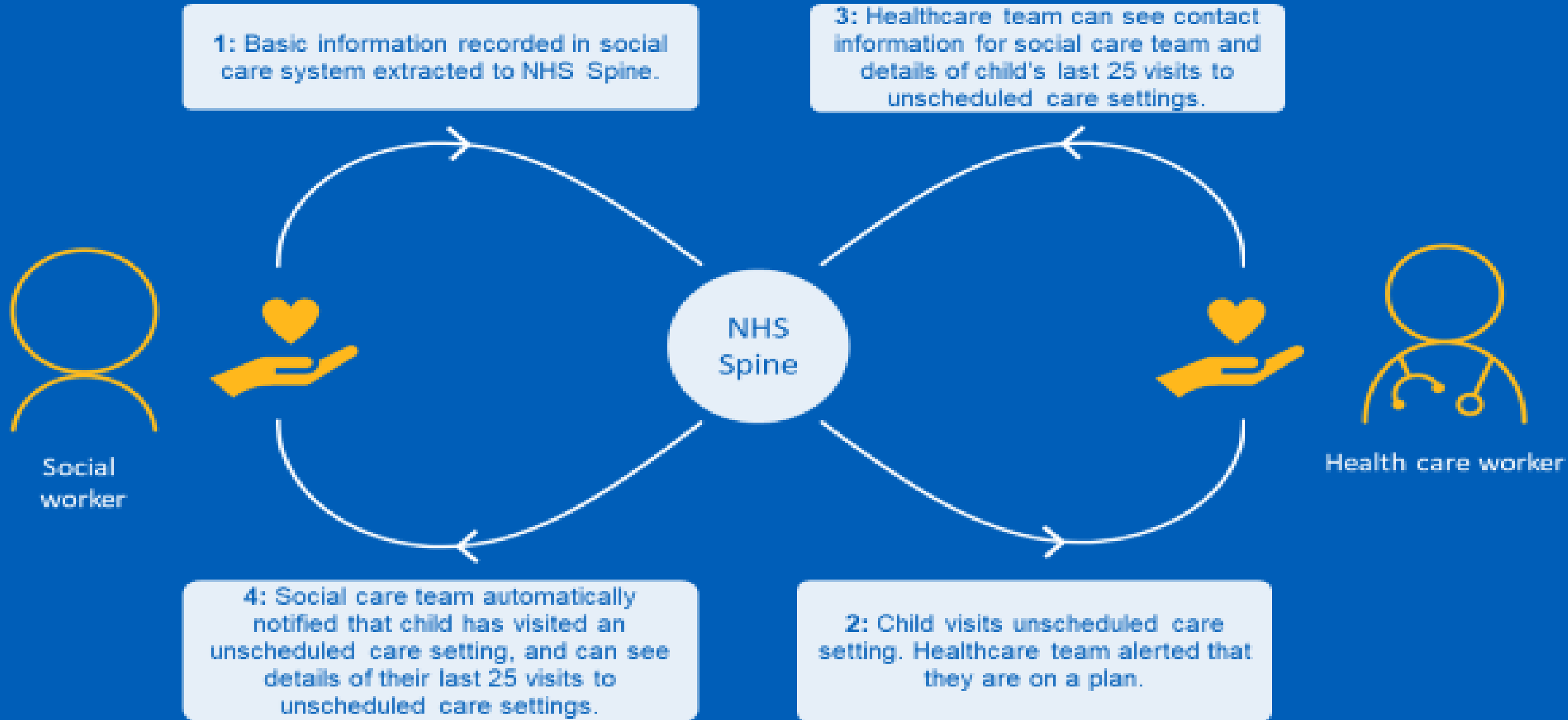


Child Protection Information System (CPIS)

Every NHS-funded and CQC-regulated service who see children and all arm's length-bodies with professional regulated colleagues are to launch CPIS by December 2026.

***Kenny Gibson,
Deputy Director for NHS Safeguarding
CPIS SRO***

Child Protection Information System (CPIS)



Current CPIS launch position

Health services do and are about to include–

Emergency Departments, including paediatric A&E departments.

Walk-in Centres: Including urgent care centres.

Minor Injury Units (MIU)

Ambulance Services

111 Service

GP Out-of-Hours Services

Maternity Units

Paediatric Wards

Outpatient Departments

Emergency Dental Services, when connected to a hospital

General Practice

Child and Adolescent Mental Health Services (CAMHS)

School Nursing and Health Visitors

Sexual Assault Referral Centres (SARCs)

Termination of Pregnancy Services (ToPS)

Community Paediatrics

NHS Dentistry

Children's hospices, sponsored by ICB and linked to local NHS Trust

Youth custody suite with embedded healthcare staff who are employed by a CQC regulated healthcare provider

One-team statutory safeguarding for babies, children, young people and care leavers

MULTI-AGENCY SAFEGUARDING REFORMS

Keeping Children Safe, Helping Families Thrive - Breaking down barriers to opportunity published Nov 2024.

CHILDREN'S WELLBEING AND SCHOOLS BILL

Supporting HM Government's Opportunity Mission of *Keeping Children Safe* - provides the statute for the reforms. Passing through Parliament

FAMILIES FIRST PARTNERSHIP PROGRAMME

Pathfinding across ten sites now national. LA funding in place. Includes developing Multi-agency Child Protection Teams, Family Help and Family Group Decision Making.

REGIONAL CARE COOPERATIVES

Commissioning children's social care placements. Pathfinder sites (2). Planned national roll-out..

CORPORATE PARENTING

Potential extension of NHS responsibilities has now included in the Children's Well-being and Schools Bill.

GOVERNMENTAL SPENDING REVIEWS

Awaiting announcements re safeguarding priorities.

MULTIAGENCY INFORMATION SHARING

New Information sharing duty proposed to override the common law duty of confidentiality. Consideration of using a "consistent identifier"/single unique identifier (SUI) for children. Pilots underway using NHS number as the SUI.



CARE LEAVERS

NHS Universal Family Programme supporting work preparedness. Children's Wellbeing and Schools Bill includes "Staying close" and improved and access to health services and the care leavers offer of prescription exemptions certificates up to 25 year old.

Redrafting of 2015 statutory guidance in progress..

IMPROVING HEALTH OUTCOMES

Fit for the future: 10 Year Health Plan for England; health in multi-agency child protection teams, creation of single unique identifier

0-19 UNIVERSAL HEALTH SERVICES

Consideration of scope of roles to reflect current policy direction- social care reforms and focus on prevention. Cross governmental and NHS discussions regarding workforce and funding challenges.

