

DÁIL ÉIREANN

AN COMHCHOISTE UM LEANAÍ AGUS GNÓTHAÍ ÓIGE

JOINT COMMITTEE ON CHILDREN AND YOUTH AFFAIRS

Dé Céadaoin, 20 Meitheamh 2018

Wednesday, 20 June 2018

Tháinig an Comhchoiste le chéile ag 2 p.m.

The Joint Committee met at 2 p.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
Lisa Chambers,	Lorraine Clifford-Lee,
Denise Mitchell,	Catherine Noone,
Tom Neville,	Fintan Warfield.
Anne Rabbitte,	
Sean Sherlock.	

I láthair / In attendance: Deputy Tony McLoughlin.

Teachta / Deputy Alan Farrell sa Chathaoir / in the Chair.

Business of Joint Committee

Chairman: We have a quorum. I propose that we meet in private session initially.

The committee met in private session at 2.01 p.m. and resumed in public session at 2.08 p.m.

HIQA Report: Engagement with Tusla

Chairman: We are now back in public session. We will have a presentation this afternoon from representatives of Tusla. I welcome CEO, Mr. Fred McBride, chief operations officer, Mr. Jim Gibson, director of transformation and policy, Mr. Cormac Quinlan, service director, Dr. Aisling Gillen and service director for Dublin and the mid-Leinster area, Ms Patricia Finlay. I thank them for coming here this afternoon at short notice. The committee is also grateful to the witnesses for agreeing to a shorter meeting this afternoon. I also welcome members and viewers who may be watching these proceedings on Oireachtas TV.

Before we commence and in accordance with procedure, I am required to draw the attention of witnesses to the fact that by virtue of section 17(2)(l) of the Defamation Act 2009, they are protected by absolute privilege in respect of their evidence to this committee. However, if they are directed by the committee to cease giving evidence on a particular matter and continue to do so, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any persons or entity by name or in such a way as to make him, her or it identifiable. Members are reminded of a long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the House, or any official by name in such a way as to make him or her identifiable.

I remind members to switch off their mobile phones - which I forgot to do - because it will interfere with the sound systems. It affects the ability of the parliamentary reporters to record what people are saying. It makes it hard for people watching or listening at home to pick up what is being said.

I advise witnesses that submissions or opening statements they have made to the committee will be published on the committee website after this meeting. After the presentations, there will be a series of questions from members for approximately one hour and 50 minutes until 4 o'clock.

The purpose of today's meeting is to discuss HIQA's report and the investigation into the management of allegations of child sex abuse against adults of concern by the Child and Family Agency upon the direction of the Minister for Children and Youth Affairs. The report arose from the RTÉ "Prime Time" programme which revealed that Tusla had sent notification to An Garda Síochána, containing a false allegation of child sex abuse against a Garda whistleblower, Sergeant Maurice McCabe. In light of these circumstances and concern about more systematic

issues that might require a response at national level, the Minister for Children and Youth Affairs, Deputy Zappone, instructed HIQA to carry out a statutory investigation under the Health Act 2007. The HIQA board approved this investigation which began in March 2017.

The investigation report was published yesterday and made a number of recommendations to improve safety, quality and standards of services provided by Tusla regarding referrals of allegations of child abuse involving adults of concern.

As Chairman, I take the opportunity to thank HIQA for the speed with which it dealt with this statutory inquiry. To complete a statutory inquiry into such a large organisation in just under a year is no small feat. I thank HIQA for its very significant input into the activities of Tusla and the policies surrounding it, underpinned by legislation passed by these Houses.

Before I invite Mr. McBride to make his opening statement, I note for the members the comprehensive document prepared by the secretariat and circulated to them. If they have an opportunity, they should read it.

Mr. Fred McBride: I thank the committee for giving us the opportunity to talk about the HIQA investigation and report. We acknowledge and welcome the recommendations. I also welcome HIQA's acknowledgement that there is now clear strategic direction and a long-term vision of what we want to achieve. HIQA has made it clear and consistently stated both in this report and in other inspection reports that where a concern about a child is expressed to Tusla and we have information to indicate that the child is at immediate risk, the child gets an immediate response and that response is deemed to be protective and keeps them safe or reduces the risk.

HIQA also confirmed the consistent finding of Tusla staff advocating strongly for the children and families for whom it works. They have shown a capacity to maintain good relationships and improve outcomes for children. Of course, we receive 53,000 referrals a year. We cannot possibly respond to 53,000 referrals immediately and therefore, of course, a degree of prioritisation must take place. This HIQA report focuses on those referrals where it is not deemed that children are at immediate risk, how we prioritise these referrals and what action we take on them.

It was reassuring for us, albeit a very challenging read in the report, that the investigation report highlights exactly those issues faced by the agency which we had already identified and which we have been proactively addressing, mostly over the past two years. I know the agency is four years old, but in the first two years we were really just trying to keep services going and it was not until 2016 that additional investment was made available to us - very welcome as it was - that we began to reflect on and analyse the work that needed to be done. We embarked on a very comprehensive organisational cultural programme and reform. One of the HIQA external advisers, to whom I spoke the other day, remarked that it was both an ambitious and a radical attempt to change child-protection services, which is what it is.

I point out some of the significant progress we have made since Tusla was established. By 9 July we will have rolled out what we are calling the national childcare information system, an integrated computerised system. This will mean that for the first time in this country all our 17 functional operational areas will be on one integrated IT system, which we hope will eliminate inconsistencies that previously occurred with a mixture of paper-based systems and a plethora of obsolete and outdated computer systems.

As the report acknowledged, we have been developing many interagency protocols to assist in working with key partners, particularly in An Garda Síochána and the HSE. The report also highlights, particularly in the governance review, that interagency and collaborative working was a consistent strength of Tusla, with many examples of children being safer as a result.

We have also invested considerable time and money in what we call our prevention, partnership and family-support programme, which supports families in their local communities with initiatives such as Parenting 24-7 and Meitheal. We have developed the child protection notification system so that for children who are subject to a child protection plan there is live and accessible information available on a multiagency basis which the Garda, medical staff and accident and emergency units can access across the country. In another first for the country, we now have an out-of-hours service that covers the whole country rather than just Dublin and Cork.

Despite that progress, I absolutely agree that there are inconsistencies in our system and in our response to referrals where a child is not identified as being at immediate risk, as highlighted by HIQA. We are actively addressing this through our new national approach to practice. The last time the members of the committee visited us in the Brunel building, they had an opportunity to see some of the detail of that national approach to practice, which we are calling Signs of Safety. We are confident this will bring a consistency throughout the country so that children and families receive a consistent, timely and proportionate response.

We also accept HIQA's findings that we need to further improve our governance and accountability arrangements. Some further key posts are required in that regard. Accountability is about identifying problems and taking responsibility for these problems, understanding their causes and putting in place actions to remedy these. That is exactly what we have been doing for the past two and a half years in particular, but also before that.

The agency is accountable to a board and, as I emphasised at the press conference yesterday, staff are held to account in a proportionate and fair way through robust HR procedures.

I wish to speak about the legislative context and we may get a chance to discuss it in more detail. In particular I refer to the legislative context concerning retrospective and historical allegations of abuse. That is where an adult comes forward now to say that something happened to them as a child. We have been thrust into a space by case law, which places a responsibility on us to balance fair and due process for the person against whom the allegation has been made on the one hand and on the other hand trying to make an assessment of the risk to children now and what we need to do about that. There are significant legal constraints around that and we may get an opportunity to explore some of that in more detail today. Nevertheless, in the past two years we have reduced the number of unallocated retrospective allegations by approximately 60% which, by any industry standard, is a pretty reasonable improvement. The pace of change has been rapid and I accept the Minister's supportive comments about what we have achieved so far. We need to increase the pace of change and we look forward to the discussion with the oversight group the Minister intends to set up on how that increase in pace might be achieved.

We accept the recommendations that HIQA set out and see them as an endorsement of our programme of reform. We undoubtedly have some way to go but we are actively addressing all the issues to ensure practice across the country is consistent and of a high quality in order that we can provide a timely, proportionate and appropriate response to children and families. We acknowledge that quality is variable at the moment.

Chairman: As we have a substantial amount of time, I propose to allocate ten minutes to each member for questions and responses. There will be another round if the opportunity presents itself.

Senator Lorraine Clifford-Lee: I wish to request an early slot as I am due to speak in the Seanad Chamber at 3 p.m.

Chairman: Yes. I have one question to ask and I can then open the discussion to members. The line which jumped off the page from the presentation provided by Mr. McBride, in the context of the HIQA report, was, “the report does not indicate that delays or inconsistencies affected the immediate safety of any child” which begs the question as to how he can be sure of that, given the gravity and context of the report.

Mr. Fred McBride: The report states that after the examination of certain cases, there was no indication that children were at immediate risk. There is always a degree of unknown elements with 53,000 referrals a year. Almost all of them - 98% or 99% - are screened, although they do not all move to an initial assessment. Somebody looks a referral and decides whether immediate action needs to be taken. HIQA acknowledges that, from the evidence it looked at, no child who needs an immediate response does not get one. That is consistent with what we know ourselves because we respond immediately to children who are at immediate risk or in harm’s way. We monitor the cases which are waiting to be allocated and where the circumstances change, we look for any new information that comes in on these cases. It is entirely possible that a child could be in harm’s way without us knowing. In the case of more than one third of unallocated cases, I would not even call them “unallocated” because they are being actively worked by our duty and intake teams. It is simply that they do not have a single, dedicated social worker attached to them. I realise and accept that having a duty team working cases is not ideal but I do not think it means they are unallocated. That is a debatable point and I do not suggest I am absolutely correct in this regard but I am trying to provide nuance in this respect.

Other cases are monitored by the duty team and when there is any new information suggesting a case be given a higher priority, we do that. We contact schools, we may visit a child at home and we talk to people in the community. Can we always know there are no risks to children? I am sorry but we cannot.

