Section 1: Active Claims as at 01/01/2021									
Table 1.1 - Active Cl	aims by Who/Wh	at Involved	Table 1.2 - Active Claims by Claim Status						
Who/What Involved Total Claim		Outstanding Estimated Liability (€m)	Claim Status	Total Claim Count	Outstanding Estimated Liability (€m)				
Member of Public	165	13.76	Claim Received	5	0.38				
Staff Member	88	12.63	Claim Under Investigation	146	14.47				
Service User	77	35.89	Claim Litigation	151	40.8				
Property Damage	1	0.07	Trial	16	5.16				
Total	331	62.35	Claim Conclusion Started	13	1.54				
			Total	331	62.35				



		Se	ection	2: Cla	ims Cr	eated as at 01/01	2021				
Table 2.1 - Claims Cre	Table 2.2 - Claims Created Previous 4 Quarters										
Who/What Involved	2017	2018	2019	2020	Total	Who/What Involved	2020 (Q1)	2020 (Q2)	2020 (Q3)	2020 (Q4)	Total
Member of Public	26	15	97	15	153	Service User	3	2	8	9	22
Staff Member	34	26	19	8	87	Member of Public	4	4	4	3	15
Service User	18	18	24	22	82	Staff Member	1	3	2	2	8
Property Damage	10	6	11	5	32	Property Damage	2	0	2	1	5
Total	88	65	151	50	354	Total	10	9	16	15	50



Section 4: Transactional Expenditure as at 01/01/2021											
Table 4.1 - Transa	Table 4.2 - Transactional Expenditure (€m) - Last 4 Quarters										
Who/What Involved	2017	2018	2019	2020	Total (€m)	Who/What Involved	2020 (Q1)	2020 (Q2)	2020 (Q3)	2020 (Q4)	Total (€m)
Member of Public	2.96	4.08	2.83	1	10.86	Member of Public	0.03	0.11	0.8	0.05	1
Staff Member	0.9	0.56	0.71	0.68	2.85	Staff Member	0.09	0.02	0.04	0.53	0.68
Service User	0.33	0.06	0.99	0.14	1.52	Service User	0.03	0.08	0.01	0.03	0.14
Property Damage	0.01	0.01	0.01	0.01	0.03	Property Damage	0	0	0	0	0.01
Total	4.2	4.7	4.54	1.83	15.27	Total	0.15	0.21	0.86	0.61	1.83



Section 5: Footnotes and Appendix

'Mass Action': Group injury claims dealt with by the State Claims Agency, e.g. Symphysiotomy, DePuy Hip Replacements etc.

Who/What Involved:

The 'Who/What Involved' category denotes the category of person affected by the incident. In the case of incidents which are property related, they will be categorised as such. 'Who/What Involved' categories include:

i) 'Member of Public' includes recreational users and visitors of state facilities, but can also include trespassers. Moreover, 'External Contractors' and 'Volunteers' are also contained within this category.

ii) 'Service User - Clinical Care' includes patient related incidents which fall within the 'Hazard Category' of 'Clinical Care'. This category includes includes incidents relating to the provision of services of a diagnostic or palliative nature. It also includes incidents relating to the provision of treatment. Incidents present in this category will be relating to clinical procedures, birth specific procedures, medication incidents, or nutrition/blood related incidents.

iii) 'Service User - General' includes patient related incidents outside of the 'Clinical Care' hazard category. This includes all incidents relating to 'Exposure to Physical Hazards', 'Exposure to Psychological Hazards', 'Exposure to Chemical Hazards', 'Exposure to Biological Hazards', 'Crashes/Collisions' and 'Property Damage/Loss (non-crash collision)'.

iv) 'Staff Member' incidents relate to employees who are considered full/part time civil servants/public servants, directly employed by the Enterprise/Agency. Employees on secondment are also included in this category. This grouping also includes the 'Panel Staff / Agency / Locum' category.

v) 'Panel Staff / Agency / Locum' includes other staff members under contract.

vi) 'Property Damage' refers to claims lodged with regards to third party property damage/loss.

Hazard Type:

The 'Hazard Type' is a high level classification used to describe an incident. This is based on internationally recognised hazard classifications which have been further developed to denote hazards that can have a direct or indirect impact on a person or property. This high-level classification is a grouping together of like type hazards. The high-level hazard categories represented are as follows:

i) 'Crash/Collision' refers to an incident involving a single vehicle or multi-vehicle collision. Incidents are logged with regards to drivers, passengers, pedestrians and other property involved.

ii) 'Biological Hazards' - This refers to incidents associated with Sub Hazards such as viruses, bacteria or moulds.

iii) 'Chemical Hazards' encompasses incidents associated with Sub Hazards such as cleaning products, industrial products, laboratory chemical, etc.

iv) 'Physical Hazards' - This includes all incidents associated with Sub Hazards such as slips, trips and falls, manual handling, sport, fire, etc.

v) 'Behavioural Hazards' - This refers to incidents associated with Sub Hazards such as violence, harassment, aggression, self-harm, assault, etc.

vi) 'Psychological Hazards' - This contains incidents associated with Sub Hazards such as a critical incident or a traumatic events. vii) 'Property Damage/Loss (non crash/collision)' relates to all incidents associated with property damage/loss, excluding damage/loss suffered as a result of a crash/collision. Examples of such an incident include environmental damage, malicious damage, theft etc.