CHILD PROTECTION INFORMATION SHARING SYSTEM (CP-IS)

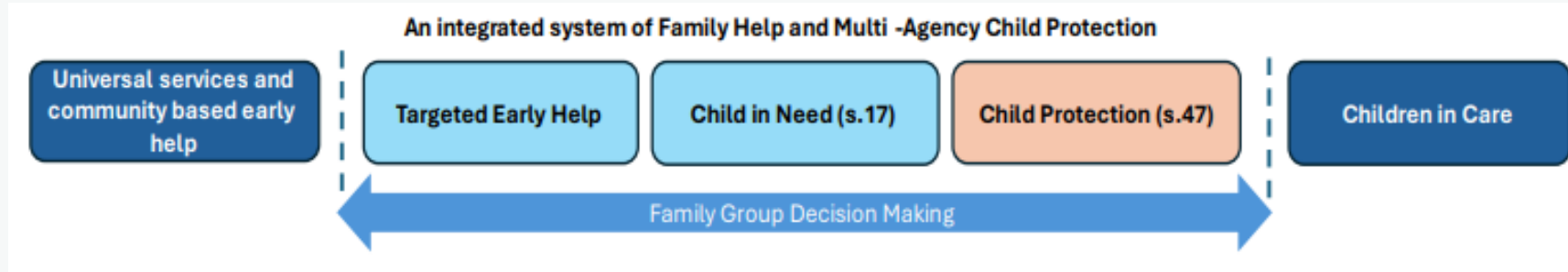
Phase Two extension to scheduled care in progress across systems.

SAFEGUARDING INFORMATICS

Inclusion of Initial and Review Health Assessments, CP-IS, child deaths, child safeguarding practice reviews, domestic homicide reviews and provider and ICB assurance data into the Safeguarding Integrated Data Dashboard.

DfE Vision for multi-agency safeguarding

Identify children and families in need of support earlier – reduce children in care



[The Families First Programme Guide](#) (March 2025) sets the expectation that the joint and equal statutory multi-agency safeguarding partners (LA/police/health) will implement Family Help, multi-agency child protection teams and Family Group Decision Making. They are asked to build on what is already in place in their area (e.g. MASH, Family hubs) and agree, allocate and transparently set out multi-agency resourcing.

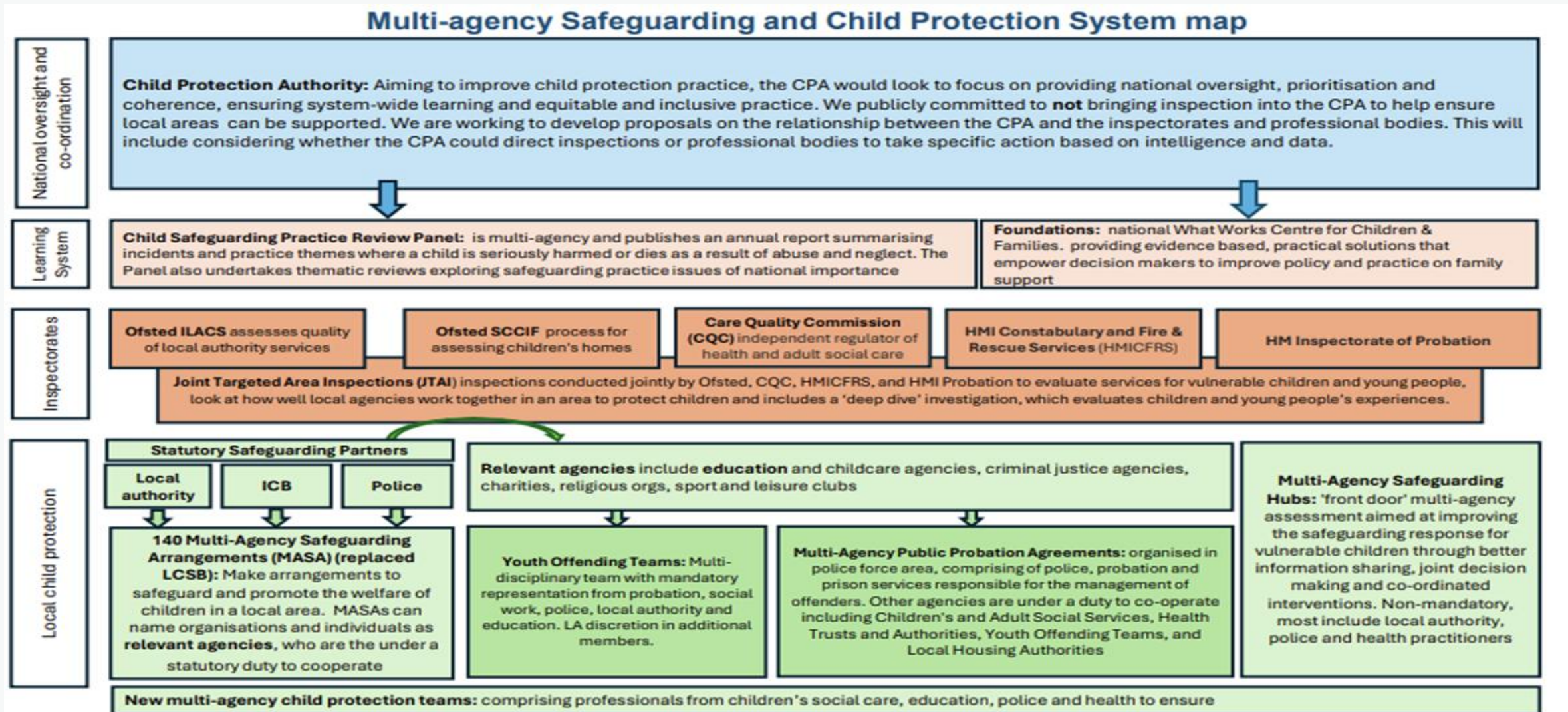
An additional **£270 million through the Children’s Social Care Prevention Grant** has been provided to Local Authorities (2025-26). This is in addition to the £253 million already committed funding. There is an expectation that 30% of the new funding will be spent on transformation can include secondments from partner agencies to reflect the flexibility outlined in the [CSC Grant letter \(draft\)](#) (p7) and [Families First Programme Guide](#) (p.51).

See slide 5 for further detail

The statutory guidance documents, [Working Together 2023: statutory guidance](#) and [Children’s social care: national framework 2023](#) are not changed by this guidance.

The multi-agency safeguarding system map

Picture below with thanks to the Department for Education (DfE) July 2025



The role of health in a reformed layered child protection system

NHS providers, ICBs and NHS England provide **integrated layers of statutory safeguarding functions.**

The statute strengthens health's accountability and ownership of safeguarding responsibilities.

Health's strategic and operational role in preventive, responsive safeguarding, including therapeutic intervention after abuse or neglect, is evident throughout each layer of both the existing, and the reforming child safeguarding system.