Mr. Jim Gibson: It is important to outline our service delivery design. Before the agency was established, it was quite common for a community care area to have four or five points of contact to refer a matter relating to a child. Within our service delivery framework, we now have dedicated contact points in each functional area of the Child and Family Agency. As for the percentage split of referrals to the agency, 60% are for child welfare or children in need cases and 40% are child protection cases.

The system has become more sophisticated. The HIQA investigative report was a point in time. We have mentioned the prevention, partnership and family support, PPFS, programme. In each area, we have a team that reads, evaluates and directs referrals. For example, 1,300 staff and other members in the non-government sector have been trained in the Meitheal programme and there have been 1,409 requests. There are 99 family support networks across Ireland that pick up and help families in need and early intervention and support such as this ensures these cases do not materialise as serious child protection concerns.

Some 28,500 children in Ireland have received a family support service and we are ramp-

ing the service up. Every report and inquiry in Ireland concluded there was a dearth of family support services and early intervention programmes and we have worked exceptionally hard and tirelessly since our establishment, with the collaboration of Atlantic Philanthropies, which put €10 million on the table for us, and with the Department of Children and Youth Affairs and NUI Galway to develop this side of our business. A research report will be provided in September, which will show the results of this work and really good outcomes for children in Ireland. There are 53,000 referrals and they are not just about child protection but are about child welfare as well. We try to get in early to resolve problems to support families and children.

Senator Lorraine Clifford-Lee: I am utterly disillusioned after reading yesterday's report. Many of us thought it was a repeat of previous reports, although there are various nuances in this one, and it seems that little or no progress is being made. I was disappointed with the lack of urgency on the part of Tusla and the blasé attitude in yesterday's statements, which were to the effect that Tusla got some things right but not other things. We are talking about very vulnerable children and even if Tusla fails to get it right on one occasion, it is one occasion too many.

The report stated that there had been an issue with the retention of social workers and that there seems to have been a very high turnover. Can the witnesses outline why this issue exists? What attempts are being made to recruit social workers?

Mr. Fred McBride: We are making major attempts to recruit social workers and we have tried to take back control of what we call social work panels. They used to be national panels run by the national recruitment service of the HSE. For the first two years, we were entirely dependent on that system for recruitment. I am absolutely clear it did not and does not meet our purposes or needs. It is not quick enough and is too bureaucratic and inflexible. Over the past two years, we have attempted to take back some degree of control at least over that process by setting up our own Tusla recruiting capacity. Recently, we have taken back the social work panels from the national recruitment service and have set up regional arrangements for recruitment.

We have also been in touch with third level institutions and we have a third level liaison group. Through universities and colleges, we are trying to promote Tusla as an employer of choice and ensure people get the support they need when they come to work. We are trying to work with universities to ensure new graduates are as ready as they can be for the practice, albeit that everybody will need some support in his or her first two years. I have also personally been to recruitment events outside Ireland trying to recruit social workers, particularly from the North and the UK. Those are some of the actions we have taken.

We have also been looking at a retention strategy and we have been recruiting in large numbers. The problem has been keeping hold of staff, to be frank. We are looking at other measures, such as creating a senior practitioner grade, to try to encourage people to stay in practice. Currently, career development often means moving into management and we want to give opportunities to people to stay in practice and be rewarded and recognised for their experience. The turnover of social workers in the Republic of Ireland is 8.8% and in the UK it is 15%. We have real problems but comparatively speaking, it is not quite as bad as other places. We really need to work further on that in order to support people in doing this work. We want people coming to Tusla who really want to do the work. We cannot have people coming in because they need a job and would rather be working in the mental health, disability or probation areas. I do not want that and we do not need cases where people stay for a short period and leave. We need people who are dedicated to this area of social work and who really want to work with us and be supported.

We are also looking at our skills mix and we will have a workforce plan ready in the autumn that will describe the sort of mix we think we require. It is not just all about social workers, as important as they are, particularly in the area of child sexual abuse. We need qualified social workers to do that work. Their work can be supported and supplemented by social care workers, family support workers and our very valuable administrative and clerical staff in order to free social workers to do what they need to. That work is in train.

Senator Lorraine Clifford-Lee: Is morale low among social workers?

Mr. Fred McBride: No.

Senator Lorraine Clifford-Lee: It does not feed into the retention issues.

Mr. Fred McBride: No. Members may wish to look at a recent survey done by Dr. Andrew Turnell, who is working with us on our Signs of Safety approach, and which had a reasonable return rate. It was clear from that survey that social work staff in particular were highly enthusiastic and committed to the new practice approach.

Senator Lorraine Clifford-Lee: I refer to the child care law reporting project and the report launched two weeks ago. I refer to case G, a care order application in the Dublin metropolitan District Court for a young girl who came into care on an interim care order on grounds of neglect. While she was in care, she made disclosures of very serious sexual abuse by a number of male individuals that formed the major ground for the application. The Garda Síochána also interviewed the child a number of times but the Director of Public Prosecutions did not proceed with prosecution. The care order was granted and a UK forensic psychologist examined all the DVDs of these interviews and gave evidence on the grounds of credibility. He found the child's account of the abuse was highly credible but was highly critical of the Garda interviews by finding the child had been over-interviewed, which was particularly concerning and almost abusive. What is Tusla doing to organise joint interviews with An Garda Síochána to ensure children are not over-interviewed, perhaps feeding into the abuse process? What steps are being taken in this regard?

Mr. Fred McBride: We will not, of course, get into the detail of the case but the point is absolutely valid. We are looking to train far more people in joint interviewing with the Garda. As training is provided by the Garda, it is not completely within our control but we are in discussions with the Garda about increasing the numbers of social workers we have trained in joint interviewing to prevent exactly what the Senator mentions, the over-interviewing of children.

Mr. Cormac Quinlan: We now have a dedicated manager at senior level in the organisation working specifically with the Garda on a programme of work. They sit under my direction and that programme of work is examining the finalisation of an information-sharing agreement, which is in the final stages at present as it is going through legal review. The Garda also has asked the Data Protection Commission to review it as well to ensure it is compliant with current general data protection regulation requirements. We are just about to sign off on a joint protocol with the Garda relating to specialist interviewing in order that there is clarity on how and when social workers are to be brought into those interviews. There are approximately 14 social workers who are currently active and trained doing interviews and we expect to have ten more trained this year. As Mr. McBride indicated, we are reliant on the Garda to provide us with that training programme but we are actively looking at it and progressing it all the time. The Minister has been very supportive of the work on giving consideration to joint teams. We must think about how that might work practically but we are absolutely committed to ensuring

we are doing joint interviews and not re-interviewing children unnecessarily.

Senator Lorraine Clifford-Lee: There will be joint interviewing in the future.

Mr. Cormac Quinlan: Absolutely. There are joint interviews at present but we want to get to a point where we do joint interviews with the Garda for all these types of cases.

Senator Lorraine Clifford-Lee: The Chairman has indicated I have time for one more question and it is a pity because I have a list of them. I understand others need to contribute.

Mr. Fred McBride: There is no intention by me to be in any way blasé. I have been doing this work for over 30 years and I am acutely aware of the risks and extremely serious business in which we are involved. It is incumbent on me to be realistic and truthful with the committee about what it can expect from us and, frankly, what it cannot expect. We are trying to be realistic in saying we accept the HIQA report and its recommendations and it is an analysis with which we agree with regard to various aspects of services. That is really all I was trying to say. I was in no way trying to be at all complacent about the size of the task ahead of us. It is a huge task.

Senator Lorraine Clifford-Lee: I have a final question for Mr. McBride. As he pointed out, the report has indicated many deficiencies in Tusla. Ultimately, does the buck stop with Mr. McBride or the Minister?

Mr. Fred McBride: It stops with me.

Senator Lorraine Clifford-Lee: Mr. McBride stands over the analysis of the deficiencies and takes responsibility for them.

Mr. Fred McBride: Ultimately, I am accountable for them. As the Senator knows, I report to a board with regard to hiring, firing and all other matters. I have made it clear several times in public that I am happy to accept ultimate accountability for what goes right and what goes wrong in the Child and Family Agency.

Senator Lorraine Clifford-Lee: I thank Mr. McBride.

Senator Catherine Noone: I thank the representatives of Tusla for attending this afternoon's meeting. We appreciate it. They have acknowledged the systemic failures that exist within Tusla as an organisation. I do not intend it to be personal when I say that the people at the top of Tusla need to have a cold, hard look at the organisation based on this report. Perhaps they are doing that. It is too bad that we hear about the various instances that occur so regularly. When we, as legislators, are discussing this matter with the witnesses today, we are seeking answers to our questions in order that the public can be somewhat reassured that the most vulnerable children in the State are being looked out for. Is there a problem with the skills mix that needs to be resolved? What can the witnesses say to reassure those who are tuning into today's proceedings? Mr. McBride said at the outset that a child could be in harm's way without the knowledge of Tusla. I accept that this can happen but I suggest that such cases should be exceptional. Is that too much for us to expect from the organisation? I understand why Mr. McBride wants to be realistic about what people can expect. I ask him to comment on what I have said.

Mr. Fred McBride: I was trying to say I do not think we can know about every single situation in which a child is at risk. We can only know about what we find out about, what we are told about, what we see and what we observe. There are children at risk in many families and

situations in Ireland and Tusla and other State agencies do not necessarily know about them. Sexual abuse, by its very nature, happens behind closed doors. There are efforts within families and other extended networks to keep it secret. I have to say that realistically, we cannot know about everything. As HIQA has reported, when these matters come to our attention and we think there is an immediate risk or a child is immediately in harm's way, we respond immediately and we do something about it. This report is about how we prioritise our response to cases involving children who are not at immediate risk and how we make sure that response is appropriate, sufficiently timely and proportionate. While we should not overreact to something, equally seriously we should not under-react. That is the best way I can answer the Senator's question. I am trying to be honest and realistic. We cannot know about every child's situation.

