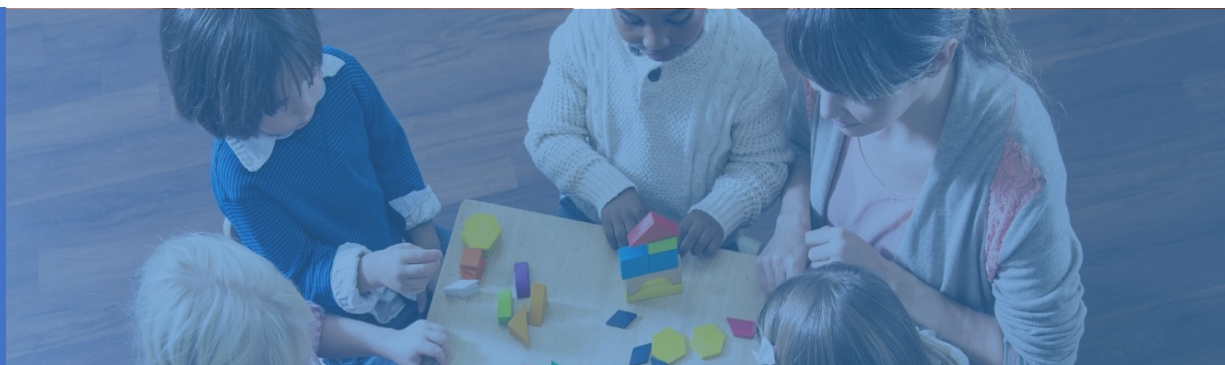


# Child Protection – Information Sharing Newsletter

## Child Protection Information Sharing



## 2020 Roundup

- There are **195,767** children on the CP-IS system
- **98%** of Local Authorities are uploading data onto the CP-IS system (Isle of Scilly went live in November)
- **1,187** Health Care settings are using CP-IS to check the children that present there

When schools closed on 23<sup>rd</sup> March, we set up a new data flow to Health Visitors & School Nurses so they knew who was on a plan in their area. In **6 weeks**, we:

- Worked with Information Governance and Legal to set up a **new mandated COVID data collection** from 148 Local Authorities
- Designed, built and set up **fortnightly extracts** of CP-IS data
- Built a **linkage tool** to consolidate 148 LA extracts to 50 Child Health Information Service units
- Worked with NHS England to set up a method to **disseminate data from CHIS** to front line 0-19yr units every fortnight

During January-March of this year CP-IS was recording an average of **12,700** presentations by vulnerable children at unscheduled health care settings. During lockdown this dropped to **7,921** presentations in April, possibly meaning **a third of children were not being brought for medical attention**.

When the schools re-opened, we recorded an all-time high number of **14,300** presentations in September, showing that **safeguarding incidents are increasing during the COVID-19 pandemic**. We are preparing to extend CP-IS further, beginning with **pilots** in new unscheduled health care settings, see below.

