



**An Roinn Sláinte**  
Department of Health

## **CHILDREN FIRST SECTORAL IMPLEMENTATION PLAN**

**In accordance with section 27 of the Children First Act, 2015**

**April 2022**



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## 1. Introduction

1.1. This Sectoral Implementation Plan is prepared in accordance with Section 27 of the Children First Act 2015. It relates to the Health Sector, which covers the Department, and the bodies under its aegis. The Plan outlines a programme of measures to ensure that the Department and any services which come within the definition of relevant services provided by the Department and its aegis bodies, comply with the provisions of the Children First Act 2015, and the guidance issued under Section 6 of that Act.

## 2. Relevant Services Provided

### The Health Sector

2.1. The Department of Health has overall responsibility for public policy and administration in health issues. In addition to providing policy advice to Government, implementing policy and delivering related services to a wide range of customers it also provides the following:

- Leadership and policy direction for the health sector to improve health outcomes;
- Governance and performance oversight to ensure accountable and high-quality services;
- An organisational environment where, on an on-going basis, high performance is achieved, collaborative working is valued, and the knowledge and skills of staff are developed;
- Collaboration to achieve health priorities and contribute to wider social and economic goals.

2.2. Our mission is to improve the health and wellbeing of people in Ireland by:

- supporting people to lead healthy and independent lives;
- ensuring the delivery of high quality and safe health and social care;
- creating a more responsive, integrated and people-centred health and social care service;
- promoting effective and efficient management of the health and social care service and ensuring best value from health system resources.

2.3. There are 19 bodies under the aegis of the Department with roles relating to the achievement of the Department's mission and strategic objectives. Details of those which provide a relevant service under the Children First Act 2015 are at paragraph 2.5 below and at Appendix A.



### **Relevant services provided by the Department of Health**

- 2.4. Within the Department itself, there are no units currently that provide a relevant service within the meaning of Schedule 1 of the Act.

This information will be updated, if a specific unit's work falls within the definition of relevant service under the Act.

- 2.5. The Department's engagement with Transition Year Students or other temporary students on placement is deemed to come within the definition of Schedule 1, paragraph 5 of the Act and is addressed in the Department's overarching Child Safeguarding Statement and associated Policy and Procedures Guide

### **Relevant services provided by Bodies under the aegis of the Department**

- 2.6. There are 19 bodies under the aegis of the Department with roles relating to the achievement of the Department's mission and strategic goals. The Department has notified all of these bodies of the Children First compliance requirement and guidelines. They were asked to carry out a comprehensive risk assessment and, where appropriate, to prepare Child Safeguarding Statements in respect of any relevant services that they provide to children. Each has confirmed that they have undertaken these actions, where relevant. Three bodies have indicated that they provide relevant services – Health Information and Quality Authority, Health Service Executive, and VHI.
- 2.7. A list of those bodies providing relevant services and their position in relation to the implementation of the Children First Act is set out in Appendix A

### **Role of Units in the Department of Health**

- 2.8. Every Unit is required to complete a review annually to determine whether it will acquire obligations in respect of the provision of relevant services to children or mandated persons and/or whether any bodies etc. that are funded by the Unit acquire such obligations.

### **Specific arrangements between the Health Service Executive (HSE) and Tusla**

- 2.9. The Health Service Executive (HSE) is one of the 19 aegis bodies under the Department of Health. The HSE participates in a National Child Safeguarding Strategic Liaison Committee with An Garda Síochána and Tusla. The aim of this Committee is to give a co-ordinated response between agencies, to identify problems within the system in relation to children, particularly issues in relation to the Children First Act, computer



crime, human trafficking and unaccompanied minors. The three agencies work together to ensure the coordination of processes and procedures for the best child protection outcomes, including in relation to missing children and places of safety for children under section 12 of the Child Care Act 1991 (as amended).