Mr. Jim Gibson: It is probably quite important to communicate the statistics to the committee. As we said earlier, we receive 53,000 referrals each year. We have 24,366 open cases in which there is a concern that children may be at risk. I mention that to give the committee an idea of the volume of work we are doing. As we have communicated on a regular basis, the unallocated cases represent the big concern for us as an agency. It has been mentioned that the number of such cases has been driven down by 51% since 2014. We recognise that approximately 4,700 cases are unallocated. In some of those cases, we must try to define what the concern for the referral is. It is really clear for our business. If we get a referral about a child who will not wear his coat to school during the winter and his mother is really struggling with that, and at the same time, we get a referral about a young girl who has disclosed to her teacher that her father entered her bedroom and acted in a sexually inappropriate way, we will deal with the latter referral there and then. We will sort that situation out there and then. There are many referrals on our system in cases like that of the child who will not wear his coat. As part of our national approach to practice, we are looking at such cases and drilling down into them. As I said earlier when I was speaking about the prevention, partnership and family support programme, there is a place and a pathway for those children to go to. We will look at the child who is not wearing a coat at some stage but not on the day on which the referral is received because our resources are finite. We will deploy them where children are most at risk. I hope that helps.

Senator Catherine Noone: There would be something wrong if Tusla did not take such an approach.

Mr. Jim Gibson: Absolutely.

Senator Catherine Noone: It should be part of Tusla's expertise as an organisation.

Mr. Jim Gibson: It might be helpful if my colleague, Mr. Quinlan, were to explain how we are working at the national approach to practice. We are talking about risk and potential risk.

Senator Catherine Noone: I would think that most of the time, the responsibility of Tusla as an organisation is to manage risk.

Mr. Jim Gibson: Yes. It would be beneficial for the committee to hear from Mr. Quinlan as to how we work that out.

Mr. Cormac Quinlan: I will speak about one of the themes in the report. Systemic issues have been mentioned with particular reference to the screening exercise. Screening has two main goals. When we get a referral, we have to gather information, analyse it quickly and make a judgment on what we should do in respect of the matter. Obviously, we check what informa-

tion we already hold in respect of that family. That is the task of screening. One of the most important goals of screening is to identify children who are at immediate risk at that point in time and to respond to that. It is stated clearly in the HIQA report and every other inspection report that we do this consistently well all of the time. Beyond that, we look at what response is needed in other cases and how we prioritise those cases. In 2015, when we reviewed our system to identify the problems with regard to screening and prioritisation, we identified that the existence of inconsistencies and delays in this respect was an issue for us. Since February of this year, we have been applying the national approach to practice at the front door during the analysis stage. This has allowed us to bring much better consistency and rigour to the process. We know that gathering information, supplying good analysis and judgment and involving everyone in that process is really important in effective child protection systems. As part of our efforts to embed that approach to practice at the front door, we have completed four pilot sites - one in each region around the country - since February of this year. We are applying the methodology at the front door. We are looking at unallocated cases in those areas and at new cases coming into the system. Consultants are sitting beside social workers as they take calls. They are supporting them in using the national approach to practice. We are planning to roll out this piece of work across all the other areas by the end of this year. It will help us to decide what we take in or do not take in. It will help us to get the right service to the right child for the right reason. We are embedding that. During the work we have done to date, staff have been telling us that this approach is leading to more timely responses to priority cases and better analysis from the first call that is received. When we have been doing this work, we have seen a 30% average reduction in non-allocated cases. Relationship-based work is first and foremost when social workers are engaging with families and finding networks for children from the outset. Safety planning is beginning earlier as well. We are seeing real improvements in what is happening as part of the screening and prioritisation exercise. New revised guidance for the entire service will come out of that work.

Senator Catherine Noone: I should have pointed out that the ten minutes that are available to me include the time taken up by the witnesses' responses.

Mr. Cormac Quinlan: Apologies.

Senator Catherine Noone: It might seem like I am cutting off the witnesses as they respond to me. I will have to wait until the second round to ask the rest of my questions. Maybe the Chair will allow me to ask one more question at this point.

Chairman: Okay.

Senator Catherine Noone: It relates to the point that was made by Senator Clifford-Lee with regard to social workers. Given the rate of turnover, I find it hard to believe there is no morale issue. I do not get what the difficulty is when it comes to social workers. There is an issue when it comes to front-line workers. The primary managers within Tusla are responsible for putting structures and protocols in place to protect children and front-line workers. It is clear that such workers are having to deal with many of the frustrations of the public, for example with regard to what they hear in the media. It is coming straight back at front-line workers. The witnesses might not have enough time in this slot to come back in on this point. I will explore it further when I get an opportunity to come in again.

Mr. Fred McBride: We have been looking at a number of ways of trying to support front-line staff, which is a key priority for us. My colleagues are probably able to go into more detail on those ways than I am.

Dr. Aisling Gillen: We identified that the front door was a particular point of difficulty for social workers. We have front-loaded senior practitioner posts into the front door. We are putting our more experienced people at the front door for the purposes of detecting risk. That has been a shift in the last six to eight months. That is really identifying-----

Senator Catherine Noone: Can Dr. Gillen explain what happened?

Dr. Aisling Gillen: In recognition of what members are saying, social workers are at the front door trying to identify risk early. We are putting our experienced people in to ensure that we do not miss anything at the front door. We have created a significant number of senior practitioner posts at the front door so that we can load experience there. There is recognition that we do not want newly-qualified social workers doing the hardest part of the work. It is a question of trying to load experience in there.

Mr. Fred McBride: Previously, social workers would have simply gone where there was a vacancy. Given the national panels and the bizarre system in place, people were not even necessarily getting an offer of a job in the geographical location where they wanted to live. That is how chaotic it was. We have taken back control over the process. We have tried to set up regional panels. The west is a big geographical region but at least if a candidate is in the west, Ms Gillen has an opportunity to offer that candidate something at least close to where he or she wants to live and work.

Dr. Aisling Gillen: We have seen a stability impact. We actually have people who want to be working in particular localities. There is a stable child protection system in Mayo at the moment. There are no unallocated cases and a stable workforce. People have come back to live in the area and to invest in Mayo children.

Mr. Fred McBride: In Dublin, it is somewhat different. What we find is a pattern that exists in other jurisdictions, especially with new graduates. They graduate and then work for some years. That is what they choose to do. They then decide to travel.

Chairman: I have to let Deputy Lisa Chambers in.

Deputy Lisa Chambers: I thank the Tusla representatives for appearing before the committee to talk to us and take questions. Tusla is dealing with many legacy issues. This is affecting the reputation of the organisation. It is incumbent on Tusla officials to address that. Tusla is sometimes unfairly talked about or hammered for cases that arose before the organisation came into being. Tusla has to deal with that. Tusla should deal with that, try to explain where the problems have come from and what it is doing about them. This is because it affects the morale of staff working in Tusla. It affects the ability of the agency to recruit and retain staff. It also affects public confidence in Tusla. It is important to put out the message that many of these issues are legacy issues. They are present in many other elements of our country and in various Departments. That is unfortunate but it is a fact of life. I am keen to see the agency do a little more to defend itself and articulate better what it is dealing with and why as well as how it intends to deal with those issues.

Reference was made to staffing. Clearly, Tusla does not have enough social workers. When we had the Minister for Children and Youth Affairs before the committee this time last year, she was honest in saying that even with all the courses in third-level institutions being full and churning out qualified graduates, we are still playing catch-up. We are far behind the level at which we need to be.

I accept Mr. McBride's comment to the effect that social workers are enthusiastic and committed. I do not doubt that for a moment. They have extremely heavy caseloads and are far beyond safe levels. I have one specific question. What is the average caseload for a social worker? What is the recommended caseload for a social worker? We may as well put out what exactly we are dealing with.

My next question relates to the alternatives to social workers and how we can use the budget if we cannot find the people we need now. I know for a fact that social workers go home at the end of each day and then type up their own notes, send emails, stuff their own envelopes and post their own letters. That is fine when they have the time to do it, but they do not most of the time. When are we going to see administrative staff come online? To me, it sounds like an immediate requirement. Administrative staff should be in place now. There should be a pool of administrative staff, with one secretary for every five social workers. Something along those lines would work to take the stress off social workers in having to do the basic day-to-day administration. That would free up time. When will that come online? A total of €40 million has been allocated to Tusla this year. I assume that we will have similar funding for next year, if not more. What is it being spent on? Where is the €40 million being spent this year? What is it going on?

Are there alternatives to social workers? Obviously, prevention is far better than dealing with a child who needs to be taken from her home. Early intervention is key. What is Tusla doing around creative community alternatives to try to prevent children coming in to care in the first instance? What is Tusla doing around addiction, counselling and parenting services? There are basic things that should be done. Do we need to go into a family home to help families to clean the house or to help the parent get the child to school in morning? That may involve hiring a taxi. That is basic stuff. What level of funding is going into such work this year? What level of funding will go into that work next year? What additional services will Tusla bring on stream that will come under the umbrella of creative additional community alternatives?

Other issues arise in respect of early intervention. What is the plan regarding family resource centres? Are we going to open more of them? Where will they be located? Does Tusla have enough funding to do that? Does Tusla need more funding for that next year? How much is Tusla spending on that this year? What will Tusla spend on it next year?

Where are the pinch points in Tusla resources? What does Tusla need? Do we need to be putting pressure on the Minister and the Government for budget 2019? We are moving into budget negotiations now. I am also a member of the Committee on Budgetary Oversight. We are now getting in submissions from the various sectors on what they are looking for. What is Tusla specifically seeking in 2019?

Mr. Fred McBride: There are a range of helpful points and no one person can answer them all. We are going to have to try to answer the questions between us. Deputy Lisa Chambers asked about the average caseload. Perhaps Ms Finlay or Dr. Gillen can deal with that. We have in place a caseload management system. One thing I would say before Ms Finlay comes in is that we need to be a little careful about numbers. It is possible to have an unmanageable caseload of ten but a manageable caseload of 20. It depends on the work the staff are doing.

