



HSE Children First National Office Compliance Assurance Framework

HSE Children First Compliance Assurance Checks are undertaken by the HSE Children First National Office to provide HSE and HSE Funded services, and the HSE as an organisation, a measure of compliance with the Children First Act 2015, Children First National Guidance for the Protection and Welfare of Children (2017) and the HSE Child Protection and Welfare Policy. Compliance Assurance Checks aim to drive service improvement by reviewing practical implementation of Children First requirements at service level; identifying where compliance is evidenced, and/or areas in need of improvement. Currently, services are required to complete a [Children First Compliance Self-Audit Checklist](#) on an annual basis and Progress Reports are submitted biannually as part of the Children First Governance Structures. Compliance Assurance Checks provide an additional level of assurance and an independent measure of Children First compliance. While Children First Compliance Assurance Checks support HSE Children First Governance, their primary aim is to support and enhance child safeguarding arrangements across HSE and HSE funded services.

Compliance Assurance Checks are undertaken by HSE Children First Training and Development Officers (TDOs) in consultation with service providers. Following a Compliance Assurance Check, a report is issued to service providers, a copy of which is submitted to the relevant HSE Head of Service and Senior Manager with delegated responsibility for the service area e.g. Chief Officer, CEO of Funded Service, National Service Manager. This Framework was developed by the HSE Children First National Office to support transparent and consistent decision making. Service providers are encouraged to use this Framework to quality assure the standard of Children First compliance within their service.

Note: Documentary evidence, including submission of relevant policy and/or procedure documentation, may be requested as part of this process. While these documents may be 'spot checked' for specific content, the compliance assurance process does not include a quality assurance review of policies and procedures.

Important: HSE Children First Compliance Assurance Checks do not exclude the possibility of the Tusla - Child and Family Agency, Child Safeguarding Statement Unit (CSSCU) making a request to 'relevant services' under the Children First Act 2015 to submit Child Safeguarding Statements for compliance review, as per their statutory remit.

All queries regarding use of this document should be directed to the HSE Children First Training and Development Officer(s) in your area, contact details can be found by clicking [here](#), or at www.hse.ie/childrenfirst.

1. Children First Act 2015

Requirement

1.1 An assessment of any potential for harm to a child must be undertaken (risk assessment).

Potential sources of evidence:

- Documentary evidence of a Risk Assessment (whether imbedded in CSS or a secondary risk assessment document).
- Communication with Relevant Person and/or Person in charge of the service (whoever is most appropriate) regarding the process for how the risk assessment was completed.
- Documentary evidence that the controls, as listed against the risks identified, exist or are under development (TDO choice to request copy of procedures by random selection and/or scan of cover and contents page of procedures sufficient as documentary evidence).
- Desktop review/conversation with Service Manager to gather information about the service and the activities that it provides.

Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
1.1.1 Has an assessment of risk (i.e. any potential for harm to a child while availing of the service) been undertaken?	<p>A risk assessment (RA) was undertaken and there is documentary evidence to support this.</p> <p>The risks identified appear to be sufficient, relevant and realistic, with no obvious gaps based on the nature of the service.</p>	A RA was not undertaken.	<p>A RA was undertaken but it did not consider “any potential for harm” to a child.</p> <p>Gaps based on the nature of the service provided were identified.</p> <p>Risks were identified but not all were considered to be sufficient, relevant and realistic.</p> <p>It was determined that additional risks should have been considered in the context of undertaking the risk assessment. This was determined through consideration of</p>