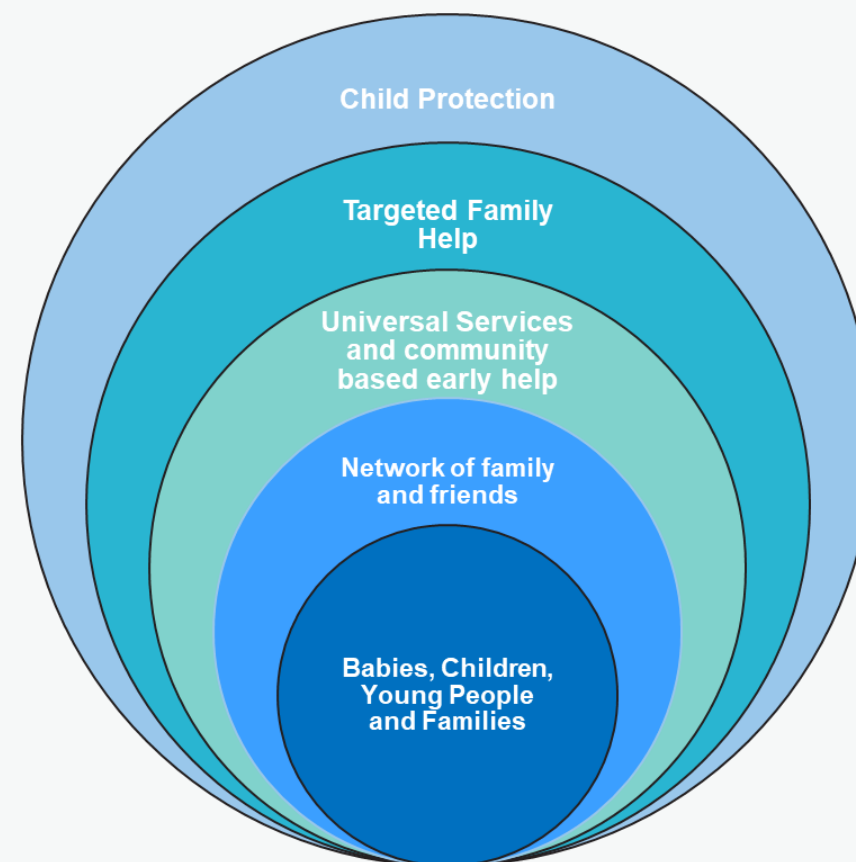
The safeguarding reforms build upon and rely on the strength of health as a joint and equal partner in safeguarding.

Health are joint and equal safeguarding partners with the local authority and police for safeguarding arrangements: strategic direction - vision – culture - shared priorities - resourcing to deliver services effectively (Working Together, 2023 para.50)

"joint and equal
responsibility"
(para. 38)

"joint and
equal
responsibility"
(para. 61)

NHS providers, ICBs and NHS England



Picture developed from that shared by DfE 6 March 2025

Children and Young People Safeguarding

Multi-agency and cross Government – strategy and reforms

GOVERNMENT MISSION OPPORTUNITIES

“**Break down the barriers to opportunity**” DfE leading

One of five Government Missions. Includes:

- Tackling Child Poverty
- Improving Housing
- **Keeping Children Safe**
- Best start in life
- Every child achieving and thriving
- Skills for opportunity and growth.

Spending review bids to support reforms in progress.

CHILDREN’S WELLBEING AND SCHOOLS BILL

Supporting *Keeping Children Safe* - provides the statute for the social care and education policy reforms. Currently in the House of Lords

Includes "Staying Close" national offer for care leavers up to age 25 to support access to housing, health, education, relationships, and employment.

DHSC and DfE are involving NHS England for elements that involve or impact health strategy or service provision.

MULTI-AGENCY SAFEGUARDING REFORMS

Multi-Agency Safeguarding arrangement changes set out in Keeping Children Safe, Helping Families Thrive - Breaking down barriers to opportunity. (DfE)

Additional £270m worth of funding 2025-26.

Statute to support within the Children’s Wellbeing and Schools Bill

National consideration of children at risk of **Harms Outside The Home** being better integrated into statutory safeguarding processes.

REGIONAL CARE COOPERATIVES (RCCs)

Two RCC pathfinder sites: Manchester and South East. In implementation phase.

The Children’s Wellbeing and Schools Bill includes a section on RCCs and plan to roll out nationally.

Discussions re need for joint and equal partnership arrangements.

No details on timing of national launch. No details re funding for health contribution.

Children and Young People

Multi-agency and cross **Government** reforms

FAMILIES FIRST PARTNERSHIP PROGRAMME

[Children's Wellbeing and Schools Bill](#) sets out plan to roll out nationally.

Current pilots Wave 1: Dorset, Lincolnshire and Wolverhampton.

Wave 2: Lewisham, Luton, Redbridge, Walsall, Warrington, Warwickshire and Wirral. Delivery plans agreed.

Initial guidance developed.

New arrangements are being introduced nationally from 2027. Health funding being considered.

MULTIAGENCY CHILD PROTECTION TEAMS (MACPTs)

National roll-out.

Duty on the local authority to set up MACPTs and a duty on health and the police to cooperate.

Different models are being used.

New arrangements being introduced nationally by 2027 (subject to timing of Bill passage and Royal Assent).

Health funding being considered.

FAMILY HELP TEAMS

National roll-out

Merging targeted early help and section 17 into a single offer of support.

Establishing community based, multi-disciplinary family help teams.

Establishing the Family Help Lead Practitioner Role.

Implementing single Family Help assessments and plans.

INFORMATION SHARING & SINGLE UNIQUE IDENTIFIER

Reducing barriers to effective timely help.

[Children's Wellbeing and Schools Bill](#) -includes enabling legislation to later introduce:

- A single unique identifier (SUI) for children (NHS number being piloted). The SUI is known as the "Consistent Identifier" in legislation.

- A duty for multi-agency partners, and education to share and request information relating to safeguarding and promoting the welfare of children and relevant adults.

Children and Young People

Multi-agency and cross Government – in progress

CORPORATE PARENTING

Proposal to extend corporate parenting responsibilities to relevant public bodies, including the NHS, was set out in the [Keeping Children Safe policy paper \(2024\)](#).

Reforms recognise the needs of both children in care and adult care leavers.

Corporate parenting has now been introduced as an amendment to the Children's Wellbeing and School Bill.

LOOKED AFTER CHILDREN STATUTORY GUIDANCE REVISION

Revision of Promoting The Health and Wellbeing of Looked After Children 2015 underway.

Recognition of the need for statutory guidance to provide clarity regarding funding arrangements to improve the consistency and equity of provision for children placed outside their local authority area.

DEPRIVATION OF LIBERTY ORDERS (DOLOs)

The number of DoLO applications has risen from around 100 in 2017/18 to over 1,300 in 2024/25.

DfE amending legislation to enable authorisation of DOLOs in non-secure, community-based provision.