Ms Patricia Finlay: The complexity of cases is relevant. The Deputy asked a question about Tusla inheriting legacy issues. She mentioned how, at times, we have been hammered for various things. In many ways we welcome the opportunity to be here to talk about positive initiatives the agency is undertaking. I am keen to mention something we can really be proud

of as an agency. The investigations and the work we are doing have found that we provide a child-centred service. We are passionate about ensuring the voices of children and parents are heard in everything we do. It is vital that their voices are heard in how we deliver services. They can influence the way we work.

One example is that we have invested significantly in the training of staff with regard to child participation. We are keen to ensure that, at all times, this is a cornerstone of our culture. At present within Tusla we have 45 teams throughout the country. These teams have been awarded an independent quality mark called the Investing in Children Membership Award. Those responsible for the quality mark have independently verified that Tusla staff are doing really good strong child participatory work.

The Deputy asked about the caseload. I have been a social worker and a social work manager. A social worker may be allocated 12 children in care. Of those 12 children in care, it may be that six are really settled in foster care. They may be doing really well, going to school and may be really attached to their foster carers. There may be no court work linked to such cases. The social worker will have a role to visit the child and ensure that the placement is meeting the needs of the child in question. In contrast, a social worker might have four children in the caseload who are in real difficulty and who have really strong presentation of trauma. They may be presenting with complex needs. Their foster carers or family may be really struggling. Such cases may take far more time. That is why we have brought in our caseload management system. This something we are leading on throughout Europe with our caseload management system. The idea is to provide a weighting to different types of cases. We provide a reduced caseload weighting for our newer graduates. Again, it is about retaining them and ensuring they have a manageable workload.

Deputy Lisa Chambers: I wish to make a point of clarification. Are Tusla social workers operating with caseloads beyond a level that the agency officials consider to be safe?

Ms Patricia Finlay: As part of the caseload management system, the social worker and team leader regularly review caseloads and apply a rating of manageable or unmanageable. When a caseload becomes unmanageable, the issue is escalated and brought to the attention of the principal social worker. Clearly, when a social worker has an unmanageable caseload for a significant period, it causes concerns about burnout and raises retention of staff issues.

Mr. Fred McBride: I shall allocate some of the questions to my colleagues.

Deputy Lisa Chambers asked about support social workers. Our social workers are now more mobile. One wonders in this day and age why we did not have mobility earlier. Social workers use all sorts of mobile device. It means that they can do work, rather than sit for three hours doing very little while waiting for a case to be called in court. Case recording was one of the issues highlighted by HIQA. Social workers can visit families and type up case notes in their car or somewhere quiet which are immediately linked with the national child care information system, NCCIS. Social workers have told us mobile technology has saved them between five and ten hours a week, which represents real progress.

Prevention has been mentioned. Dr. Gillen leads the prevention, partnership and family support piece about which we talked. Does she wish talk more about the matter?

Dr. Aisling Gillen: Yes, I would be delighted to do so. As Mr. McBride said, I lead the prevention, partnership and family support programme. Around 2013, within the Health Service

Executive as it was at the time, we set out a question for ourselves and brought in people like the chief executive of Barnados, representatives of the Daughters of Charity and the chief executive of Pobal. Senior managers in the HSE asked what was needed to really advance family support services. As a result, our prevention, partnership and family support programme was born. It comprises a number of strands. Supporting parenting is the core business for all of us. Our business is supporting parents across the continuum of care. Sometimes it is providing top-up advice and support that we all need as parents. That support leads to mandating in the supervision of parents in more difficulty, for example, at the top end of the continuum. There is our corporate parenting piece, our children in care piece. We act in *loco parentis* for over 6,000 children who are in the care of the State. In identifying what supporting parents means across the continuum of care and the evidence that tells us how best to support them, parenting 24/7 is a set of key messages based around four practitioners. If one is working with parents across the life cycle of a child and in different circumstances, what do we need to think about? For example, fathers matter. When I sit in on a case conference, I must ensure the voice of the father is heard in the room also.

My colleague has mentioned participation. There is a strand of work associated with it. We have trained 1,300 staff across the country in participatory practice with children and young people. In such training the child is put at the centre of decision-making in their own lives. Children are encouraged to be part of the decision-making process in how we design, develop, deliver and evaluate our services. We have many such examples.

Another piece is our area-based approach - the prevention, partnership and family support programme. As part of the continuum of services that Mr. Quinlan articulated, we have established within Tusla an early intervention pathway. We have put in place senior managers for prevention, partnership and family support within the 17 area management structures. Below them we have senior co-ordinators and co-ordinators who have established 99 child and family support networks across the country. We operate Meitheal, our early identification of need and practical help tool. We have many examples of parents who have stood out publicly. One striking example of success is a non-national lady who came to the country with her husband. Unfortunately, he left her with three very young children and no money. She was living in a flat complex that was burned out and ended up in homeless services, which was good because she ended up back in our services. She has been part of the Meitheal process for the past two years. When she came to the country, she could not speak English, but now she can. Her children are doing well and she is accessing training and employment.

Our high prevention piece is our creative community alternative whereby we work very hard to keep in the community children who are on the edge of care and children who are in care. That means that we view the child in the context of the family and the community.

Deputy Lisa Chambers: I am conscious that I am out of time. What has this year's allocation of €40 million been spent on? How much of the money was spent on creative community alternatives? How much of the money will be used to source administrative staff? Is a lack of funding preventing progress from being made?

Mr. Fred McBride: We can give the Deputy a breakdown of the figures.

Dr. Aisling Gillen: As much as €8.5 million was spent on creative community alternatives this year.

Deputy Lisa Chambers: How much money will be needed next year?

Mr. Jim Gibson: This initiative came from the chief operations office because we could see that there were troubled children across the system who needed a community-based intervention. They were not getting help from others and were going around to everyone. We rolled out the scheme on seven sites and hope to expand to 17 next year. We have achieved efficiencies within our budget to help us with the project. If we can prevent children from leaving their families and communities, we will not have to spend a significant amount of money per week on private residential placements.

A couple of questions were asked about administration work. The Deputy is right in saying social workers should not waste time doing filing, etc. The national childcare information system is pretty good and does a lot for social workers. More importantly, Mr. McBride and I visited an area manager by the name of Caroline in north Dublin who told us that she spent the first three and half months of her current job working on appeals. It is a fact that we have totally relied on the HSE for a significant period to perform all of these corporate functions, but we need to be self-sufficient. We have stated this in documents and communications we have sent to the Department which supports our desire to be self-sufficient. In order to succeed, we are building a regional business and administrative hub based around the service directors in which there will be expertise in managing freedom of information requests, replies to parliamentary questions and getting answers to Members in a more efficient way.

Health and safety is another matter. Tusla is a large organisation. As our CEO has stated, we need to work within many frameworks and show that ours is a safe and consistent agency.

I want area managers to meet their principal social workers to analyse unallocated cases, referrals, the cases of children in care and support our staff in that work. We have created administrative posts in the past two years at social work team level. They need such support.

Let us consider the issue of foster care. HIQA's inspection report identified that we fell down when it came to Garda vetting. If we did not have everyone vetted in the three year cycle, ours was deemed not to be a safe and effective service. Having a good administrative support process - a Garda vetting unit within Tusla - generated a significant improvement in that regard. That is a good example of how administrative issues were dealt with by good and efficient measures.

Family resource centres have been mentioned. We have spoken about the sad fact that children must tell their stories many times. We are really good in Ireland in making assessments. As an agency, we say a child only needs one assessment. He or she then needs to receive therapeutic support. As many as 11 more family resource centres are coming on stream. I am totally responsible for the 6,130 children in the care of the State. I am not saying they all need a therapeutic intervention, but a good number of them do as a result of experiencing neglect and abuse. We are building therapeutic hubs using our partnerships with the community and voluntary sector. We have a pilot scheme operating in counties Waterford and Wexford which is working well and children are receiving support. We want to support children in care. In north Dublin there is a creative alternative community programme that supports children in foster care who present with challenging behaviours. Foster carers need the correct supports.

Deputy Lisa Chambers: Is the therapeutic hub in the family resource centre?

Mr. Jim Gibson: If one looks at Dublin, the Dublin Rape Crisis Centre has expertise in therapeutic interventions. We need to come together and maximise our resources. In Waterford, the therapeutic hub is partly in the family resource centre and partly in Tusla, which works

well. It is a good combination and a good blend.

Deputy Tom Neville: I have read the findings in the report, which are alarming and startling. We had a discussion on 22 February 2017 when the witness appeared before the committee, and I read that report last night. The need to integrate 17 IT systems was mentioned. Many topics have been discussed already, so I am not going to discuss that issue again.

It was said that there was no electronic communication between Tusla and An Garda Síochána. Does Tusla use email? That is electronic communication. Why did that not supersede letters or faxes? I do not even put a fax number on my own literature any more because nobody uses fax machines, but I read, in the report I was given, that the precedent was set as post and faxes. I understand that the systems are not integrated and a vanilla system is not in place. Why were PDFs or spreadsheets not put on email so that an electronic record would have been available in the event of an audit carried out by the Garda or any other agency? Why did that not take precedent over post or fax?

I would appreciate some comments around HR and accountability. There seems to have been a disjointed approach taken or some dysfunction in terms of how people applied themselves to their tasks, or indeed the process or model of how they were supposed to engage with their roles. Who oversaw that? Who was supposed to make sure that was done correctly? I have read reports that suggested there was evidence of insufficient oversight to assure the executive and board of Tusla that staff members were adhering to the corporate procedures. Who oversees that? What part of the organisation makes sure that that actually happens? Why is it so disjointed across the different sectors?

It was mentioned that the electronic communication system will not be in place until 2019, but that the IT system will be available for use in July 2018. We have been given emails. Can the witness clarify that?