## What's New?

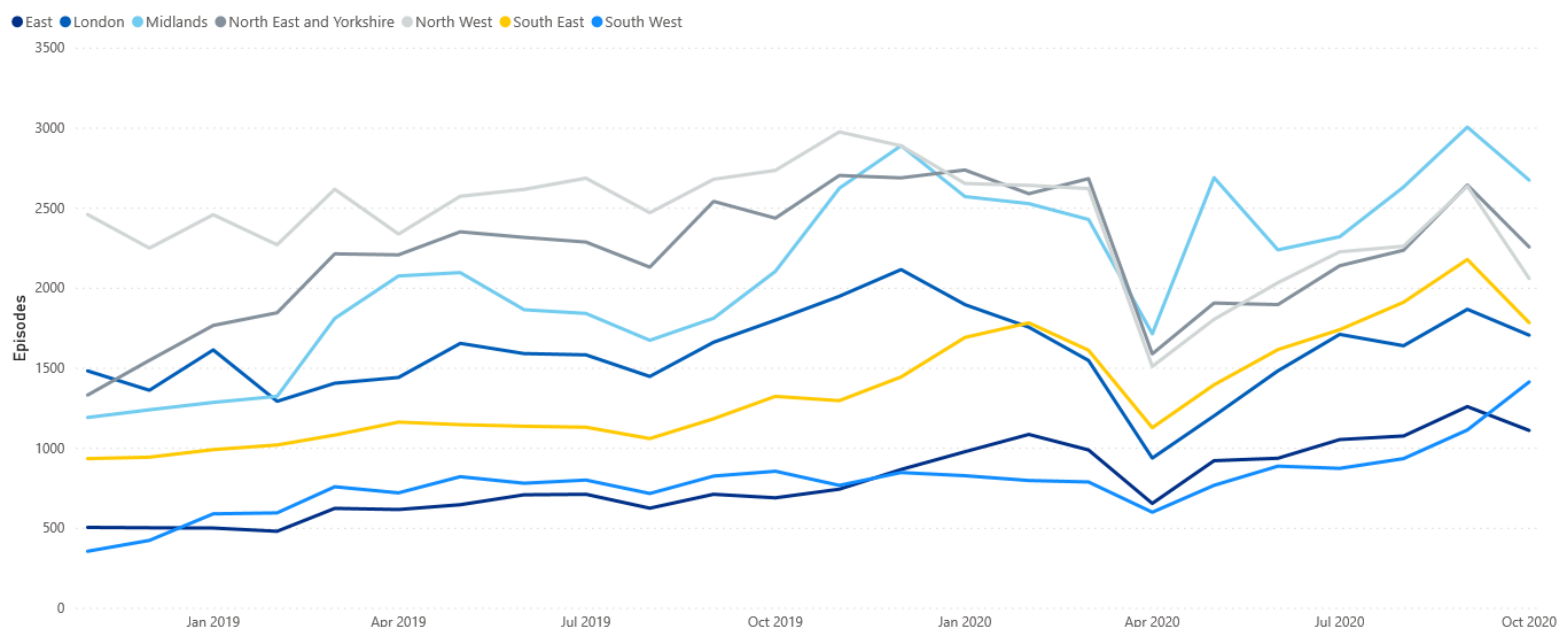
### Engagement

Our team is currently engaging with GP settings to discover more about how safeguarding is working on the front line. We are speaking to a range of staff working in GP practices to understand how they are accessing and sharing safeguarding information - including what is working well and the challenges they encounter. The aim is to use this feedback to improve access to safeguarding information in primary care, via CP-IS or other solutions. Co-designing with our stakeholders will help ensure CP-IS is usable and meets our GP users needs.

## Publicly available statistics

Find out how the Child Protection – Information Sharing (CP-IS) live service is performing with the new CP-IS reporting tool accessible through all modern web browsers. This contains interactive details of how many children are on plans and the number of presentations to health settings with interactive maps. The information can be viewed nationally, regionally or by site. This can be found on the NHS Digital website at <https://digital.nhs.uk/services/child-protection-information-sharing-project/live-service-status>.

### Regional episodes by month (taken from the CP-IS Power BI report)



An Access to Service Notification (ASN) is generated each time a patient's record is accessed at an unscheduled healthcare setting. The graph above shows the number of regional episodes by month, highlighting a clear dip during the peak of the first lockdown in April. For those children who have a family context where they are at risk of neglect, harm or exploitation, the necessity of being at home during a pandemic exacerbates the risks they face.

## Piloting CP-IS in new unscheduled health care settings

It is imperative that wherever a child appears in the health and care system that care professionals are made aware of the protection status of any child that they treat. Knowing a child has a protection order provides care professionals with an important piece of information that allows them to make informed care decisions. It also allows them to connect to fellow health and care professionals where they have concerns over the health and wellbeing of a child. It has been proven that this knowledge ensures care professionals follow up on potential concerns they have regarding children's health.

NHS England have requested NHS Digital to provide access to CP-IS data to additional care settings, in line with the way it is shared in the current deployments within the form of a pilot. The initial settings identified are unscheduled and scheduled mental health, unscheduled sexual health, unscheduled and scheduled dentistry. Initially only clinical staff will have access to CP-IS for the purpose of the pilot. We will also be looking at piloting in community paediatric care settings in the New Year.

Not knowing a child is subject to child protection or is looked after, or not having easy access to that information, does not allow them to undertake a thorough holistic assessment, or correctly risk assess the health involvement with the child. This situation is not robust enough and does not support multi-agency working between health and social care colleagues and other health partners. It also risks missing safeguarding intervention and signs of neglect.

directly into the community to see the child and their family. Dental issues are the single largest health issue for children to present for urgent resolution from the age of 1 – 14. There are many cases of young children (2 – 3 years old) needing to have all their teeth removed because of poor diet and neglect. Dentists have a key opportunity to look at the health of children's mouths. Sexual Health Services can be a key stakeholder in cases of child sexual exploitation and abuse. These services are mostly anonymous, however, there are times where the young person will consent to provide their details to provide them with appropriate care. Where that happens, it is vital that practitioners can easily access social care details. Presentations at these settings are a vital part of a young person's medical and safeguarding history and providing these details to their social worker is key to managing the case appropriately. We are taking care to ensure that there are additional protections around CP-IS data in sexual health care settings due to the sensitivity of the environment.

Each of these settings rely on the child and family being open in relation to social care involvement and for other organisations to inform them if a child is subject to child protection or a looked-after child. There is a risk that the referring organisation or referrer does not consistently know if a child has a protection plan or is known to social services which means that referrals do not always include safeguarding information. This is an unreliable, cumbersome, manual process with no audit mechanism. Risks include not obtaining this information during the episode of care and obtaining potentially out of date information.