			information provided about the service and its activities.
1.1.2 Does the risk assessment specify the procedures that are in place to manage any risks identified?	Procedures are listed as being in place to manage all risks identified.	Procedures to manage identified risks are not identified in the RA.	Procedures are listed or identified as being in place (or in development) in relation to some, but not all, of the risks identified. The procedures listed as controls to manage identified risks are not considered to be realistic, sufficient or relevant e.g. an ICT Policy cannot manage physical risk of harm to a child by a staff member.
Requirement 1.2 A Child Safeguarding Statement (CSS) must be prepared in accordance with the following legislative requirements: <ul style="list-style-type: none"> - The CSS must describe the service being provided and the principles to be observed to safeguard children while availing of the service. - A Relevant Person must be appointed for the purposes of the CSS. - The CSS must include a written assessment of any potential for harm to a child while availing of the service. - The CSS must specify the procedures that are in place to manage any risk identified and the prescribed procedures required to be in place, as listed in Section 11(3) of the Children First Act 2015. 			
Potential sources of evidence: <ul style="list-style-type: none"> • Documentary evidence of CSS. • Communication with Relevant Person seeking assurance that they understand and remain in their role. • Evidence that the procedures/controls as listed against risks identified are in place or are under development. • Documentary evidence of the prescribed procedures for the activities listed in Section 11(3) of the Children First Act 2015 (TDO choice to request copy of procedures by random selection and/or scan of cover and contents page of procedures sufficient as documentary evidence) 			

Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
1.2.1 Has a Child Safeguarding Statement been prepared?	A written CSS was prepared and made available.	A written CSS was not made available.	A written CSS was prepared and made available but it is incomplete.
1.2.2 Does the Child Safeguarding Statement specify: <ul style="list-style-type: none"> a) The service being provided? b) Clear principles and evidence of a commitment to safeguard children from harm (i.e. how they intend to safeguard children)? c) The name of the Relevant Person appointed to be the point of contact in relation to the statement? d) That a risk assessment has been completed to identify any potential for harm (as defined in the Act) to a child while availing of the service? 	'Yes' to all.	'No' to all.	'No' to one or more.

<p>1.2.3 Are the prescribed Procedures in Section 11 (3) of the Act as listed below specified in the CSS?</p> <p>a) The procedure(s) in place to manage any risk identified.</p> <p>b) The procedure in respect of any member of staff who is the subject of any investigation (howsoever described) in respect of any act, omission or circumstance in respect of a child availing of the relevant service.</p> <p>c) The procedure for the selection or recruitment of any person as a member of staff of the provider with regard to that person's suitability to work with children.</p> <p>d) The procedure for the provision of information and, where necessary, instruction and training, to members of staff of the provider in relation to the</p>	<p>'Yes' to all.</p>	<p>'No' to all.</p>	<p>'No' to one or more.</p>
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<p>identification of the occurrence of harm.</p> <p>e) The procedure for reporting to Tusla by the provider or member of staff of the provider (whether a mandated person or otherwise) in accordance with the Children First Act 2015 or Children First National Guidance for the Protection and Welfare of Children 2017.</p> <p>f) The procedure for maintaining a list of the persons (if any) in the relevant service who are mandated persons.</p> <p>g) The procedure for appointing a relevant person.</p>			
<p>Requirement</p> <p>1.3 A Child Safeguarding Statement must be developed with due regard to, and in accordance with, any guidelines issued by Tusla – Child and Family Agency.</p> <p>[Please note that this section is subject to change. Guidelines referenced here are taken from the Tusla Child Safeguarding Statement Unit's ‘Checklist Review Outcome Form’ Ref: RF/CSSCU/005 (version 12.4 – 30/11/2021).</p>			

Potential sources of evidence:			
<ul style="list-style-type: none"> • Documentary evidence of CSS • Secondary risk assessment document (where applicable) 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
1.3.1 Does the CSS meet all of the requirements as set out below: a) The CSS is correctly titled 'Child Safeguarding Statement'. b) The CSS includes the name of the service. c) The name and address of the service provider/manager is included. d) The Relevant Person's contact details are provided. e) There is reference to a secondary risk assessment document where the risks listed on the statement are a condensed list of	'Yes' to all.	'No' to all.	'No' to one or more.

identified risks (please note N/A if not applicable).			
<p>1.3.2 Have the following risks* been considered? (If there is good rationale for a risk not being considered please note N/A.)</p> <p>a) Risk of harm to a child by a member of staff/volunteer from things they have done (e.g. hurt a child) or failed to do (e.g. not report a concern)?</p> <p>b) Risk of harm to a child caused by a lack of supervision?</p> <p>c) Risk of harm to a child by a visitor to the service (workers, parents, placements, etc.)?</p> <p>d) Risk of harm to a child by another child in the service?</p> <p>e) Risk of harm to a child on outings by a member of staff/volunteer/stranger/peer?</p>	‘Yes’ to all	‘No’ to all	‘No’ to one or more