2.10. The HSE also works closely and regularly with Tusla under arrangements informed by the 2017 Joint Protocol for Interagency Collaboration between the Health Service Executive and Tusla – Child and Family Agency to promote the best interests of children and families. A protocol has been developed to specify appropriate interface, referral pathways and associated responsibilities for children and families whose needs cross between the HSE Divisions and the Child and Family Agency, to ensure that the needs of children and their families are at the centre of service delivery, in particular child protection and children with a disability and/or mental health issues

### **3. Measures taken to promote, review and report on compliance with the provisions of the Act**

#### **Children First Interdepartmental Implementation Group (CFIDIG)**

3.1. The Minister for Children and Youth Affairs established a statutory Children First Interdepartmental Implementation Group to bring central Government oversight to the implementation process. The Department of Health is represented on this Group by the Deputy Chief Nursing Officer. This person is responsible for ensuring the Department's overall compliance with the Children First Act 2015 and Children First National Guidance. Further information regarding the CFIDIG including current membership is available at <https://www.gov.ie/en/policy-information/5360ac-children-first-interdepartmental-implementation-group-cfidig/>

#### **Department of Health Children First Implementation Group**

3.2. Following on from the establishment of the Children First Interdepartmental Implementation Group, the Department of Health set up an Implementation Group, the Terms of Reference of which are:

- Develop a Child Safeguarding Statement based on the requirements of Section 11 of the Children First Act 2015, within the Department.
- Act as an initial forum for information sharing on the Children First legislation for all staff.



- Ensure access for all relevant Department staff (including those employed on contract) to basic eLearning child protection training.
- Ensure all mandated persons in DoH are aware of their statutory obligation to have undertaken training and to submit certificates to Strategic HR Unit.
- Develop a Sectoral Implementation Plan as provided for in Section 27 of the Children First Act, 2015.
- Review the Children First Safeguarding Statement every 2 years
- Review the Sectoral Implementation Plan every 3 years

Membership of the group includes Departmental representatives from;

- Strategic HR Unit – The Implementation Group is chaired by Strategic HR. The role of Designated Liaison Person and Deputy Designation Liaison Person sits in Strategic HR Unit which also has responsibility for updating the Department's Policy and Procedures Guide for staff and for retaining the list of mandated persons, ensuring mandated persons complete Children First eLearning training and for filing their training certificates on their personnel files.
- Corporate Operations Unit - nominated representative/s to implement and oversee the internal DOH policy.
- CNO Office – The Department of Health representative on the Children First Inter-Departmental Group is one of the Department's DCNOs and is responsible for ensuring the Department's overall compliance with the Children First Act 2015 and the Children First National Guidance.
- Agency Governance Unit - responsible for annual compliance reporting by bodies under the aegis (e.g., HSE, HIQA and VHI) with the requirements of the Act.
- Nominated representative(s) from Patient Safety and Quality.

This Group will remain in place to monitor developments and to agree any changes to such arrangements that may be deemed necessary.

### **Child Safeguarding Statement**

3.3. The Department's Children First Safeguarding Statement sets out the services the Department provides and the principles and procedures to be observed in order to ensure, as far as practicable, that a child availing of these services is safe from harm. The Child Safeguarding Statement is displayed in the Department's lobby area. It has been circulated to all staff and it is published on the Department's website and intranet.



### Department of Health policies and procedures

- 3.4. The Department of Health has developed a Policy and Procedures Guide for Staff for responding to and reporting child protection or welfare concerns. This Guide has been circulated to all staff and published on the intranet.

### Designated Liaison Persons

- 3.5. The Department has appointed, in line with the National Guidance, a Designated Liaison Person (DLP) and a Deputy DLP in the Strategic HR unit. The DLP and Deputy DLP are the principal contacts for information and advice regarding specific child safeguarding concerns. In addition, they are responsible for ensuring reporting procedures within the Department are followed, so that child welfare and protection concerns are referred promptly to Tusla. The DLP keeps a record of all reports to Tusla. In addition, the DLP also keeps reports, where, following consideration, the issue does not initially meet reasonable grounds for concern. Concerns which do not initially meet reasonable grounds for concern may, upon review, show patterns or clusters which may heighten the level of concern.

### Mandated Persons

- 3.6. The Act designates certain professionals and other persons in specified occupations (Schedule 2 to the Act) as 'mandated persons' who are obliged to make reports to Tusla in certain prescribed circumstances and to assist with Tusla assessments on request. This is additional to the best practice reporting arrangements via DLPs under the National Guidance.
- 3.7. The Department has identified a number of mandated persons and has informed them of their obligations under the Act. Strategic HR unit will also inform any new entrants who are mandated persons of their obligations under the Act. The list of mandated persons is retained by Strategic HR.

### Training and awareness raising

- 3.8. All mandated persons under the Act are required to undertake elearning child protection training which can be accessed at <http://childrenfirst.hseland.ie> In addition, the Designated Liaison Person and Deputy Designated Liaison Person have undertaken this training.

On completion of training the certificate of completion must be forwarded to Strategic HR. This training must be undertaken every two years as per the Act.