Testing and evaluation of a new integrated, multi-disciplinary model is underway in the South-East RCC.

Mental Capacity Act reforms awaited.

REDUCING USE OF UNREGISTERED CHILDREN'S HOMES

Increased use of unregistered placements for children. Ofsted will be given additional powers to take action against any children's home that is not registered.

There is a parallel drive to reduce the number of children needing placement in a children's home.

Note findings within report of the Children's Commissioner for England "[Illegal Children's Homes](#)" December 2024

The role of health in multi-agency child protection teams

Contributing to the establishment and development of multi-agency child protection teams

Multiple national reviews show ineffective multi-agency working is a key factor when child protection activity fails to keep children safe.

The local safeguarding partners will have a duty, under the Children's Wellbeing and Schools Bill, to establish multi-agency child protection teams to deliver effective child protection, supporting local authorities to discharge their duties under Section 47 of the Children Act 1989.

Safeguarding partners will nominate a minimum membership for these MACPTs, including experienced and registered health professionals, alongside social workers, police officers and education professionals. Health professionals could, for example, be paediatricians and lead or named safeguarding nurses.

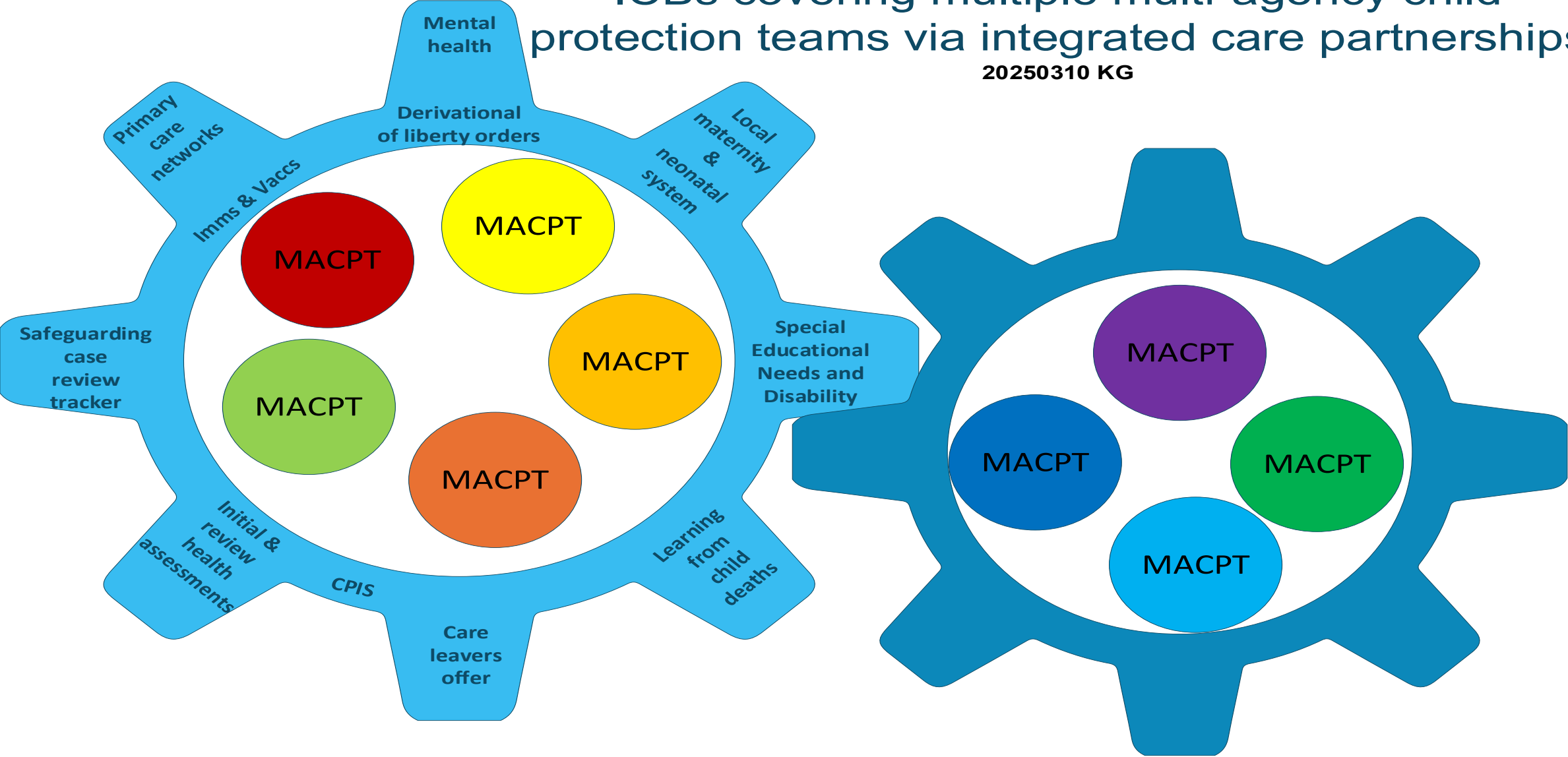
Other health professionals can also be involved in MACPTs to meet local need. These can include:

- Mental health practitioners (incl. CAMHS, psychiatry, psychology)
- Health visitors
- Midwives, sexual health, and school and/or public health nursing
- Substance misuse practitioners

Model ICB and Devolution Priority Programme

ICBs covering multiple multi-agency child protection teams via integrated care partnerships