<p>f) Risk of harm through access to ICT (e.g. social media or web access, electronic contact, etc.)?</p> <p>g) Risk of harm to a child from the use/misuse of digital images?</p> <p>*The list of risks set out is minimum and not exhaustive. Services should present risk assessments that consider <u>any</u> potential for harm to a child while availing of that particular service.</p>			
<p>Requirement</p> <p>1.4 As soon as may be after the preparation of a Child Safeguarding Statement or any review of it, the provider shall display the Statement in a prominent place where the relevant service concerned relates or is provided or both, as may be appropriate.</p>			
<p>Potential sources of evidence:</p> <ul style="list-style-type: none"> A written description regarding how and where the CSS is displayed and/or photograph(s). <ul style="list-style-type: none"> - Consider the possibility of the CSS being covered over if displayed on a generic notice board. - Consider whether the CSS is displayed prominently in all sites from which the service operates. 			

Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
1.4.1 Is the Child Safeguarding Statement appropriately displayed in a prominent place?	The CSS is displayed appropriately in all sites from which the service operates.	The CSS is not displayed appropriately in all sites from which the service operates.	The CSS is displayed but not in a prominent place or in all sites from which the service operates. The CSS is displayed in a prominent place but is obscured by other notices.
Requirement 1.5 A provider of a relevant service shall furnish a copy of the Child Safeguarding Statement to members of staff and, on request, to parents, guardians, members of the public and Tusla – Child and Family Agency.			
Potential sources of evidence: <ul style="list-style-type: none"> Signed declaration from appropriate manager that all staff have been furnished with a copy of the CSS. Confirmation from appropriate manager that a copy of the CSS is available on request. Documentary evidence/sample of any letters/emails of communication sent to staff. - Consider how staff without emails have been furnished with a copy of the CSS. The CSS is available online. 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
1.5.1 Has a copy of the Child Safeguarding Statement been furnished to all staff?	A copy of the current CSS has been circulated to all staff (including those without email) and a plan is in place to circulate to incoming staff.	Staff have not been provided with a copy of the current CSS.	Only staff with email access have been provided with a copy of the CSS. There is no plan in place to provide incoming staff with a copy of the CSS.

1.5.2 Is a copy of the Child Safeguarding Statement available to parents/guardians, members of the public and to Tusla on request?	<p>A copy of the CSS is available on request. The CSS is displayed in a prominent place (i.e. can be photographed).</p> <p>A copy of the CSS is available online.</p>	<p>A copy of the CSS is not available on request.</p> <p>The CSS is not displayed in a prominent place and it is not clear that a copy can be made available on request.</p>	N/A.
Requirement 1.6 A provider of a relevant service shall review a Child Safeguarding Statement at intervals of not more than 24 months or as soon as practicable after there has been a material change in any matter to which the statement refers.			
Potential sources of evidence: <ul style="list-style-type: none"> • Documentary evidence of CSS/previous CSS (if applicable). CSSs must be dated. • Signed declaration from appropriate manager that there has been no material change to which the statement refers since the CSS was developed. 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
1.6.1 Is the Child Safeguarding Statement reviewed at intervals of not more than 24 months or as soon as practicable after there has been a material change in any matter to which the statement refers?	The CSS is in date and there has been no material change in any matter to which the statement refers.	<p>The CSS is out of date.</p> <p>There is no date on the CSS.</p> <p>The CSS was not</p>	The CSS is in date but a material change to which the Statement refers was not recognised as such and the Statement was not reviewed accordingly.

		reviewed following a material change to which the Statement refers.	
2. Policy, Guidance and Standards			
Requirement (For HSE Services Only)			
2.1 (A) All HSE staff must ensure that they have read and understand their responsibilities as set out in the HSE Child Protection and Welfare (CPW) Policy.			
<p>Potential sources of evidence:</p> <ul style="list-style-type: none"> Signed declaration from an appropriate manager stating that all staff have read the HSE Child Protection and Welfare Policy and that a copy of Appendix 3 (or equivalent) has been signed by all staff, and can be produced on request. An appropriately completed 'Implementation and Compliance Self-Audit Checklist for HSE and HSE Funded and Contracted Services'. 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
2.1.1 (A) Have all staff signed a declaration stating that they have read, understood and will adhere to the HSE Child Protection and Welfare Policy?	Appendix 3 of the HSE CPW Policy is retained by line managers and is signed by all staff.	Appendix 3 is not retained by line managers.	<p>Appendix 3 is retained by some line managers but not all.</p> <p>Appendix 3 is retained by line managers for some but not all staff.</p>

Requirement (For Funded Services Only)

2.1 (B) HSE funded and contracted services should have a CPW Policy that is consistent with the core components of the HSE CPW Policy.