To support front line safeguarding workers over the Christmas period, in response to pressures caused by the coronavirus, NHS Digital are currently piloting CP-IS access at:

- Scheduled and Unscheduled mental health
- Scheduled and Emergency dentistry
- Unscheduled sexual health services
- Community Paediatrics

This request to extend access has been made by the National Head of Safeguarding, NHS England and NHS Improvement for the purposes of enabling services who have a legal obligation for the safeguarding and promotion of the welfare of children, to deal with the increase risks to vulnerable children as a result of the pandemic.

You can view the Data Notification for this work [here](#)

Pilots commenced in December 2020 and will run into February 2021.

**The CP-IS Programme Team would like to wish you all a very merry Christmas!**



## Meet the Team

### Chris Elkington, Programme Manager CP-IS, NHS Digital



Chris is a Programme Manager at NHS Digital. He is a father of three and is passionate about raising awareness of Kabuki Syndrome and race equality. He has over 15 years' experience in public sector IT-enabled business change and has been integral to many major NHS projects. His achievements include development of algorithms to introduce the Payment by Results policy, delivery of the business case to redevelop the Secondary Uses Service (SUS) at the end of the BT-Spine contract, introducing interoperability to Primary Care with management of the GP Systems of Choice Interface Mechanism (GPSoc IM1) Service, and being an advocate of user-centred design and benefits realisation. He has been managing the Child Protection Information Sharing Project from an NHS Digital perspective since 2017. He takes pride in developing interoperability between agencies and making a difference to safeguarding vulnerable children.

### Gareth Dunning, Delivery Officer CP-IS, NHS Digital



Gareth has been working in NHS Digital for around 13 years starting out in our customer call centre dealing with parliamentary questions and clinical data requests. He was responsible for all corporate planning and reporting for the entire portfolio of projects and programmes before moving to the Child Protection Information Sharing team to work as a Delivery Officer. He is focused on helping our team meet its delivery targets and currently supports the team across a number of areas such as user research, service design, resource management, technical requirements, implementation and reporting. He is proud to be helping support and build on the success of the Child Protection Information Sharing project to safeguard vulnerable children.

### Aly Stephenson, Senior Delivery Support Officer CP-IS, NHS Digital



Aly has worked at NHS Digital for 6 years. She joined the CP-IS Programme in May this year when she returned from maternity leave. Prior to that, and whilst pregnant, she worked on the Digital Maternity Programme. She enjoyed being involved in improving the care pregnant women receive whilst experiencing it first-hand. Now that she's a mother herself, working on the CP-IS Programme really hits home and she is truly motivated to improve safeguarding for vulnerable children. She strongly believes that every child deserves to be loved, cared for, nourished and educated. When she's not running around after her toddler, she's running around on the Rounders pitch!



## North East Ambulance Service

How CP-IS helped staff at North East Ambulance Service 's operation centre identify a neglected child.

### Case Study

In April 2020, the Emergency Operations Centre at North East Ambulance Service received a 999 call from a parent who said hello then promptly hung up. The health advisor attempted to call back, and on the 3rd attempt made contact with the parent, who stated that Child A had accidentally made the call and that everything was fine.

As the health advisor tried to clarify that no assistance was required, the parent then stated that there were concerns about Child A's temperature but reinforced that no help was required.

The health advisor requested some details to log the call and close the episode of care. After doing so the health advisor sought advice from their team leader, due to the changing story provided by the parent.

Upon further investigation, they established that a CP-IS flag was present on Child A's record, stating that they were on a child protection plan. Given this new information, an ambulance was dispatched to check the welfare of Child A.

On arrival at the property, the parent denied that the child was present. The ambulance crew remained unsatisfied, and with the help of police found Child A upstairs. Child A was notably distressed with facial bruising and swelling to their head. No reasonable explanation was provided for the injuries and this was discussed with the police crew on scene.

**The Health Advisor that took the call, said:**

*"I felt uneasy about the call and the manner and situation of the mother and so requested support from my team leader. I'm just over the moon that he is being looked after now and is in safe hands, a happier end to an awful situation."*

Child A was subsequently transported to hospital by the ambulance crew and police and placed into the care of the local authority. The parent was arrested for child neglect.

Following the event, both the health advisor and team leader expressed that they had felt a sense of unease around the explanations provided during what was a very brief 90 second phone contact. The presence of the CP-IS flag aided their clinical decision to send an ambulance crew to check on the wellbeing of the child.

**Nichola Howard, Safeguarding Lead for Children,** said:

*“CP-IS has been a valuable tool to help practitioners to have a wider understanding of potential vulnerabilities of children and young people. The call handling team in this instance demonstrated excellent professional curiosity and used the CP-IS information to aid their clinical decision making resulting in the safeguarding of a vulnerable child.”*

For more information, please go to [www.digital.nhs.uk/cpis](https://www.digital.nhs.uk/cpis)