In terms of recruitment of social workers, does Tusla have an outline of the recruitment process or model from end to end? I do not expect the witnesses to articulate it orally, but if a copy of that could be provided to the committee it would be appreciated. We want to know how many steps or processes a person has to go through in the recruitment chain, from end to end, and what other parts of the public service are involved. That information would give us an impression of whether the process is too laborious or too long, leading to people dropping out of it. It would also be good to know if any statistics have been collected around people dropping out of the recruitment process. Where do they fall out of the process? Does it represent 60%, 70% or 80%? Given studies from overseas or in the UK, has Tusla carried out any studies around the blockages in recruitment been carried out? It would be good to know why people will not come to the Republic of Ireland.

Mr. Fred McBride: I am not sure if HIQA was referring to email communication. I believe it was referring to-----

Deputy Tom Neville: The report said post and fax, and that there was no electronic communication. The idea of a paperless office has been around for the last 15 years. Would it not have been common sense to use email where there were no other systems in place? We would then at least have an electronic record.

Mr. Fred McBride: We certainly have an email system, and we have now developed a portal where people who want to make referrals to Tusla can make them electronically. I thought

that HIQA was referring to a shared database.

Deputy Tom Neville: How would Tusla and An Garda Síochána communicate, for example?

Mr. Fred McBride: There was a reliance on post and fax. The Deputy is correct. The data commissioner has carried out a report and we are getting rid of faxes. Now the electronic communication is done through a portal if a specific referral is required. Email communication about many other things - more general business - is carried out all the time. We communicate by email with An Garda Síochána all the time. Our national childcare information system, NC-CIS, will not link in with the PULSE system used by An Garda Síochána at the moment. In the future it will link in with that system, but further work must be done to make that happen.

Deputy Tom Neville: The kernel of my question is around accountability. When one sends an email there is a record of who it was sent by, so there is a trace of information and communication, which leads to accountability. In the same way, I hope that the new IT system, which has a log-in, will show the person who has entered information or data, as it does in any other enterprise or resource management system. That is the kernel of my question. I accept that there was a silo in operation, or a number of different integrated systems that did not relate to each other. Why was there no policy of electronic communication through email, as opposed to post or fax, while the new IT system was being developed?

Mr. Jim Gibson: We do interact with other agencies through email, but we had a standard process for dealing with Garda formal notifications of concern of neglect or abuse. This is about modernising that process. I do not want to speak about another State agency. I accept what the Deputy has said, and agree that we need to modernise. We have made one big step in that regard with our integrated childcare system. If we get a referral or mandated report through the new portal it automatically drops down to the region and area where the report originated. We had three members of staff working in our IT department until recently. We did not even have a director of ICT until six months ago. We are now building that capacity. This is about modernisation, and being able to track information and communication between staff and between our agency and other agencies. We have to deal with it.

The connection with the Garda PULSE system is possible, but there are some problems that have to be resolved from an IT, technical and information - data protection - perspective. It will happen, but it will take time. We are now using smart equipment, and the level of change we have seen has been significant for an agency that had many different types of databases in 32 areas. Those 32 areas shrunk to 17 areas when Tusla was established, which was a significant challenge for the agency. On 9 July every functional area in Tusla will be connected, which will ensure stronger oversight. That system allows me, as a manager of a social work team, to look at all of the work going on in that team by all of the social workers.

One of the issues mentioned by HIQA in its report was that we were quite slow to identify poor practice or concern about poor practice. I am the team leader and I, the principal or the CEO, if he or she wishes, can take that helicopter-like overview of the system. It can be clearly seen where someone is not recording things, and records which do not show good practice or incidents where a child-centred approach is not taken can easily be identified. That has really modernised matters for us. We are on a roll in terms of modernisation, and as one of the Deputies has said, we are aware that we are dealing with legacy issues. The modernisation of the system was a huge legacy issue for us. We are modernising now. We only give laptops to professional people now. We do not give them desktops because they are mobile. We also

supplement that with smartphones. They are connected to their system now, wherever they are. That is a huge thing. The next piece is the direct work with children. Our director is looking at apps that directly engage with children. Children do not want to sit and talk to somebody. They want a mechanism. On the laptop, we will have apps to do direct work with children. We are mid-stream in this modernisation and we are going in the right direction.

I email lots of people across the country in different agencies in my role as chief operations officer. The traditional communication of Garda notifications was by letter and still is but now we are seeing them coming through in our portal. I think in the last report, there were over 300 Garda-mandated reports that had come through the portal. We can clarify the figures and give them to the committee. They are showing that the modernisation is occurring.

Deputy Tom Neville: I agree with some of what Mr. Gibson is saying but I disagree with him on some points too. It is way behind the eight ball in respect of technical use. Laptops are around since God knows when.

Mr. Jim Gibson: They were not there for social workers in Ireland until Tusla came on the scene.

Deputy Tom Neville: I cannot understand how email was not used ahead of post or fax as an interim or stop-gap measure when it is an electronic form of communication and there is an accountability chain at the end of it. That is all.

Mr. Jim Gibson: We do achieve efficiencies now that they have the smart equipment, which is really good.

Deputy Tom Neville: Could Mr. Gibson furnish the committee with an end-to-end document on recruitment showing how the other stakeholders come in, the dotted lines to the other parts of the public service?

Mr. Fred McBride: We can do that. Suffice to say that we have managed to reduce the time. Last year, when we were relying on the National Recruitment Service, NRS, when we took more control over that we reduced the period from 30 weeks to 19. We have a target to reduce it again to 14 weeks from end to end, from advertising the post to getting the bum on the seat, as it were.

Deputy Tom Neville: Does Tusla engage outside agencies when it comes to recruitment?

Mr. Fred McBride: Yes.

Deputy Tom Neville: Are they reactive agencies or headhunter types?

Mr. Fred McBride: We have a contract with an agency so we can bring agency workers in quickly.

Deputy Tom Neville: I am talking about a recruitment agency. Does Tusla actually head-hunt?

Mr. Fred McBride: We can, but usually do so for more senior posts.

Chairman: I remind the witnesses that if they are providing information, they should do so through the clerk.

Mr. Fred McBride: Yes. We can do that for senior posts. Of course, we have to use the

Public Appointments Service system as well. There are occasions on which we can break from that and purchase a recruitment process for a specific post.

Deputy Anne Rabbitte: I want to continue from where Deputy Neville left off. Mr. McBride did not read all of his opening statement but it is important the following part of it is read into the record: “However, it is important to note that the NCCIS is an IT system developed to capture information in respect of children referred to Tusla and was not designed for the purpose of recording retrospective allegations of abuse where there is no known or identified child at risk.” We are after building an ICT system. We all know now that people come forward when they are older. Why have we not built that into the ICT system? Are we going to continue to do that on paper or how are we going to continue to record it?

Mr. Fred McBride: All I can say is that it was not in the original design of the IT system, which goes back some years. As far as I am aware, that was not an area of work that we were particularly dealing with at that time although we are dealing with it now. We have looked at it and while the system was not designed to include that, I am reliably informed that there is a way of including it although some further work will have to be done on the design.

Deputy Anne Rabbitte: Has there been an allocation or a budget request made to the Department to put in that back-ended stop and to facilitate the recording of such allegations?

Mr. Fred McBride: There will need to be as part of the Estimates process. I am not sure how much it will actually cost.

Mr. Cormac Quinlan: If I may pick up on that issue, the NCCIS was built on what we call our standard business process document. The business process did not include retrospective abuse because it was not an issue for us at the time, as Mr. McBride has highlighted. The next phase of NCCIS will build that capacity. Referrals that come into the NCCIS at the moment are child-based referrals because we are a child protection agency. In any case, we are normally looking for the child we are concerned about, to intervene; even in retrospective abuse cases we are always seeking to find the child who is at risk now, today. That is how we progress those cases. We will be able to record information about adults effectively in the system, not as a referral but as what we call “person details” in the system. We will be able to make a record of the adult victim and the person against whom the abuse allegation is made. We will have an interim solution in NCCIS going forward.

Deputy Anne Rabbitte: Will that go live on 9 July?

Mr. Cormac Quinlan: I have to check the last fix that is going into it. We have to finalise a revised procedure. It is going through legal review and a data protection check at the moment. Once that is clarified, we will be clearer on what we can record and then that fix will go in.

Deputy Anne Rabbitte: Will that tie in with An Garda Síochána? Will the retrospective information be shared?

Mr. Cormac Quinlan: We always share any suspected case of abuse with the Garda.

Deputy Anne Rabbitte: Excuse me now, if the witness does not mind me asking, when we talk about sharing information with An Garda Síochána, do I not see in one of the representations that there is a protocol to be signed off? It is not signed off at this moment in time.

Mr. Cormac Quinlan: We have a joint protocol under Children First on our respective re-

sponsibilities in terms of notifying each other. Those are happening all the time, correctly and accurately. What we are talking about here is a broader information-sharing agreement to cover how we share information with each other. We absolutely share information with each other all the time in respect of our functions under the joint protocol for Children First. It is a requirement under GDPR that we have to have an information-sharing agreement.

Deputy Anne Rabbitte: I am trying to get my head around this and I am sure the general public is asking why this review was carried out. Why was there a HIQA investigation? The Minister looked for it and it came out of a retrospective allegation. That is where this all came from. I am seeing an anomaly here. An ICT system has been built but does not address retrospective cases. We do not have the protocol signed at present. Is the Children Act fit for purpose to address the roles of An Garda Síochána and Tusla? Mr. Quinlan stated that Tusla used not do this retrospective work - where did it fall?

Mr. Cormac Quinlan: If I am correct, I think the Deputy is asking about retrospective abuse and the issues with the legislation and those matters. To be clear, retrospective abuse is when a person comes forward today and alleges they were abused in the past, when they were a child, and they are concerned that the person who abused them may be in contact with children today. Our obligation is to try to identify the child today who might be at risk from that individual. When we have an identified child and reasonable grounds to suspect that he or she might be at risk, of course we intervene in the situation and such children go up on our system like any other child referred to our service today.