Problem/Cause:

A field detailing the specific factors which caused the incident, e.g. 'Physical Assault', 'Inhalation', 'Rough Terrain', etc.

Case Outcome:

Provides details with regards to the outcome of the claim, e.g. Court Award, Settlement, Outside SCA Remit, etc.

Claim Status:

A Claims Manager perspective field which informs the CM of the current workflow status of the claim. Values present within this field include, for example 'Alerted for CM Review', 'Trial', 'Claim Litigation', etc.

'Claim Received': When solicitors Letters/Summons/Injuries Board forms are received.

'Claim Investigation': When the Claims Manager starts their investigation on a claim.

'Claim Litigation': When the Claims Manager/Defence Solicitor starts the litigation phase of a claim. The date the proceedings are served. 'Trial': The date the notice of trial is received or for claims where the Court lists a case but issues no notice of trial.

'Under Appeal': When a notice of Appeal is received.

'Claim Conclusion': When the outcome on a case is decided. This can range from a trial outcome, tender accepted, Injuries Board acceptance to claims intimated but not pursued or claim discontinued. This is the first step in the conclusion of a claim.

'Legacy Data' refers to incidents whereby the specific category was not available prior to the NIMS upgrade.

'Unknown' includes incidents where the appropriate information was not provided, or is unknown at this time.

'Unassigned' refers to incidents whereby the specific category that the incident relates to has not been identified as of yet.

'Year/Quarter Claim Created' refers to the official date that the claim was created on NIMS.

'Year/Quarter Claim Finalised' refers to the date that the claim was finalised on NIMS and all matters associated with the claim (e.g. costs) have been agreed. The claim may have some outstanding transactions to be processed.

'Outstanding Estimated Liability' refers to the State Claims Agency's best current estimate of the ultimate cost of resolving a claim, minus any payments already made. It includes all foreseeable costs such as settlement amounts, claimant legal costs and defence costs (such as fees payable to legal counsel, engineers, consultants etc.). Outstanding Estimated Liability may be revised on a regular basis in light of any new information received.

'Total Paid', in relation to finalised claims, refers to the amount of money paid to date on a claim. It may include payments made in previous years.

'Transactional Expenditure' reflects payments issued in a given year/quarter. These payments include professional fees, awards and expenses.

Appendix 3

Overview of the Joint Protocol for Interagency Collaboration Between the Health Service Executive and Tusla – Child and Family Agency to Promote the Best Interests of Children and Families

The initial Tusla/HSE Joint Protocol (2017) was implemented to promote better coordination and integration of services for children with disabilities and complex needs, to ensure the responsibilities of both agencies, were clearly defined following the establishment of the Child and Family Agency (Tusla).

From 2017, the implementation of the protocol was influenced by challenges highlighted by both agencies, and by the Ombudsman for Children's recommendations in both the 'Molly' case (2018) & the 'Jack' case (2020).

These challenges included the requirement for further clarity on:

- The cohort of children and young people to whom the protocol referred.
- The funding of residential placements for children and young people with complex needs.
- The transition of young people to adult services.
- The structures for resolution of disputes in respect of funding or case management responsibilities.

As a result of these challenges, a review of the original protocol was completed, and the revised Joint Protocol was published in April 2021.

This includes greater clarity in respect of clinical governance and funding of placements, which were addressed in a Memorandum of Understanding (MoU) (attached) agreed between both agencies and signed off by the respective CEOs, with the agreement of the Department of Health and the Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The revised Joint Protocol and its implementation (underpinned by the MOU) is the responsibility of all services in Tusla/HSE and is overseen at regional level by the HSE Chief Officer/Tusla Regional Service Director level.

At national level, there is a National Oversight Committee jointly chaired by the Tusla Director of Services and Integration and the HSE Operational Lead for Disability Services. This Committee includes representation from HSE's Disability, Mental Health, Primary Care and Acute Hospitals, and Tusla's Alternative Care, Child Protection and Welfare, and Prevention, Partnership and Family Support Services.

The Committee governs the implementation of the protocol across both agencies and is an escalation point, when required, if there is a difficulty resolving any significant issue.

In 2021, the Committee recommended the development of a revised tracking system for monitoring implementation with the protocol in relation to both funding and clinical governance requirements. This revised system will be signed off before the end of Q4 2021, with a view to implementation in January 2022.

Both the HSE and Tusla are committed to ensuring that services across all levels of both agencies, work collaboratively, to meet the needs of these children and young people and to support their transition into adulthood. The implementation of the protocol has strengthened communications, planning and learning for both Agencies to date.

