

## RCPCH Consultation response: Establishing the Child Protection Authority in England

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### *Chapter 2: Child Protection Authority Overview*

6. Do you agree with the scope of the CPA? [Yes/No] If not, what would you add, delete or amend? [Free text]

The three core functions:

1. Providing system leadership: it is very important that the CPA is able track the progress of the recommendations it makes and hold responsible organisations to account. The system is currently subject to myriad recommendations from different bodies but it can be difficult to see their impact, or to be assured that organisations will not simply ignore recommendations.
2. Promoting and embedding good practice: Careful thought needs to be given to how this will be done. For example, there may be a role for the CPA in commissioning organisations to convene multi-agency working groups and in developing new resources such as evidence reviews and guidance documents. Throughout all of its work to promote and embed good practice, it is paramount that the CPA recognises that the system is under immense pressure and must be supported to make improvements.
3. Driving improvement and accountability in multi-agency child protection: the child protection system is complex with many stakeholders and organisations. It can be challenging to know who is responsible or where to flag emerging issues. The CPA could effectively meet this need but the threshold for organisations to flag issues must not be prohibitively high; organisations should be encouraged and empowered to notify the CPA before an emerging issue develops and exacerbates. The CPA should also recognise that this is an inherently reactive approach and a preventative function should be built into the design of the CPA. For more information see our response to question 9.

These functions should be accompanied by explicit assurance that the CPA will avoid duplicating the work of others in the system. Instead, the CPA must focus on oversight and resolving the complex and difficult problems that hinder progress in child protection, safeguarding and looked after children.

Relatedly, the CPA should clearly state that its functions are not confined to child protection (despite its name), and instead span safeguarding, child protection and looked after children. We suggest that safeguarding is defined as 'upstream' proactive and preventative work to prevent harm from taking place, whereas child protection

encompasses 'downstream' targeted action that deals with specific instances of harm and/or the protection of children from further harm.

This approach would be consistent with the CPA ensuring its work is aligned with the public health levels of intervention, from primary prevention through to tertiary prevention, for example, as suggested in our response to question 9. The focus of the CPA on child protection, safeguarding and looked after children necessitates cross-departmental working within Government; for example, health, social care, police and education.

The design of the CPA must carefully consider whether these functions are complemented by enough power to drive change. For example, whether the CPA should have the authority and statutory powers to direct organisations' activity, and whether it should have enforcement powers or rights of access.

If it is decided that the CPA should not have the ability to directly enforce or direct change, then other organisations and agencies who do have the strength to compel change should be identified and the CPA should be able to call on them to use the powers as needed.

The proposed focus on children who are experiencing or likely to experience significant harm and the geographic scope is sensible. We hope that other nations will establish their own CPA in due course, building on lessons learned in England.

7. How else might the Panel develop its role to help explore potential CPA functions in the interim period while the CPA is being consulted on and created?

It is important that the online learning hub does not duplicate existing resources but signposts to them. It is also important that it does not contradict messaging from established sources such as Medical Royal Colleges, statutory guidance, NHS and NICE.

It is good news that the Panel will explore new approaches to sharing learning, to encourage dissemination and implementation as much as possible. Funded evaluation work must be built into this to help guide what is effective and what is less so, to eventually inform the CPA.

8. The cross government VAWG Strategy is due to be published shortly. The strategy will set out how we will halve VAWG in a decade – as well as the further measures we will take to support the victims and tackle the perpetrators. What more could we do to make sure that the design of the CPA will contribute to the work to tackle VAWG?

[N/A]

### *Chapter 3: System Leadership & National Oversight*

9. Do you agree with the proposals set out for how the CPA will have national oversight of the child protection system? [Yes/ No/ If no, why?]

In general, responsibility for child protection in the health sector is currently shared between the Department for Education and Department for Health and Social Care (and NHSE). It is not always clear where ownership for a particular issue lies and it can feel as if there is a 'gap' in the system between different departments. The CPA could resolve this uncertainty by acting as a clear point of accountability and oversight.

Work to track and monitor progress against recommendations is particularly positive, as is a mandatory cost-benefit analysis for all recommendations.

Work to assess implementation and impact must acknowledge the context that the child protection system operates in. Resources and capacity are stretched which can leave little scope for positive change. The CPA should recognise where this is the case and aim to create the conditions that allow the child protection system to improve. This is likely to require cross-departmental collaboration and close working with frontline practitioners of different specialties and professions (eg paediatricians, GPs, social workers, police officers). The CPA should make a significant effort to listen to frontline practitioners and act on their concerns. Consideration should be given to whether the CPA should be a prescribed body (whistleblowing).