20250310 KG

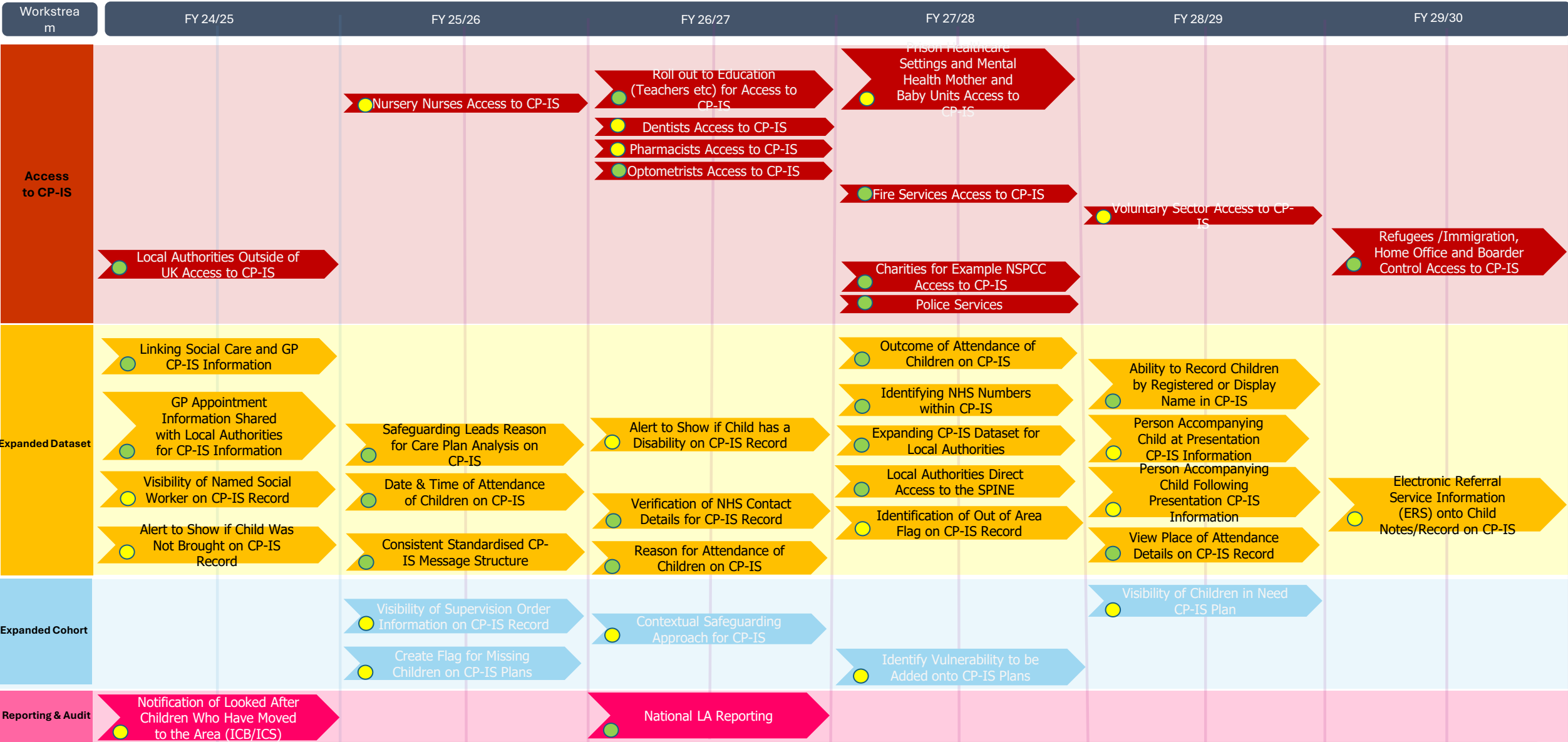


Plan on a Page: CP-IS 2030

External Supplier/Health org Dependency
Dependencies exist on suppliers and DHSC/DfE Some sizing & timing tbc

● Department of Education

● Department of Health



We can, we will, we must

- Child Protection Information System (CPIS) DPIA for unborn children on a protection plan; children on a protection plan; children looked after; unaccompanied asylum seeking children
- Child single unique identifier (CSUI)
- Unified data sharing agreement – the Somerset model
- Any referral must have genogram (family / household connections) and ecogram (school, social and on-line connections)
- On-line harms and harms outside-the-home – a consideration must be given to a Section 47 child protection plan with the family as a protective factor.

We have a full range of existing guidance

- The multi-agency sharing of information in a timely way is important to safeguarding children and adults at risk. Information could be shared when there is evidence of harm, a potential risk, or where sharing of information needs to happen to enable a risk to be identified and understood.
- There is a duty for staff to share information to safeguard and promote the welfare of babies, children and young people ([Working Together, 2023](#)). This applies to those working with children and young people in the Children and Young People Estate, and the those working with adults who are parents/carers or who may pose a risk to children in the adult estate. The duty applies to health staff as well of those directly employed by criminal justice services, where specific guidance is set out:
- [HMPPS Child Safeguarding Policy Framework](#) (p.33)
- HMPPPS YCS [Safeguarding and child protection in the Children and Young People Secure Estate](#)(p28 -30).
- Data protection legislation (the Data Protection Act 2018 (the DPA 2018) and the UK General Data Protection Regulation (UK GDPR)) does not prevent the sharing of information without consent for the purposes of safeguarding when it is necessary, proportionate and justified to do so such as when there is a need to safeguard and promote the welfare of a child. The most common lawful bases suitable for safeguarding purposes are public task and legal obligation Information Commissioner [A 10 step guide to sharing information to safeguard children](#))
- Safeguarding of children and individuals at risk (adults) is one of the substantial public interest conditions under which the sharing of special category data without consent may be authorised under Article 9 of the UK GDPR.
- Health and other staff should follow their organisational child or adult safeguarding policy and Department for Education, 2024 guidance “[Information Sharing Advice for practitioners providing safeguarding services for children, young people, parents and carers](#)”.
- We must collaborate across the 4 nations of the UK and include Jersey and Guernsey.

The Caldicott Principles

The eight principles

1. Justify the purpose:

Protecting children from neglect, abuse, exploitation, harm and violence

2. Use only when necessary:

Clinician's prerogative to make safeguarding referrals or escalate their concern

3. Use the minimum amount:

This should include a family genogram (interfamilial harms) and/or genogram (extra-familial; harms-outside-the-home; on-line harms)

4. Access on a need-to-know basis:

Every clinical service caring for the child needs to know, making every contact count

5. Everyone is aware of responsibilities:

Child protection trumps confidentiality

6. Comply with the law:

This is why clinical colleagues are so, so fearful

7. Duty to share is as important as duty to protect:

The paramountcy of child safeguarding and child protection

8. Inform patients:

Gillick and Fraser competent children and parental proxy access to child records .

‘A 10-step guide to sharing information to safeguard children:

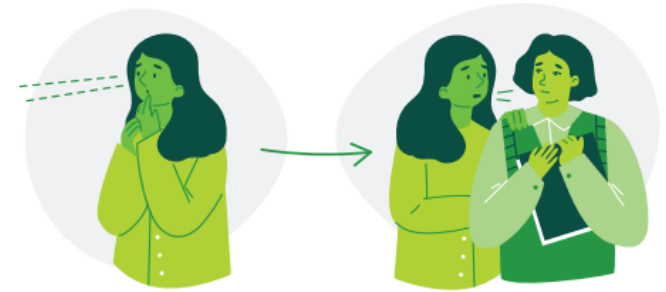
- **Step 1: Be clear about how data protection can help you share information to safeguard a child.**
- **Step 2: Identify your objective for sharing information, and share the information you need to, in order to safeguard a child.**
- **Step 3: Develop clear and secure policies and systems for sharing information.**
- **Step 4: Be clear about transparency and individual rights.**
- **Step 5: Assess the risks and share as needed.**
- **Step 6: Enter into a data sharing agreement.**
- **Step 7: Follow the data protection principles.**
- **Step 8: Share information using the right lawful basis.**
- **Step 9: Share information in an emergency.**
- **Step 10: Read our data sharing code of practice.’**

[A 10-step guide to sharing information to safeguard children | ICO](#)

24th Sept 2023



**Share information
to protect a child.**



Has something **made you concerned** for the safety or wellbeing of a young person?