The secondary issue is that when we have this information, this person might, for example, be in a position of employment where they are working with children or might be part of a youth club. Since the enactment of the legislation, case law has made the interpretation that we have a responsibility to proactively protect children who might be at risk from this person. In doing so, our obligation is to share relevant information with relevant third parties so that they can make a protective decision. We are obliged to consider sharing the information with a school authority, for example, so that it can take protective action against that person in the contact they have with children.

In order to share that soft information, as the Deputy can imagine, we have to have a standard of proof. That is what the court has asked us to ensure. We have to provide an evidential basis in order to be able to share such information because it affects a person's constitutional rights to employment and his or her good name. That is where the legislation is weak, as we have pointed out. We have a clear responsibility but the legislation does not give us authority. If a victim comes forward today and has a concern, they are normally traumatised and upset. They may begin to disclose with us and then step away from the process because of the hurt and harm it causes. We do not have any ability to compel them to come back and speak with us or any powers to compel the person against whom allegation of abuse is being made to come and speak to us. We are working with a responsibility but without powers of obligation.

Deputy Anne Rabbitte: Reading between the lines, Mr. Quinlan is saying that the legislation is weak and it needs updating or strengthening.

Mr. Cormac Quinlan: We welcome the Minister's reference in her statement to the progression of proposals with the Department of Justice and Equality. We look forward to engaging on what additional solutions that might raise. I have worked closely with my Department colleagues and victim groups on this issue. I have also had a lot of contact with the special rapporteur on the matter. We believe legislative change is required if we are to have a role to

play in respect of this matter. If we do have a role, we will have to do this work jointly with An Garda Síochána and with specialist teams of people. It is a forensic task and one not originally designed for social work. In that context, we need specialist teams to do the work. We will also need a form of independent adjudication in respect of these matters. Case law requires social workers to facilitate semi-judicial processes, where we are asked to allow people to cross-examine each other in respect of these matters and that is not the role of a child protection agency.

Deputy Anne Rabbitte: I thank Mr. Quinlan for his response. If Tusla is to take on this role, does it have the necessary expertise to do it or, at least, the capacity to train or recruit staff to do it? I note from the report that there is a shortage of this particular skillset to enable Tusla deal with persons who would come forward.

Mr. Fred McBride: We have had to build up this skill and expertise over time. We are trying to establish specialist teams on a regional basis who will dedicate their time to this work.

Mr. Jim Gibson: In autumn 2016, we were concerned about the level of unallocated retrospective cases. We developed a national service improvement plan to try to allocate those cases to the system. Back then, there were 1,058 unallocated cases. We appointed a national lead and regional leads for the national service improvement plan. As of today, we have allocated all but 103 of those cases. People get very concerned when they hear of retrospective abuse cases and so on. Some of the analysis bears out what Mr. Quinlan said in terms of social workers having all of the responsibility without any clear authority. It should not be forgotten that adults who have experienced an abusive life experience as a child find that incredibly difficult, painful and hurtful. At times, they come, but pull back. Our language is really important. These are complainants. They are making a disclosure, but they are making a disclosure about a criminal act perpetrated against them. As stated by Mr. Quinlan, in 71% of retrospective cases we do not get past stage one because the complainants find it hard to tell their story to the extent that gives us sufficient information to progress to stage two. The 71% relates to cases in the South in respect of which we analysed the work. We found that often people who make a complaint about a childhood abusive experience cannot engage with us to give us the information we need. We are doing a lot of work but the substantiation is very low.

As outlined Mr. Quinlan, the direction of travel is co-working with An Garda Síochána. I worked with a police force in another jurisdiction. I was trained on how to work with the police on abuse referrals. That system worked exceptionally well.

Deputy Anne Rabbitte: Page 168 of the HIQA report contains recommendations for Tusla to address inconsistencies in practice. It states that Tusla must as a matter of urgency address seven particular issues. I do not propose to go through those seven issues. Have personnel and timelines been allocated to address of those issues? These issues were identified three months ago. What progress has been made to date? I think the public would like to know that.

Mr. Fred McBride: We have stated publicly already that almost all of the issues raised in the HIQA report are issues we are already dealing with. They all form part of our welfare, HR or ICT strategy and so it should be relatively straightforward to match these recommendations against the strategic objectives we have already developed. We will produce an action with a short timeframe which will include specific actions for completion within specified timeframes.

Deputy Anne Rabbitte: Tusla proposes to produce an action plan with timelines, identified heads of departments in terms of responsibility, and dates for completion.

Mr. Fred McBride: Yes.

Deputy Anne Rabbitte: Going forward, Tusla will have in place a bible for addressing the issues identified by HIQA. Does Mr. McBride believe that HIQA should be put on a statutory footing to ensure accountability in regard to these types of reports?

Mr. Fred McBride: The bible may have already been written in as much as most of what HIQA recommends is already in our business plan. It is a matter of extrapolating that and clarifying who will take responsibility for various areas. In answer to the Deputy's question, we will have named individuals and timeframes for address of each of the actions.

Deputy Anne Rabbitte: Does Mr. McBride believe HIQA should have enforcement powers?

Mr. Fred McBride: No.

Dr. Aisling Gillen: One of the recommendations is that we look at international evidence in terms of best practice in the regulation of child protection systems.

Deputy Anne Rabbitte: Recommendation No. 4.

Mr. Cormac Quinlan: We would welcome more power to engage in and inform that process. Other jurisdictions have found that sometimes that kind of regulatory framework does not always improve outcomes for children so it is important that we inform that process.

Mr. Jim Gibson: There was some confusion with regard to the number of cases HIQA raised with us during the course of an investigation. In this regard, the number 65 was mentioned. I would like to invite my colleague, Ms Patricia Finlay, to bring some clarity to the committee in respect of that number and what we did.

Ms Patricia Finlay: In the investigation report HIQA identified that in 65 of the 671 cases it reviewed as part of its investigation it had sought clarification and assurances from Tusla with regard to the actions it was taking. We took HIQA's queries very seriously. In December 2017, we reviewed all the 65 cases identified by HIQA during the investigation process. The themes identified in those cases include a delay in follow up and queries around timelines in terms of completion of work. In our review we found that among the reasons for those delays was the complainant being unable to come and talk to us and additional work being necessary to get the complainant to come and tell his or her story about the disclosure. This is an extremely difficult process for a person. Very often he or she will have been working with a counsellor or psychiatrist for years to try to come to the point of telling us that story. As these are retrospective cases, very often dating back 20 or 30 years ago, finding the person subject to the abuse allegation can be difficult. Sometimes, the person is deceased. Sometimes we cannot locate the person as the person has left the country. That presents challenges in terms of the timeline.

Those 65 cases were also very complex and multi-layered cases whereby there were significant concerns in terms of intergenerational abuse and the like. In our analysis of the 65 cases it is important to identify that HIQA and ourselves did not identify any child who had experienced actual harm as a result of either action or inaction by Tusla. It is important to provide that assurance to the public.

Deputy Denise Mitchell: I will be brief as I have to go to the Chamber. I thank the representatives for attending. We all acknowledge the steps Tusla has taken to recruit staff, but none

of us here is shocked as we have been raising these questions regarding staff numbers constantly with the Minister. How big is the problem in attracting staff? How hard is it to get staff into the agency? Deputy Chambers touched on this briefly but is there a need for more administrative staff? I do not know if the agency gave a commitment to start recruiting administrative staff. The biggest workload for social workers is administration. Looking at this HIQA report it appears that we are back to square one with bad record keeping. There appears to be a pattern here so perhaps the witnesses will address the question of how big an issue is staffing. They should be honest and up-front about it.

I also wish to refer to training. HIQA said in its report that it did not find any strong evidence of effective staff training and development. That is alarming. Has a review of the skills sets of staff in Tusla been undertaken to date? What opportunities for upskilling are available to staff members? What training is planned to ensure that members of staff are adequately equipped to use the new NCCIS which is due to be rolled out in July?

Mr. Fred McBride: I will start before passing on to my colleagues. It is difficult to recruit in terms of social work because there are only so many graduates each year and we are in competition with other agencies such as the HSE, the community and voluntary sector, the Probation Service and so forth. I outlined earlier some of the more creative measures we are trying to put in place to recruit staff and to retain staff. Regarding how big an issue it is, at present we have 246 social work vacancies and there is ongoing recruitment to try to recruit for them. However, there are 156 agency staff filling some of these posts so there is a balance of 90 for which there is ongoing recruitment. While there are 246 vacancies, we are not always good at explaining the fact that agency staff are covering a significant proportion of those posts. Agency staff can up and leave but we have in place a plan to convert the agency staff into three year fixed-term contracts to provide some stability. That is roughly the position with recruitment.

As we mentioned already, administrative staff are very much part of the plan and part of the considerations for changing and improving the skills mix. It not always about getting in social workers, but also front-line professionals such as social care workers and family support workers and the administrative staff to support them. We can provide separately a breakdown of the number of staff we are recruiting by grade if the Deputy wishes.

On staff training and development, some time ago we launched our continuous professional development strategy and as part of that we are doing training needs analyses. People will have personal development plans as a result of that - it is not all in place yet - which will contain their training and development needs on an individual basis for the future. Signs of Safety is the national approach to practise and we have trained about 1,200 of 1,500 social workers on this new approach. There is a great deal of staff training and development taking place at present.