All staff have been informed of the elearning training web address and all staff members are encouraged, as best practice, to undertake this in the interest of safeguarding children.

3.9. The Department's Sectoral Implementation Plan, Child Safeguarding Statement and Policy & Procedures Guide are central to raising awareness among staff of

- (i) who the Designated Liaison Persons are,
- (ii) the procedures they should follow in the event of having concerns about the well-being of children with whom they interact in the provision of the Department's services, and
- (iii) the obligations on them to report these concerns.

3.10. A Children First page has been established on the Department's [internal intranet](#) with links to relevant documents.

#### **Recruitment/vetting procedures**

3.11. All successful applicants to the Civil Service are vetted through a process operated by the Public Appointments Service. Existing officers are subject to the Civil Service Code of Standards and Behaviour.

#### **Department of Health Annual Compliance Report**

3.12. An annual compliance report will be prepared by the Department's Children First Implementation Group for submission to the Management Board.

#### **Reporting on compliance by Bodies under the aegis of the Department**

3.13. In accordance with section 11 of the Act, each relevant service provider in the Health Sector has been made aware of their obligations under the Act, including the requirements to

- Develop a Child Safeguarding Statement;
- Identify mandated persons;
- Ensure each mandated person completes the eLearning module, and
- Develop policy and procedures guidelines

3.14. Each body is accountable to the Department in relation to compliance with governance matters. Each body will report on its compliance with Children First annually to the Department as part of overall corporate governance /assurance arrangements.



## Review

- 3.15. The Department and the 3 aegis bodies which provide relevant services and have developed a Child Safeguarding Statement must, under Section 11(7) of the Act, review that Statement not later than 2 years from date of publication.
- 3.16. In line with section 27(5) of the Act, this Sectoral Implementation Plan will also be reviewed and, as necessary, revised within three years of its publication.



## Appendix A: Bodies under the Aegis of the Department which provide relevant services under the Children First Act 2015.

### 1. Health Information Quality Authority (HIQA)

HIQA is fully aware of its obligations with regards to Children First legislation and guidance and is in compliance with these. The Child Protection and Welfare Policy and the policy statement which follows set this out clearly.

HIQA is committed to the highest standard of safeguarding children and complies with the Children First Act (2015) and the Children First: National Guidance for the Protection and Welfare of Children (2017). It carries out a regular safeguarding risk assessment and has a Child Safeguarding Statement in place.

HIQA recognises that in the course of its work in a range of health and social care settings, its staff meet children and young people who are especially vulnerable, and their best interests and safety are of paramount importance at all times. Our staff will treat children and young people with dignity and respect at all times and comply with HIQA's code of conduct at all times. Any concerns that children have been or may be harmed will be reported appropriately to the Child and Family Agency, Tusla, in a timely way. HIQA will share information with Tusla, as required and in the best interests of children.

HIQA will take every care to recruit staff members in a safe way to ensure that they are suitable employees. It will manage any allegations of abuse made against staff members in a fair, thorough and transparent way and make any required reports to relevant authorities.

HIQA will ensure that all staff are aware of and receive relevant mandatory training in its child protection policy and safeguarding issues, in line with the Children First Act (2015) and the Children First: National Guidance for the Protection and Welfare of Children (2017).

HIQA will have a Relevant Person as a first contact for the Child Safeguarding Statement and will maintain an up-to-date list of Mandated Persons. HIQA will support mandated persons to fulfil their legal obligations to make child protection and welfare reports to Tusla and assist Tusla as this is a legal requirement under the Act.

HIQA will have a Designated Liaison Person (DLP) in place, who will coordinate all information in relation to child protection concerns and provide advice to staff members and Mandated Persons as required. The DLP and the Relevant Person roles may be carried out by the same member of staff. The current Relevant Person and DLP are named on the Child Safeguarding Statement.

Child protection and welfare records may contain particularly sensitive information and will be managed in accordance with existing policies on confidentiality, data protection and records management.



## 2. Children First Compliance in the Health Service Executive HSE

### Children First Implementation and Governance

The continued implementation of Children First in the HSE remains the responsibility of individual managers, in particular EMT members, National Directors, managers of national services, CHO Chief Officers; Chief Executive Officers and other managers and teams across the health service.

To support implementation a number of governance groups have been established. This group structure aims to aid a consistent approach across all services to the coordination, monitoring and ongoing implementation of compliance with HSE responsibilities under Children First.