Share that information with someone who can help protect them from harm.



It can be **more harmful not to share information** that is needed to protect a child or young person.



In an emergency or urgent situation, **don't hesitate to share information** that's needed to protect a child or young person.



You will not get into trouble with the ICO if you share information to protect a child or young person.

ico.org.uk/10steps



All commissioned care organisations have a duty, if not contractual obligation, to share aggregated population data.

Every practitioner must seek informed consent to share their concerns.

If the client declines, the practitioner may still use clinical prerogative and choose to share for reasons of reasonable and lawful public safety or the client's own health and well-being.

The practitioner must record their decision to share after client has decline in the patients record, as per Registration body & GDPR At 9.

Every death & safeguarding review has recommended data sharing.

No health staff have ever been found guilty of data sharing breach.

NHS Safeguarding Integrated Data Dashboard

NHS Safeguarding Integrated Data Dashboard from September 2024

Integrated care strategy
+ annual children annual report

Working Together 2023 multi-agency arrangements + data sharing

Non-Statutory Reporting from July 2024

Statutory Reporting by providers

- Prevent Duty via DCF
- Female Genital Mutilation (IS & Enhanced)
- Looked After Children Initial / Review Health Assessments (IHA/RHA) via DCF.

- NHS Safeguarding Commissioning Assurance Toolkit (SCAT) = provider annual compliance + ICB quarterly themes via DCF
- Safeguarding Case Review Tracker (SCRT) inc Domestic Homicide Reviews (DHRs) health recommendation themes via DCF
 - CPIS numbers by ICB, unborn children (UCPP) and children on a protection plan (CPP) and children looked after (LAC)
- Child Death Reviews, Child Death Overview Process (CDOP) via National Child Mortality Database (NCMD)

Data Collection Framework (DCF) into the Unified Data Access Layer (UDAL), viewed via Secure electronic File transfer (SEFT)

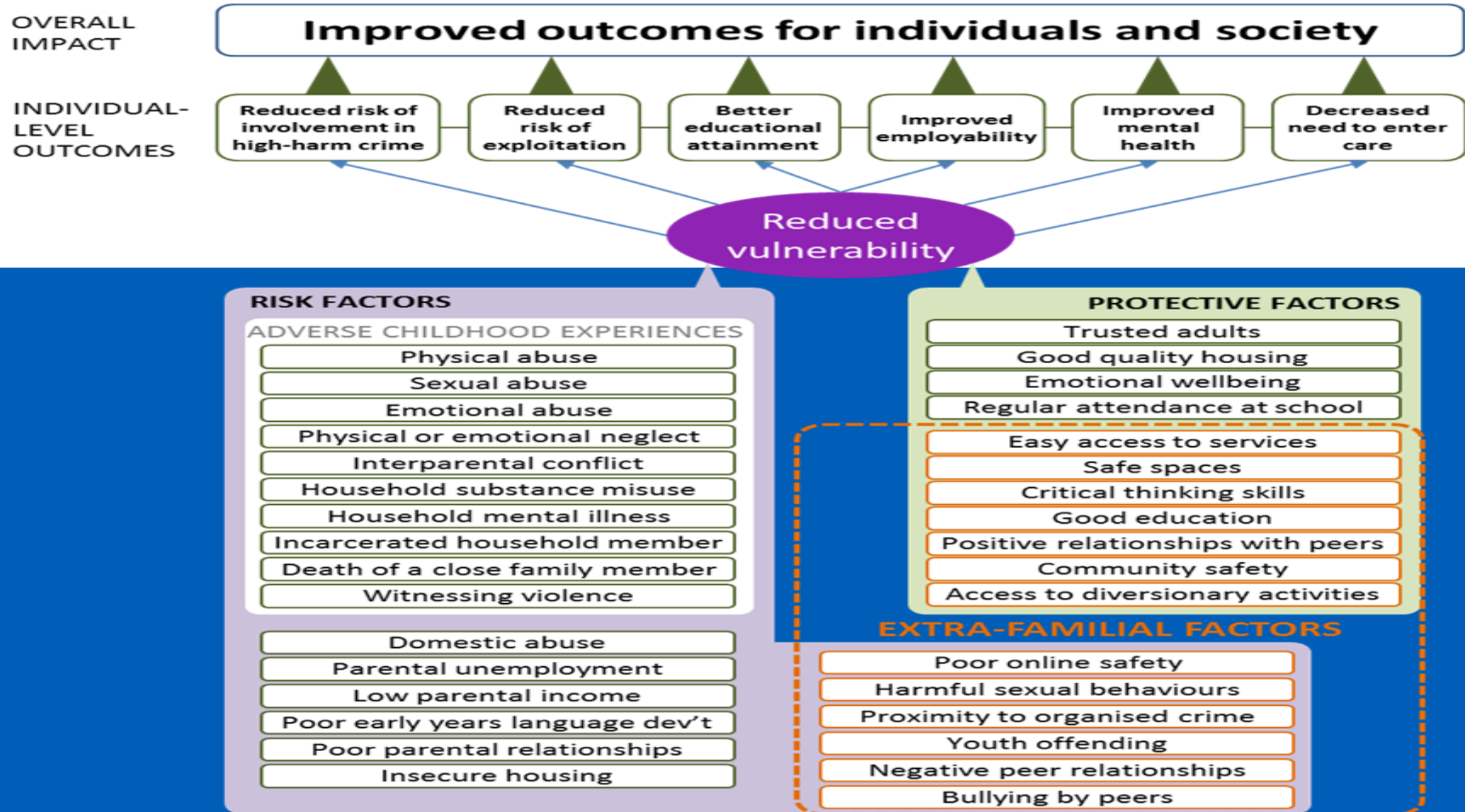
Data Collection Framework (DCF)

ICB safeguarding quality metrics

CQC Compliance + JTAI

Reports to ~
Regional safeguarding groups
National Safeguarding Steering Group (NSSG)
Executive Quality Group (EQG)

Intelligent targeted Interventions



Our NHS Offer to Care Leavers



Raise awareness of contextual safeguarding by place and space, via safeguarding partnerships and VRUs

Create a standard offer to all children leaving care, including those who are out of area

Access to medical/care records records (with support)

Utilise social prescribing for emotional wellbeing/gym/swim memberships

Free prescriptions for care leavers

Seamless transfer of care to adult services (including mental health)

Safeguarding Everyone

Protecting Children, Young People and Adults at Risk

Think Family-Support for the family/carers and siblings of that child/young person

We want to offer care experienced young people work in the NHS

Adverse Childhood Experiences



Defining Adverse Childhood Experiences and their prevalence among adults in England from: **Bellis et al, 2014**