However, there have been challenges, particularly in the context of accessing funding for new placements, recruitment and retention of staff and an inadequate supply of residential placements in Ireland, particularly for children and young people with more complex presentations. Both agencies are working to address these issues and mitigate impact for children, young people, and their families.

R0910 (v) PAC33

Mr Bernard Gloster Chief Executive Officer Tusla – Child and Family Agency Brunel Building Heuston South Quarter Kilmainham Dublin 8 Mr Paul Reid Chief Executive Officer Health Service Executive Dr. Steeven's Hospital Dublin 8

4 November 2020

Re: Disability Protocol between HSE and Tusla

Dear Bernard and Paul,

We are writing further to our meeting on 3 March 2020 which set out a number of agreed principles in relation to the future responsibilities and funding for children in care or transitioning out of State care. Since the meeting took place, officials from the Department of Health, the Department of Children and Youth Affairs, Tusla and the HSE have continued to meet, discuss and work on a final agreed set of principles.

The position as set out in the attached Appendix represents an agreement on funding matters, clearly delineates clinical/case management responsibilities and, crucially, ensures that the needs of the child are central to all deliberations and decisions

Of particular note is the commitment to children who are not in State care but fall within the active remit of both Tusla and the HSE. They will receive fully coordinated and joined up assessments, care plans and interventions as agreed in joint meeting of operational and clinical personnel from both agencies. This will be realised in line with the Joint Protocol and where one agency is clearly leading the other agency will make available its expertise and resources to assist the lead agency to maximise integration of service delivery

In relation to the specific issue of funding, the proposed model, as set out in the attached, formally apportions the expenditure across both Agencies, providing a greater degree of fiscal stability for the placements required in future. However, it should be noted that the HSE are required to operate within it its allocated budget and that new funding requirements are subject to a successful Estimates bid.

Finally, we would both like to acknowledge the important work done by HSE and TUSLA staff on the ground to support the Protocol and we would also like to take this opportunity to wish both of your organisations continued success in embedding the Protocol.

Yours sincerely,

Fergal Lynch Secretary General Department of Children and Youth Affairs

Colm O'Reardon Acting Secretary General Department of Health

Appendix

Joint Protocol HSE & Tusla - Children with Disabilities

At a meeting of Tusla, HSE, DCYA and the Department of Health on 3 March 2020 the following was agreed:

- There are an agreed cohort of 132 young adults and children who have reached or will reach the age of 18 years (age out) in 2020 and who were in the care of Tusla and who continue to need care placements. 62 of these individuals are currently in foster care but not deemed to require a full time residential placement. The accepted and agreed cost for these placements is €17.8M, some of which is already funded by the HSE. The agreed approach to the funding and management of these cases is as follows:
 - a. Funding will be approached on the basis that the actual costs will be agreed and the responsibility for funding will transfer from Tusla to the HSE as set out below and subject to the estimates process.
 - b. Clinical and case management will immediately be undertaken by the HSE regardless of which agency funds the placement.
- No new cases of children turning 18 years (ageing out) will be added to the cohort of 132 referenced at 1. above. All new cases will be subject to the points 3 – 5 below.
- 3. All current cases of children under the age of 18 years (not aged out) which has an agreed cost of €11M, will be funded on a 50:50 basis between the HSE and Tusla with effect from 1st October 2020. (i.e.€5.5M costs will transfer to the HSE for full year and proportionate for 2020). Tusla will retain case management and governance where this is currently the case, until the child reaches the age of 18 (ages out) when the HSE will assume full responsibility for clinical/case management/cost.
- 4. All children referred to at 3 above and any new cases will, upon turning 18 years (i.e. ageing out), transfer in full (cost and case/clinical management) to the HSE at age 18 years.
- 5. Any new cases of children in care requiring additional specialist care or services coming on stream, as at 4. above will be funded, on a 50:50 basis, until the age of 18 years (ageing out). At age 18, HSE will assume responsibility for clinically managing care and full funding subject to available resources. Prior to age 18 years the management of the case will be agreed by both agencies as per Joint Protocol (i.e. agreed at local operational management level based on the needs of the child). It is

anticipated that if the child is in the care of Tusla by order of the Child Care Act 1991 (as amended) Tusla will take the lead role up to the age of 18 years. As part of the annual Estimates bid for school leavers HSE will include provision for agreed cases aging out of Tusla care.

- 6. Children who are not in care but fall within the active remit of both Tusla and the HSE will receive a fully coordinated and joined up assessment, care plan and interventions as agreed in a joint meeting of operational and clinical personnel from both agencies. In line with the Joint Protocol, where one agency is clearly leading (as agreed) the other agency will make available its expertise and resources to assist the lead agency to demonstrate the maximum integration of service delivery as mandated.
- A process is to be established between the HSE/Tusla at CHO/Area Manager level to jointly assess and agree cases that are to be included on the National Ability Support System (NASS) as appropriate