The Children First Governance arrangements are summarised below.

**National Oversight Group:** The Children First National Oversight Group supports effective and consistent operation of Children First and child protection policies and procedures.

**Operational Steering Committees:** Operational Steering Committees are in place at service level and support Children First implementation at operational level. These groups are supported by Children First Training and Development Officers.

**Reference Groups:** Specialist national reference groups will be established as required.

Momentum and engagement of the Operational Steering Committees was disrupted over 2020 and 2021 as a result of Covid and the Cyber-Attack, however, all committees are re-engaged and making progress on compliance and best practice requirements.

### HSE Annual Controls Assurance Process

The following three questions are included in the Internal Controls Questionnaire completed by all staff in the at HSE Grade VIII and above, as part of the HSE Annual Controls Assurance Process

- a) My staff and/or I are aware and understand our responsibilities in relation to the Children First Act 2015 and Children First National Guidance for the Protection and Welfare of Children 2017.
- b) My staff and/or I are aware and understand our responsibilities in relation to the HSE Child Protection and Welfare Policy.
- c) I have completed or I am aware that a Children First Implementation and Compliance Self-Audit Checklist has been completed for my service.

### HSE Funded and Contracted Services

Compliance under Children First is set out as a requirement in HSE Funded Services contracts. Schedule 5 of Service Arrangements require services to complete a six-point declaration in relation to key compliance requirements under Children First.



### **HSE Children First National Office**

The HSE Children First National Office was established in order to support and monitor consistent implementation of, and compliance with, the Children First Act 2015, and its associated Guidance. There are HSE Children First Training and Development Officers (TDOs) based across the country. The TDOs have a background in child protection practice. They are linked, through the governance arrangements, with the Community Healthcare Organisations, Hospital Groups and National Services, and are instrumental in the implementation of Children First, through the delivery of training, briefings and other practical advice for staff and services throughout the HSE and its funded agencies

Where possible, all HSE Children First resources and training materials are made available to HSE funded and contracted services. Due to limited capacity, direct 'live' to staff of HSE funded or contracted services (except in exceptional cases).



### 3. VHI Health and Wellbeing Services

In relation to VHI, it is confirmed that VHI health and wellbeing services within the VHI Group, subject to the Children's First Act 2015, comply with the Act. This includes:

- a Children Protection Policy being in place applicable across all clinical service settings
- all new Vhi H&W employees (working in relevant clinical services) have to provide their child first certificate before commencing work and
- Vhi monitor certificates to ensure renewal every 3 years.

With regard to the services within the Vhi Group covered by the Act, please see the below updated listing:

***The key services that Vhi Health and Wellbeing DAC provide to children are: -***

*They see patients from 1 year old and above in their Urgent Care units,  
They provide cryo therapy for children as well as minor surgical procedures  
They provide onsite plain film x-ray. Radiology service is supplied by Medical Radiology.*

*They also provide an outpatient paediatric service where children can be assessed by consultants in orthopaedics, sports medicine, maxillofacial, general and developmental paediatrics.*

*The Paediatrics clinics cater for children from 6 weeks old.*

*On site in Carrickmines, Co Dublin, they also provide a dental service including a dental trauma service, which children can also access.*

*They also provide physiotherapy services on-site*

***Vhi Hospital@Home*** provides an early discharge programme to Vhi customers over 16 years old who are clinically suitable to continue their hospital treatment at home.

***Vhi Corporate Solutions*** facilitate face to face or telephonic counselling with Vhi members over 16 years old using Optum (3rd party). Vhi CS Occupational Health Nurses provide services to other companies and may on occasion be required to provide treatment to children present in the company on the day (TY Students, children at workday, school tours). This treatment is incidental and unplanned.

***Vhi Medical Screening*** provides health screening services in their clinics and on-site in a corporate to adults only.

*In all of the above children may be encountering staff while availing of the service directly, accompanying/present with adults who are availing of the service or while on work experience.*



## Appendix B: SCHEDULE 1 - Relevant Services

### Section 2

1. Any work or activity which is carried out by a person, a necessary and regular part of which consists mainly of the person having access to, or contact with, children in—

(a) an establishment which provides early years services within the meaning of Part VIIA of the [Child Care Act 1991](#) ,

(b) a school or centre of education, both within the meaning of the [Education Act 1998](#) ,

(c) any hospital, hospice, health care centre or other centre which receives, treats or otherwise provides physical or mental health services to children,

(d) a designated centre within the meaning of [section 2](#) of the [Health Act 2007](#) , in so far as it relates to an institution at which residential services are provided in accordance with the [Child Care Act 1991](#) or to children with disabilities in relation to their disabilities,

(e) a special care unit provided and maintained in accordance with section 23K of the [Child Care Act 1991](#) ,

(f) a children detention school within the meaning of [section 3](#) of the [Children Act 2001](#) ,

(g) a reception or accommodation centre which provides residential accommodation services to applicants for asylum under contract to the Department of Justice and Equality where children may be accommodated, or

(h) a centre which provides residential accommodation services to victims of domestic violence where children may be accommodated.