Child maltreatment

Verbal abuse 17.3%

Physical abuse 14.3%

Sexual abuse 6.2%

Childhood household included

Parental separation 22.6%

Domestic violence 12.1%

Mental illness 12.1%

Alcohol abuse 9.1%

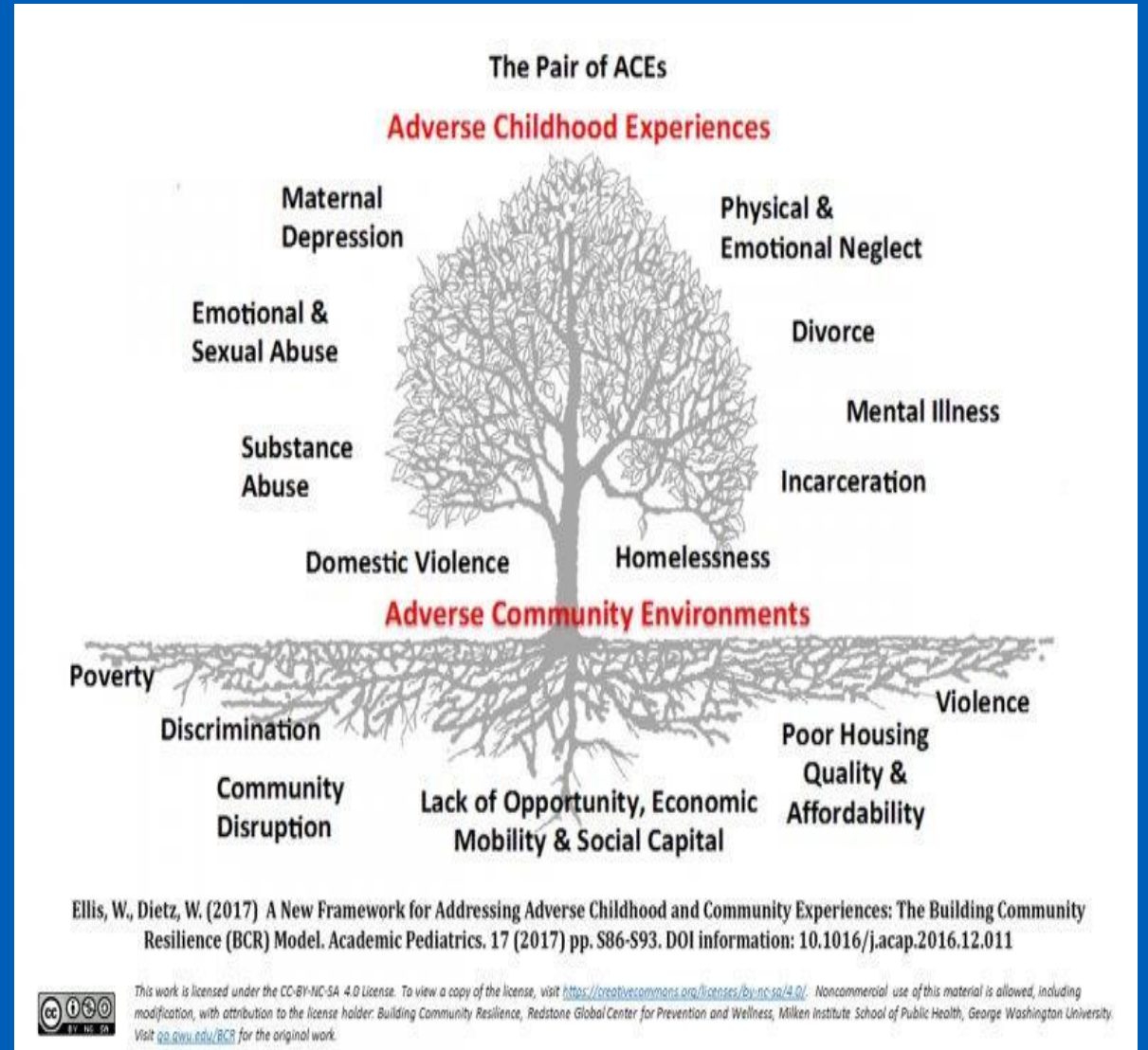
Drug use 3.9%

Incarceration 4.1%

We should note ‘cumulative harm’

Shit Life Syndrome ~

<http://publichealthy.co.uk/good-intentions-but-the-right-approach-the-case-of-aces/>



Think Family – why not think household?

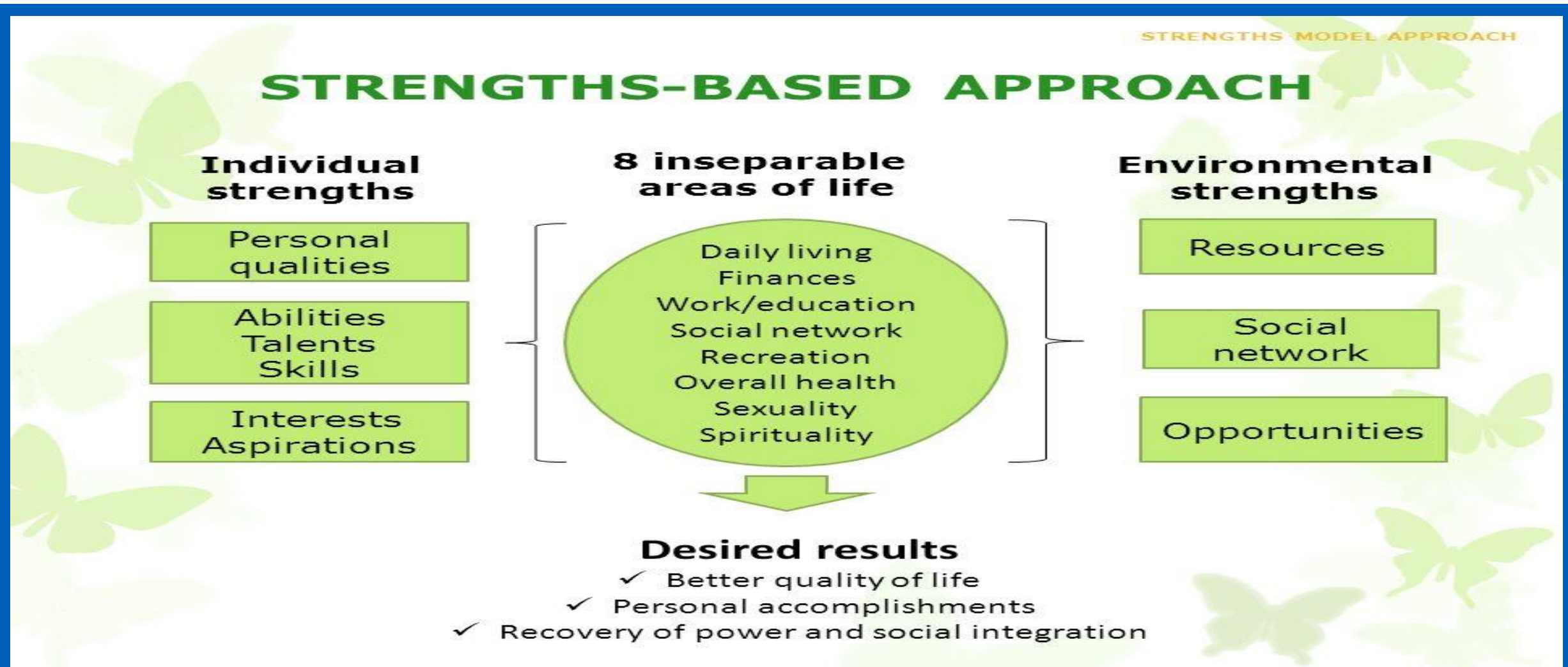
The Crossing Bridges Family Model (Falkov 1998)