Potential sources of evidence:

- Documentary evidence of a service's local CPW Policy - if different to, or, an adapted version of the HSE CPW Policy.
- Scan of CPW Policy to check that it has key sections covered as per HSE CPW Policy (this does not include a quality assurance review of the document).
- An appropriately completed 'Implementation and Compliance Self-Audit Checklist for HSE and HSE Funded and Contracted Services'.
- Document control systems e.g. Q-Pulse.

Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
2.1.1 (B) Is there a CPW Policy in place that is consistent with the core components of the HSE CPW Policy?	There is a CPW Policy in place that is consistent with the core components of the HSE CPW Policy.	There is no CPW Policy in place.	There is a CPW Policy in place but it is not consistent with the core components of the HSE CPW Policy.
2.1.2 (B) Has a copy of the CPW Policy been made available to all staff?	A copy of the CPW Policy has been made available to all staff.	A copy of the CPW Policy has not been made available to staff.	A copy of the CPW Policy has been made available to some but not all staff (e.g. staff without email, incoming staff, volunteers, etc.).

Requirement			
<p>2.2 All HSE staff, volunteers, students, contracted staff and staff of HSE funded organisations are required to complete the mandatory HSE eLearning module 'An Introduction to Children First', as required (currently every 3 years).</p>			
<p>Potential sources of evidence:</p> <ul style="list-style-type: none"> A signed declaration from a service manager stating that (i) all staff have completed 'An Introduction to Children First' (ii) certificates of completion are retained on file (iii) processes are in place to ensure that refresher training is undertaken. 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
<p>2.2.1 Have all staff completed the mandatory HSE training module 'An Introduction to Children First'?</p>	<p>All staff have completed the mandatory HSE training module 'An Introduction to Children First'.</p> <p>Certificates of completion for all staff are retained on file by line management.</p>	<p>The mandatory HSE training module 'An Introduction to Children First' has not been completed by staff.</p>	<p>The mandatory HSE training module 'An Introduction to Children First' has been completed by some, but not all staff.</p> <p>There are procedures in place to ensure that mandatory Children First training is completed but they are not fully implemented.</p> <p>Certificates are not retained by line management with sufficient consistency to provide assurance e.g. certificates are retained by line management for some, but not all staff.</p> <p>Staff are asked to submit certificates of completion but checks are not carried out by line management.</p>

2.2.2 Is refresher training completed every 3 years?	<p>There is a process in place to ensure that mandatory refresher training is completed as required.</p> <p>Certificates for all staff are retained on file by line management and all certificates are in date.</p>	<p>Staff have not completed refresher training as required.</p> <p>There are no assurance mechanisms or processes in place to ensure that mandatory refresher training is completed.</p>	<p>There are processes in place to ensure that staff complete refresher training but they are not fully implemented.</p> <p>Staff are reminded to complete refresher training and asked to submit certificates of completion but checks are not carried out by line management.</p> <p>Refresher training was completed by some, but not all staff.</p>
<p>Requirement</p> <p>2.3 Child protection and welfare records must be appropriately filed and securely stored in a manner which upholds the confidential nature of the information.</p>			
<p>Potential sources of evidence:</p> <ul style="list-style-type: none"> • Discussion with service manager/other relevant member(s) of staff. • Documentary evidence of any local SOP that is consistent with record-keeping practice as set out in the HSE CPW Policy. 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
2.3.1 Are child protection and welfare records stored securely in a place which upholds the confidential nature of the information?	<p>CPW records appear to be stored securely and appropriately.</p> <p>There is a procedure in place to ensure the appropriate and secure storage of CPW records.</p>	<p>CPW records are not stored securely and appropriately in line with the HSE CPW Policy.</p> <p>There is no procedure in place to ensure that</p>	<p>CPW records appear to be stored securely and appropriately but there is no clear procedure in place to evidence how this is implemented.</p>