2. Any work or activity which consists of the inspection of a service provided to a child under the [Child Care Act 1991](#) , the [Education Act 1998](#) , the [Children Act 2001](#) or the [Health Act 2007](#) .

3. Any work or activity which consists of the inspection, examination or investigation by the Office of the Ombudsman for Children under the [Ombudsman for Children Act 2002](#) .

4. Any work or activity which consists of treatment (including assessment which may lead to treatment), therapy or counselling provided to a child.

5. Any work or activity which consists of the provision of—



- (a) educational, research, training, cultural, recreational, leisure, social or physical activities to children,
  - (b) care or supervision of children, or
  - (c) formal consultation with, or formal participation by, a child in respect of matters that affect his or her life, whether or not for commercial or any other consideration
6. Any work or activity which consists of the provision of advice or guidance services (including by means of electronic interactive communications), a necessary and regular part of which consists, mainly, of the person having access to, or contact with, children.
7. Any work or activity as a minister or priest or any other person engaged in the advancement of any religious beliefs which would or could bring that minister, priest or other person, as the case may be, into contact with a child.
8. Any work or activity as a driver of, or as an assistant to the driver, or as a conductor, or as a supervisor of children using a vehicle which is being hired or used only for the purpose of conveying children who are unaccompanied by a parent or guardian.
9. Any work or activity which is carried out by a member of An Garda Síochána, a necessary and regular part of which consists mainly of the person having access to, or contact with, children

### **Appendix C: Definition of a ‘Provider’ under Section 8 of the Act**

Children First Act 2015

“provider” means, in relation to a relevant service, a person—

- (a) who provides a relevant service, and
- (b) who, in respect of the provision of such relevant service—
  - (i) employs (whether under contract of employment or otherwise) one or more than one other person to undertake any work or activity that constitutes a relevant service,
  - (ii) enters into a contract for services with one or more than one other person for the provision by the person of a relevant service, or
  - (iii) permits one or more than one other person (whether or not for commercial or other consideration and whether or not as part of a course of education or training, including an internship scheme) to undertake any work or activity, on behalf of the person, that constitutes a relevant service;





## Appendix D: Annual Compliance form for Children First Act for Aegis Bodies

The units with responsibility for the aegis bodies will receive Children First Compliance Forms for State Bodies as part of overall corporate governance /assurance arrangements. These forms should be completed returned directly to the Nursing and Policy Unit on an annual basis.

Line Unit Report of Compliance with the Children First Act 2015 for State Bodies			
<b>Aegis bodies are required, in the context of the normal governance processes, to assure the Department that they have identified, and are compliant with, all their legal requirements under the Children First Act.</b>			
Name of Body:			
Line Unit Responsible:			
	YES	NO	N / A
1. The Unit has notified the state body of the Children First compliance requirements and guidelines.			
2. State body has indicated that they are a <b>relevant service</b> under schedule 1 of the Children First Act 2015			
3. Assurance of compliance of state body with safeguarding obligations has been provided to the unit by the state body including details of how this is achieved.			
4. Details submitted by unit with responsibility for governance of the State Body to the Nursing and Midwifery Policy Unit* *for inclusion in the Department's Children First Sectoral Plan & Child Safeguarding Statement			

Signed: \_\_\_\_\_

(Principal Officer)

Date: \_\_\_\_\_

***E SIGNATURES ARE ACCEPTABLE. This form is to be completed by the Unit with responsibility for governance of the State Body and returned to the Nursing and Midwifery Policy Unit (Office of the Chief Nursing Officer) in the Department of Health, by \_\_\_\_\_***

***Where a state body has indicated that they are a relevant service under Schedule 1 of the Children First, Include details of how state body is meeting its obligations under the ACT***



## Appendix E: Annual Notification to Department of Health Units re Children First ACT Compliance obligations

The Deputy Chief Nursing Officer nominated to the Children First Interdepartmental Implementation Group will issue a notification to all units in January of each year to review compliance with their obligations under the Children First Act 2015.