For children, all protective strategies operate through one or more of the following processes:

- by altering the child's perceptions of, or exposure to, risk of harm
- by reducing the cumulative effect of risk factors compounding each other
- by helping the child improve her/his self-esteem and self-efficacy
- by creating opportunities for change
- seasonal safeguarding
- Avoid pinches becoming punches



Strengths Based Approach

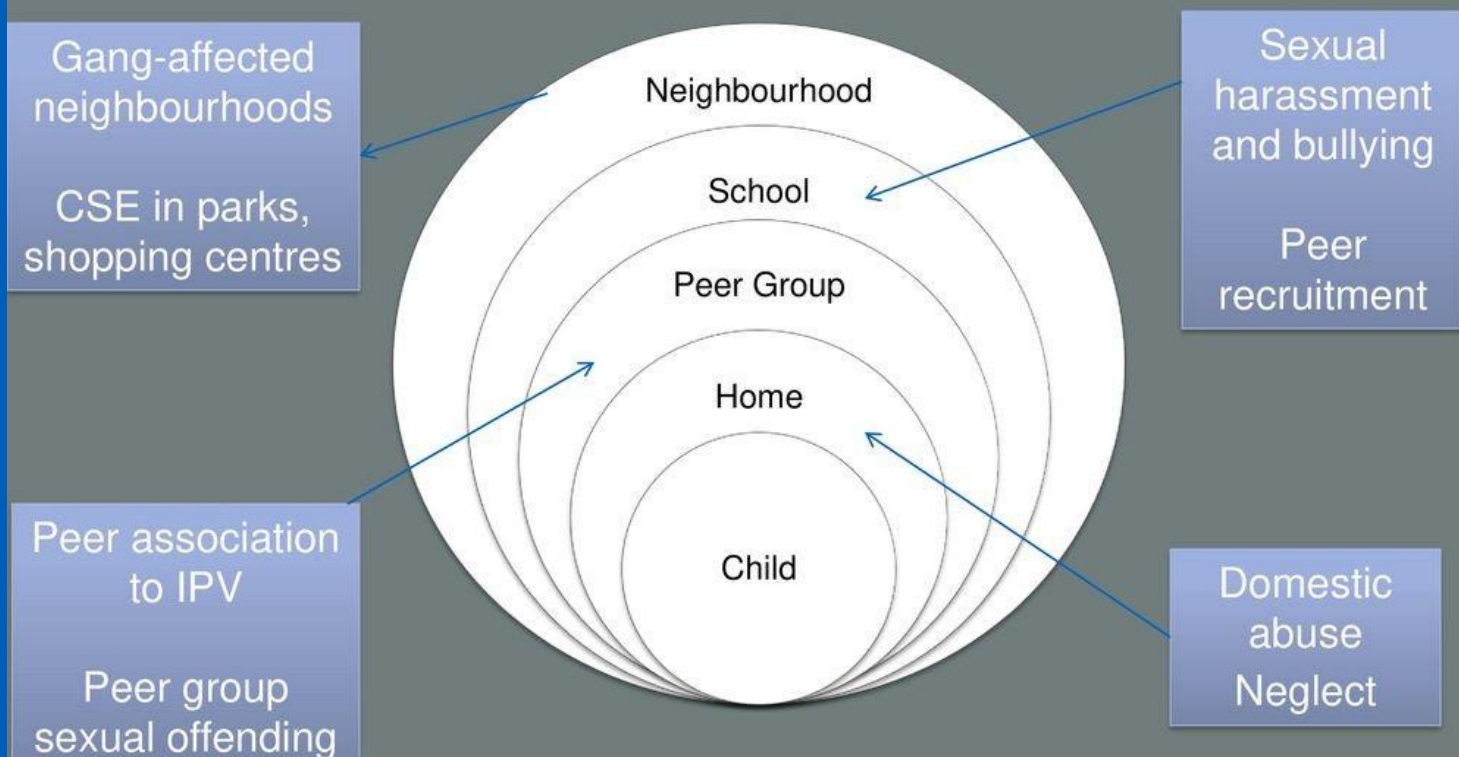


What matters to you?

Contextual Safeguarding has several layers



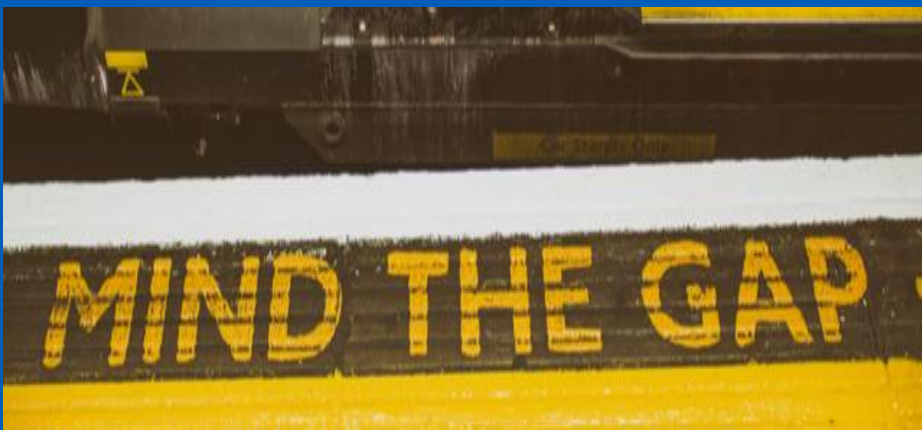
Contextual nature of exploitation and abuse



Have you considered making a place or space referral?

Have you collaborated with Community Safety Partnerships or Violence Reduction Units?

Transitional Safeguarding



[Bridging the gap: Transitional Safeguarding and the role of social work with adults](https://researchinpractice.org.uk)
(researchinpractice.org.uk)

research
in practice

Funded by

Department
for Education