Mr. Jim Gibson: Some of the analysis on retention has shown the greater number of social workers who leave are aged between 24 and 29 years. They travel; they go to Australia and America. There is also the calibre as we move forward. There is another avenue in which I strongly believe, and Fred McBride and I have discussed it. There are many mature professional people in the community and voluntary sector who would like to follow a career in social work but due to their financial and family commitments cannot go off to college for four years to do a masters degree. We welcome the recommendation in the report on the high level group to examine this issue. If I could ask a training university to develop a course that would allow our staff to go on block release but remain in employment we would get two things - we would get people who are committed to our agency and want to remain in our agency and we would also invest in their professional development through professional qualification. We need to

move quickly on that to bolster our staff. The demand is outstripping the supply in Ireland at present. We do not train enough social workers. There are other avenues for social workers to go to now in disability, elderly and mental health services. We are in competition with them. We would like to get to a place where we could have an engagement with colleges. Our agency provides an immense contribution to the training of social workers by way of professional clinical placements across Ireland.

Dr. Aisling Gillen: With regard to our work with families, we fund the voluntary and community sector with €83 million. There was a question earlier about FRCs and €15.6 million of that goes into the FRC programme. We have 109 FRCs across the country and 11 new ones are coming on stream this year. We fund organisations such as Barnardos, which is a charity, Foróige and 698 voluntary community sector providers across the country. That is a vast skill mix and many of those professionals are involved in our Meitheal process, our child and family support networks, our early intervention and early help with families and supporting families in a family support way across the continuum of care. If a risk escalates and the child is referred to child protection services the supports for that family retain themselves. The practical supports of going into the home and supporting that family retain themselves as the child moves up the continuum of care.

Deputy Denise Mitchell: To return to social workers, we all acknowledge there is a big problem. How many high risk cases are there at present where children have not been allocated a social worker?

Mr. Fred McBride: The way we have been categorising these has been as high priority rather than high risk. We need to have another look at this. High priority, for example, does not necessarily equate to high risk. One would think it would but it does not. A child in care without a social worker could be a high priority, because we have a statutory duty to have a social worker for that child, but the child might well be in a well settled, relative placement where there are no evident risks. That is an example of where it is a high priority to reallocate a social worker to the child but it is not necessarily a high risk case.

Deputy Denise Mitchell: How many high priority children are waiting for social workers?

Mr. Fred McBride: We can get that number for the Deputy. Since Tusla came into being we have reduced the number of unallocated high priority cases by 75%.

Deputy Denise Mitchell: Did Mr. Gibson say it was 800?

Ms Patricia Finlay: In February 2018 there were 898 high priority cases awaiting allocation. Since the establishment of Tusla, we have reduced the number of high-priority cases waiting by 75%.

Deputy Denise Mitchell: In February, there were 800 high-priority cases waiting. Will Tusla give us a breakdown of how long these children were waiting to be allocated social workers?

Mr. Fred McBride: We do not have that information with us but we can send the committee breakdowns by time waiting for a year.

Deputy Denise Mitchell: It would be helpful if that information was sent to the committee. Why did HIQA find evidence which suggested front-line staff members did not fully understand, implement or adhere to Tusla's standardised processes or policies? That is very damning.

Mr. Fred McBride: This concerns the issue of consistency of practice and policy implementation. Having being in this position for nearly five years, there are cultural and behavioural issues which need to be addressed. It was not that long ago that these services were located within 32 health boards. They all had their own policy frameworks, processes and procedures. We are trying our very best to break out of that. The Government has created a national agency for child protection and welfare. We are doing our damndest to ensure that people are doing things in a consistent way. Up to now, that has been a struggle at times. We are putting in local mechanisms and oversight groups to ensure that when a policy lands, it is implemented consistently. We are also trying to keep our policies to a minimum. At one stage, we were producing policies for far too many issues. Part of the reason people might not have been implementing them was because there was just too many. We are trying to reduce them and keep them to a minimum. When we do issue a policy, it will come with a clear implementation plan and mandate which people will follow. That will be overseen by a local governance group.

Mr. Cormac Quinlan: This is an absolute clear goal of our child protection and welfare strategy. We want to put children and families back at the centre of what we do and bring good practice as to how we engage with families in order to keep children safe. Part of the strategy is to align our processes to good practice. Part of our work going forward will be to align all of those key policies to make sure they make sense to the worker to ensure the practice they are doing with the family is supported. That is what policies and procedures should do. They should not be there to conflict with what the practitioner wants to do with the family. They should be there to support it. That is a core stream of work within our strategy to help practitioners to be compliant when it fits within the practice they want to do.

Mr. Jim Gibson: The HIQA report highlighted at an area level that we needed to strengthen the governance and oversight of the key management. In June 2017, I initiated a programme of training on governance and oversight. This year, we will come back with another course to area managers. We can give the committee a report on that as well.

Chairman: That would be helpful. I propose to extend the meeting to 4.15 p.m., which will give us an additional 20 minutes. Is that agreed? Agreed.

Deputy Sean Sherlock: Before Tusla came here today, did it engage the services of a public relations firm or consultancy to assist it in the preparation of a question-and-answer session?

Mr. Fred McBride: No.

Deputy Sean Sherlock: Is Tusla engaging the services of a PR firm or consultancy in respect of its work?

Mr. Fred McBride: No. We are engaging a consultant for several matters but not for PR.

Deputy Sean Sherlock: Who is Tusla engaging the services of?

Mr. Fred McBride: I beg the Deputy's pardon. We engage with Q4 Public Relations regarding our communications strategy.

Deputy Sean Sherlock: What does communications strategy cover?

Mr. Fred McBride: It is for the entire organisation.

Deputy Sean Sherlock: Does it involve preparation work for hearings before Oireachtas committees, for example?

Mr. Fred McBride: Well, it involves-----

Deputy Sean Sherlock: That is a straight question.

Mr. Fred McBride: It involves preparation work for all of our communications including this.

Deputy Sean Sherlock: Is it correct then that Mr. McBride did have preparations with Q4 in respect of his interaction with the committee today?

Mr. Fred McBride: Yes, I suppose that is true.

Deputy Sean Sherlock: Mr. Gibson is shaking his head and Mr. McBride is saying “Yes”. Which is it?

Mr. Fred McBride: We have engaged with QR on a wide front-----

Deputy Sean Sherlock: It is Q4.

Mr. Fred McBride: We have engaged with Q4 but not specifically for this.

Deputy Sean Sherlock: How much is Tusla is paying Q4 for the engagement of such services?

Mr. Fred McBride: I will need to check that.

Deputy Sean Sherlock: I need an answer.

Mr. Fred McBride: I will need to check that.

Deputy Sean Sherlock: Does Mr. McBride acknowledge that this is taxpayers’ money? We need a full breakdown of these costs being incurred by the taxpayer for the consultancy services Tusla has procured for preparation for events such as this one.

Will Tusla explain in ten seconds or less if the Signs of Safety programme is dependent on assurances and commitments given by families themselves regarding their interaction with Tusla? How can Tusla be sure the programme works in real terms?

Mr. Cormac Quinlan: The Signs of Safety programme is designed to allow us to engage with families in a participative way but with Tusla always maintaining a focus on child safety. There are always bottom lines that we hold in how we keep children safe. Best practice in child protection is about engaging children and families in participative thinking. At the end of the day, families have to think through their difficulties and we have to support them in that if children are going to live safely with them. We will always maintain a rigorous focus on child safety. The Signs of Safety programme is not a panacea that no child will ever come into care. It is a way of working effectively with families to keep children safe but always recognising some children will have to come into care to be safe.

Deputy Sean Sherlock: If a child is at risk, particularly in a sexual abuse case, who is Tusla relying on for communications? Is it the child or the adults within that relationship?

Ms Patricia Finlay: It is both. To reassure the Deputy, Signs of Safety is a strengths-based approach in working with families. It is clear, however, that there is a rigorous look at the risk within a family to a high level of detail and how can we keep children safe. That is hearing from

the child, the parents and extended family. It is broadening that network out to examine how we can keep the child safe. It is extremely rigorous in its approach.

Deputy Sean Sherlock: I did not understand what Dr. Gillen meant by being loaded through the front door and more senior social workers are at the front door. What does that mean?

Dr. Aisling Gillen: It means that when someone refers a child, we have our most experienced people working at that point.

Deputy Sean Sherlock: Mr. McBride said there were 53,000 referrals last year.

Mr. Fred McBride: Yes there were in 2017.

Deputy Sean Sherlock: Does that mean all senior staff are at the front door-----

Dr. Aisling Gillen: No, I am saying-----

Mr. Jim Gibson: It means-----

Deputy Sean Sherlock: Hold on. I will finish my question. Does that mean all senior staff are involved in ensuring there is absolute capture? Yesterday's *Irish Examiner* states:

Tusla failed to address 65 abuse cases despite concerns children were still at "potential risk";

Tusla closed 164 suspected child sexual abuse cases despite not knowing if the matters were resolved.

How can anyone watching these proceedings be reassured when Mr. McBride is telling us that Tusla does not have enough staff, that there is a massive rate of attrition and that there is only a small cohort of senior staff which is not increasing to any great extent? How can the witnesses assure us that when cases are presented at the so-called front door of Tusla they will be filtered, assessed for risk and managed properly? Tusla got an additional €40 million last year and its overall resources for 2018 amount to approximately €753 million. The organisation is in receipt of three quarters of a billion in taxpayers' money, yet HIQA reports are showing utterly disgraceful failures on the part of Tusla. Are the witnesses not ashamed of the fact that this situation pertains? I direct that last question to Mr. McBride, as head of the organisation.

Mr. Fred McBride: We will talk about the details of the report. We are getting 53,000 referrals, as I said earlier. The vast majority of them are screened. Someone looks at them and we make a decision on the basis of the information we have been given as to whether the referral requires an immediate response. As HIQA has acknowledged and we have said already, if it requires an immediate response, it gets one. The rest of the referrals work is about trying to prioritise what we need to do, how soon we need to do it and to what level. As Dr. Gillen said, we are building up the family support side of our service so that if a referral is made to us that does not require a social work or child protection response, but where families still need support, it can be diverted to a less formal type of intervention. As Mr. Gibson said, almost 30,000 children in families received some sort of family support service as an alternative to going down the child protection or statutory social work intervention route. At the point of screening, we are saying that all referrals are looked at and a determination is made as to what level of response is required.