		<p>CPW records are stored appropriately and securely.</p> <p>CPW records are not stored in a manner which upholds their confidential nature.</p>	
<p>2.3.2 If child protection and welfare records are stored in a separate file to the 'master file' is this clearly indicated and are staff made aware of how they can access them?</p>	<p>It is clearly indicated on the 'master file' that a separate file exists and where it can be accessed.</p>	<p>CPW records are stored separately but there is no indication on the master file that a separate CPW record exists.</p>	<p>It is clearly indicated on the 'master file' that a separate file exists but it is not clear how it can be accessed.</p> <p>There is no procedure in place on how the separation of files is to be managed.</p>
<p>2.3.3 Is access to child protection and welfare records on a need to know basis, in the best interests of children and young people?</p>	<p>There is evidence that the service has considered CPW record management and that access to CPW records is proportionate and appropriate to the role of individual staff members.</p> <p>Staff members can access CPW records if/when they need to.</p>	<p>There is no evidence to suggest that access to CPW records has been considered to ensure that access is proportionate and appropriate to the role of individual staff members.</p>	<p>Staff do not always have access to CPW records if/when they need to e.g. in order to identify if previous concerns have been noted and that a pattern may be presenting that is consistent with abuse or neglect.</p>

Requirement			
2.4 All organisations should have procedures in place for reporting child protection and welfare concerns. Procedures should be made available and followed by all staff members, students and volunteers.			
<p>Potential sources of evidence:</p> <ul style="list-style-type: none"> • Documentary evidence of a Child Protection & Welfare Reporting Procedure (HSE or locally developed). • A signed declaration from an appropriate manager stating that all staff have completed 'An Introduction to Children First'. • Discussion with service managers/other relevant staff member(s). • An appropriately completed 'Implementation and Compliance Self-Audit Checklist for HSE and HSE Funded and Contracted Services'. 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
2.4.1 Is there a Child Protection and Welfare Reporting Procedure in place? [Note: for HSE services the HSE CPW Reporting Procedure applies.]	There is a CPW Reporting Procedure in place that is fully implemented and being adhered to.	There is no reporting procedure in place. There is a reporting procedure in place but it is not being adhered to.	A reporting procedure which differs to the HSE reporting procedure is in place but it is not consistent with the core components of the HSE CPW Policy and/or it is not considered to be sufficiently robust to safeguard children. A CPW Reporting Procedure is in place but it is not implementable because staff do not have consistent/sufficient access to the Tusla Portal.

2.4.2 Are staff aware of the Child Protection and Welfare Reporting Procedure?	Staff have been made aware of and are knowledgeable about the CPW Reporting Procedure.	Staff were not made aware of the CPW Reporting procedure and they had no knowledge or understanding of it.	Staff were made aware of the CPW Reporting Procedure but they have no knowledge or understanding of it. A CPW reporting procedure is in place but it is inconsistently followed e.g. line managers are not always consulted by staff, decisions not to report are not always jointly agreed.
3. Service Arrangements			
Requirement (For Funded Services Only)			
3.1 The 'Implementation and Compliance Self-Audit Checklist for HSE and HSE Funded and Contracted Services' must be completed annually by Funded Service providers and made available to the HSE on request.			
Source of evidence:			
<ul style="list-style-type: none"> Documentary evidence of an appropriately completed 'Implementation and Compliance Self-Audit Checklist for HSE and HSE Funded and Contracted Services' for current and/or previous year (if applicable). 			
Line of Enquiry	Evidence of Compliance	No evidence of compliance	If no or only partial evidence of compliance, provide details.
3.1.1 Are Implementation and Compliance Self-Audit Checklists for HSE and HSE Funded and Contracted Services completed and retained as required?	Self-assessment Checklists are completed as required and can be produced on request.	Self-assessment Checklists have not been completed as required.	Self-assessment checklists are completed as required but they were not made available to the HSE on request. Self-assessment checklists are not completed in full.