### 1. All Units must self-assess annually their own unit's obligations under the Children First Act 2015

- a) Does the Unit have direct contact with children in the course of its work?
- b) Does the service carried out by the Unit come within the definition of a [relevant service](#) in Schedule 1 of the Children First Act 2015?
- c) Does the Unit come within the definition of "provider" under Section 8 of the Children First Act 2015 (Appendix A)?

Units meeting above conditions, will require to submit a written statement to the Nursing and Midwifery Policy Unit (Office of the Chief Nursing Officer) specifying the service being provided by your Unit, a written assessment of the risk and specifying the procedures in place to manage any Unit specific risk identified.

This information is required annually for the Children First Department Child Safeguarding Statement and Sectoral Implementation plan

### 2. Aegis bodies compliance to Children First is processed as part of the annual corporate governance /assurance arrangements.

#### A. All units must notify any [other sectors, agencies, organisations or services that have, or may have, direct contact with children and are directly funded\\*](#) (by the unit of;

- (i) The Children First legislation and guidance\*\*
- (ii) The requirement to provide assurance that they are compliant with the legislation and guidance.

#### B. Where the unit provides funding to organisations for onward distribution\* to [other sectors, agencies, organisations or services that have, or may have, direct contact with children in the course of providing the funded service \(i.e., units funding "intermediary bodies"\)](#), ensure that;

- (i) The sectors, agencies, organisations or services are notified of the Children First legislation and guidance\*\*.
- (ii) Child safeguarding expectations are attached to the funding
- (iii) The requirement for any funded intermediaries to impart compliance requirement to any services for children which they fund.

\* Funding in this context includes commissioned services (e.g., contract for services), ongoing funding and once-off ad hoc funding).

\*\* The Department is merely required to draw attention of relevant sectors, agencies, organisations or services to the legislation and Guidance. It is up to the funded sector/agency etc. to interpret/apply same.



## Appendix F: Terms of Reference -Department of Health Implementation Group – Children First Act 2015

### 1. Introduction

Section 11 of the Children First Act 2015 requires all “service providers” to undertake a risk assessment and to prepare a written child safeguarding statement. Following on from the work of the Children First Interdepartmental Group, all Government Departments are obliged to undertake these tasks within their Department. In order to address these requirements an implementation group was established within the Department in 2017.

### 2. Terms of Reference

- To develop a Child Safeguarding Statement and Policy, based on the requirements of Section 11 of the Children First Act 2015, within the Department.
- To act as a forum for information sharing on the Children First legislation for **all** staff.
- To ensure access for all relevant Department staff (including those employed on contract) to basic elearning child protection training.
- To ensure processes are in place so that all mandated persons are aware of their statutory obligation to have undertaken training and certificate submitted to Personnel Unit.
- To create and update Children First Sectoral Plan as provided for in Section 27 of the Children First Act, 2015 every 3 years
- To update Child Safeguarding Statement CSS every 2 years
- To provide up to date CSS and sectoral plans to the Children First Interdepartmental Implementation Group CFIDIG
- To submit brief report (concise paragraph) annually to CFIDIG and Department of Health Management Board in relation to the direct and indirect initiatives/actions taken by the Department in support of Children First and Child Protection.

### 3. Membership

Membership of the group includes Departmental representatives from;

- Strategic HR Unit – The Implementation Group is chaired by Strategic HR. The role of Designated Liaison Person and Deputy Designation Liaison Person sits in Strategic HR Unit which also has responsibility for updating the Department’s Policy and Procedures Guide for staff and for retaining the list of mandated persons, ensuring mandated persons complete Children First eLearning training and for filing their training certificates on their personnel files.
- Corporate Operations Unit - nominated representative/s to implement and oversee the internal DOH policy.
- CNO Office, – The Department of Health representative on the Children First Inter-Departmental Group is one of the Department’s DCNOs and is responsible for ensuring the Department’s overall compliance with the Children First Act 2015 and the Children First National Guidance.
- Agency Governance Unit - responsible for annual compliance reporting by bodies under the aegis (e.g., HSE, HIQA and VHI) with the requirements of the Act.



- Nominated representative(s) from Patient Safety and Quality.

#### **4. Timeline**

Membership to be reviewed every 3 years.

Annual compliance report required from Department units and aegis bodies