Chairman: There were a number of questions directed to Dr. Gillen and Ms Finlay that

require an answer.

Mr. Fred McBride: In terms of the numbers, Ms Finlay will respond.

Ms Patricia Finlay: On the 65 cases to which the Deputy referred, HIQA looked at 671 cases and in 65 of them, it sought assurances or clarifications from Tusla. I previously provided a breakdown. We have analysed the key themes in those cases and accept that there were shortcomings and delays. We have been very open and transparent in acknowledging that there have been delays. There have also been issues with regard to a lack of standardisation. It should be noted that in some of those cases, legal injunctions had been brought whereby we approached a person who was subject to an abuse allegation who then brought an application to the court questioning whether we had the power to proceed to interview them on the allegation. I am very conscious of the fact that I cannot talk about any individual case out of the 65 without running the risk of identifying people. That said, to provide reassurance to the committee, some of the questions posed by HIQA were around process issues as opposed to any actual harm being caused to a child by either action or inaction on the part of Tusla. In one case, for example, a child was on our child protection notification system. These are children-----

Deputy Sean Sherlock: Is that a high priority case?

Ms Patricia Finlay: Yes. Children on the child protection notification system have been identified as being at ongoing risk-----

Deputy Sean Sherlock: Page 46 of the report notes a 72% reduction in high priority open cases awaiting allocation. Where is the filtration process and who decides what is high priority? Clearly, in 65 of those cases, notwithstanding injunctions and so forth, delays occurred. That is the fact of the matter.

Chairman: On that question, the Deputy read out something from the *Irish Examiner* newspaper. I ask him to provide the figures again on the numbers being investigated.

Deputy Sean Sherlock: Tusla closed 164 suspected child-----

Chairman: It closed 164 cases. The Deputy is asking an excellent question which deserves a direct answer.

Ms Patricia Finlay: On the 164 cases, it is my understanding that HIQA did not say the cases could not be closed but that it was unclear whether they had been closed on our system. Our childcare information system, NCCIS, should very clearly show that a case has been closed off. It must be borne in mind that we were coming from a position of having paper-based systems and two separate ICT systems and there was a lack of standardisation. Today, however, 15 out of the 17 areas within Tusla are now live on our childcare information system and by 8 July, the entire agency will be live on NCCIS. The system is set up in such a way that every action performed by a social worker is signed off by either a team leader or a principal social worker. In terms of that piece, of the 164 cases, the issue was that it was not clearly visible from the system that they had been closed off.

Chairman: Deputy Sherlock has time for one last question.

Deputy Sean Sherlock: I wish to raise two other issues which may have been dealt with in my absence. I had to go to the Dáil Chamber earlier so if this has already been answered, I apologise. How do the witnesses explain the fact that supervisors do not have the appropriate

training in managing child sexual abuse cases, including retrospective allegations? Were the witnesses aware of this and, if so, how can they stand over it? I also remind the witnesses that I want an answer to the question I posed on quarter 4.

My final question is on CARI, an organisation with which Tusla interacts. I have relatives living in the Munster area who are waiting for an appointment with CARI for their child. The child is in a state of turmoil but I will not go into the details here. Why have I not been able to get an answer as to the reason that child is still awaiting an appointment?

Mr. Jim Gibson: I will take the question on why the child is still waiting. When Tusla was established, specific psychological posts that were to come over to the new organisation were not transferred. A memorandum of understanding was put in place under which psychology would stay within the Health Service Executive and provide services to Tusla. We all knew at the time that psychologists within the HSE were overburdened with referrals-----

Deputy Sean Sherlock: That is not an answer.

Mr. Jim Gibson: May I finish, please?

Deputy Sean Sherlock: Hold on one second. That is not an answer. The question-----

Mr. Jim Gibson: Can I give the Deputy an answer?

Deputy Sean Sherlock: I am getting a bit exercised because the witness is playing down the clock.

Chairman: Deputy Sherlock is on my clock.

Deputy Sean Sherlock: There are children out there who have been sexually abused who are awaiting appointments and as of now, they have not been able to get them with organisations such as CARI with which Tusla has service level agreements or for which it is responsible. I want a straight answer.

Mr. Jim Gibson: I am trying to answer the question.

Deputy Sean Sherlock: Will the child to whom I referred be able to get an appointment within a reasonable timeframe?

Mr. Jim Gibson: Yes, but not necessarily with CARI. I wish to outline clearly that this agency currently spends a significant amount of money - running to millions - on buying therapeutic interventions for children known to our services and in our care. That is absolute fact. We are building our therapeutic services on a regional basis. CARI has been engaged with senior managers in our organisation to develop the service. I assure the Deputy that where a child needs a therapeutic intervention, we have spent that money. I can show the committee the evidence of that. It is clear that we provide that therapeutic intervention. I ask the Deputy to have a conversation with me in private and I will sort out that particular case.

Chairman: I am sure Deputy Sherlock will be happy to do that. I ask the witnesses to deal with the first part of his question and to provide the quarter 4 figure. That will bookend Deputy Sherlock's slot.

Mr. Fred McBride: I ask the Deputy to remind me of the first part of the question. I have the quarter 4 figure here now.

Deputy Sean Sherlock: The question on quarter 4 is a straight one. I have asked about services-----

Mr. Fred McBride: I have that. There was another question.

Deputy Sean Sherlock: I want to know how much. Forgive me but I addressed a question to Dr. Gillen in respect of the point she made about the front door.

Ms Patricia Finlay: Yes.

Chairman: Could Dr. Gillen answer that question? I believe Mr. McBride had a response in regard to Q4. It was covered in the Deputy's absence.

Dr. Aisling Gillen: We had identified that the age profile, which Mr. Gibson talked about, is 24 to 29 years. When one encounters a group of social workers, one is absolutely taken by the youth in the room. Since it is important that we be very sharp in our diagnostics when we get referrals, we have loaded senior practitioner posts at the front door. Also part of this is the signs of safety framework, the objective being to have a very good assessment framework at the front door. It is a question of determining whether a case is a welfare case that could be managed in the community or a case that requires a response at a much higher level. We have very experienced people right across the system.

Mr. Fred McBride: One of the questions Deputy Sherlock asked was on whether people need to be skilled up in certain areas. I am not sure whether I answered when Deputy Sherlock was absent but we have certainly said that we - on the move, so to speak - have to train people, particularly those dealing with retrospective allegations of abuse. It is not an area in which we were traditionally involved as social work professionals. We have had to expose people to the information and give them the experience, training and skills. We are now moving to dedicated teams to deal with the issue. I hope that answers the question.

With regard to Q4, the sum is €5,000 per month. We have been using the company. We went through a tendering process and the company was successful. We are using it to assist with the development of an internal and external communications strategy in general, covering all our communications. Of course, events such as this and that of yesterday are a part.

Chairman: I thank Mr. McBride. We are scheduled to conclude in three minutes so I propose to focus on just one area, namely, certain findings in the report that I am not sure have been covered extensively. The report refers to children not being assessed after allegations. Mr. McBride's organisation has identified that they are at risk. The report refers to assessment in a timely and effective manner. Reference is made to inconsistencies in safety planning across the State, specifically in respect of allegations of child sex abuse.

Mr. Fred McBride: Perhaps colleagues can assist with this. With regard to the identification of children not being assessed, if the report refers to historical allegations-----

Chairman: It does.

Mr. Fred McBride: A number of reasons we cannot proceed to a full assessment have been identified. Where we can, we do. As I stated, where an immediate response is necessary, we do that. I refer to sexual abuse cases more generally, not just retrospective cases. Speed is not always the main consideration. We have got to take great care. We have got to be really-----

Chairman: Respectfully, I do not believe HIQA is in the business of not recognising that,

considering that it uses a phrase such as “timely and effective manner”.

Mr. Fred McBride: The point I was trying to make is that the questions of how and when we intervene in the disclosure of sexual abuse require great care and consideration. If one intervenes too quickly, there is a danger that the child or adult making the disclosure will shut down, as we have seen quite a lot. When this occurs, one is not able to take the matter any further. Ms Finlay has given some indication of some of the reasons we cannot progress things, one being that the disclosure is insufficiently detailed. Alternatively, because of the space we have been put in by case law, we cannot compel the person against whom the allegation is being made to come forward and give any response to it. Sometimes, therefore, the inquiries run into the sand. Those are some of the reasons.

It is absolutely true that there are inconsistencies in safety planning. That is absolutely why we are now developing a national approach to practice to address that particular issue. Members have heard about the signs of safety initiative. Some 1,200 out of approximately 1,500 social workers are already trained in that methodology. We are confident that will lead to much greater consistency and quality of intervention when we intervene.

Mr. Cormac Quinlan: If following an initial assessment a child is regarded by us as having experienced abuse, be it neglect or physical, sexual or emotional abuse, and being at risk of ongoing abuse, he or she automatically proceeds to what is called a child protection conference, which is a meeting of professionals and families who decide whether he or she is facing an ongoing risk and needs a child protection safety plan. If the child does, he or she is listed on what is called a child protection notification system, which is a register of children at risk that is available to the Garda and emergency services in the event that the child presents at those services. There are over 1,200 children on the child protection notification system. All of those children are allocated and all of them have a child protection safety plan. Those plans are reviewed regularly – every six months, at a minimum.

Chairman: What level of interaction is required with the Garda to be satisfied the service required to be provided to the child will be delivered?

Mr. Cormac Quinlan: In regard to a child protection plan, gardaí would regularly be in attendance at child protection conferences as core members of the core group responsible for the monitoring of the safety plan.

Chairman: Is Tusla confident the Garda is doing what it is supposed to do in regard to the 1,200 children?

Mr. Cormac Quinlan: Absolutely.

Chairman: That concludes our business. I thank the delegates for their participation in this session of the joint Oireachtas committee.

The joint committee adjourned at 4.20 p.m. until 9.30 a.m. on Wednesday, 27 June 2018.