Cost-benefit analyses must capture long-term risk of harm to children. For example, if child protection cases enter the legal system then they may take years to reach a resolve. As such, the harm from missed safeguarding opportunities or poor report writing may be felt long after these events have taken place.

On the other hand, however, the proposals for the CPA are reactive in nature. This limits the ability of the CPA to provide effective leadership and to have accurate oversight of the child protection system. To rectify this the CPA terms of reference should include a statutory requirement to deliver its functions in accordance with established public health levels of prevention. These three levels are summarised below:

- Primary prevention is action that tries to stop problems happening. This can be either through actions at a population level that reduce risks or those that address the cause of the problem.
- Secondary prevention is action which focuses on early detection of a problem to support early intervention and treatment or reduce the level of harm.

- Tertiary prevention is action that attempts to minimise the harm of a problem through careful management. Most preventative action focuses finding people with health problems and help people before the problem gets worse.

We consider that all three public health levels of prevention are relevant to the future work of the CPA and suggest that the CPA should have statutory public health footing.

10. How should the CPA advise government on systemic risks and emerging themes in child protection? [Free Text]

The CPA should be able to compel a response from the Government on advice that it gives, to ensure recognition and action.

The idea of an annual report is positive as this can summarise work and each report can use the last as a benchmark. The CPA must have the ability to communicate risks and emerging themes to government as they are identified, however, if government intervention is necessary. Smaller and more regular updates to government should also be considered to maintain awareness and relationships.

There should be a statutory requirement for the government to formally respond to the CPA annual report and any interim reports within a fixed (and reasonable) timescale. Government responses must be laid before Parliament.

11. Do you agree with the proposals set out for how the CPA will horizon scan? [Yes/ No/ If no, why?]

Data is fragmented and horizon scanning is important. Existing datasets are often limited and subject to time lags, so the inclusion of insight from children, families and practitioners is welcome. These groups may be able to flag issues that are not yet identifiable in data but are causing real harm.

Practitioners will particularly need to have confidence and assurance that the CPA is a trusted body that they can flag issues to, without risking repercussions on their employment. In turn, the CPA will need clear policies to distinguish emerging threats from whistleblowing or local-level issues, and will need to be able to effectively signpost individuals to channels that are more suited to their concerns.

12. Do you agree that a national body should monitor diverse information sources to identify emerging threats to child protection? [Yes/ No/ If no, why]

Yes for the above reasons.

13. Do you agree with the proposals set out for how the CPA will build data and analytical expertise? [Yes/ No/ If no, why?]

Improvements to data collection and analysis must be underpinned by better information sharing at a local level. Current barriers hinder the work of professionals, obscure risk and make children and young people more vulnerable.

Changes to data collection and analysis at a local and national level are likely to take a long time to come to fruition. As such, the CPA will need a sustained and long term commitment for resource to undertake this work, and is likely to need a clear strategy that sets out achievable goals with timeframes.

Plans to give the CPA statutory powers to compel the sharing of information are positive and suggest that the CPA could be given other statutory powers of relevance to its functions (see our answer to Q1 regarding statutory powers).

14. Are the data sources set out above the right ones for the CPA to identify risks and systemic issues? [Yes/ No/ If no, why?]

[N/A]

15. How can the CPA ensure its data and intelligence work complements local efforts and avoids duplication with existing systems and responsibilities? [Free Text]

Close connections to ICBs would be helpful to understand the challenges that they face and how to alleviate these, rather than piling on additional pressure.

Relationships with stakeholders should also inform the strategy to build data and information capability.

The CPA will need a clear, publicly available accountability diagram/hierarchy chart showing how it interacts with other organisations and any that it has power over. This is important to explain the function of the CPA and its place in existing systems.

It is important to note, however, that there is not currently one authority that holds reliable national data on issues relating to child protection, safeguarding and looked after children. As such, this is one area where duplication of the CPA's work with existing organisations is not a concern. The CPA should address this unmet need in the system, providing much-needed data and intelligence.

16. What types of national reports, dashboards, or analytical products would be most useful to practitioners and policymakers? [Free Text]

Data is currently sparse and scattered in different locations eg local authority, region or ICB websites, or on the websites of different organisations.

A good first step would be to combine or map and signpost to these existing sources of data, which would then show which dashboards or reports could be readily created, and where significant data gaps lie.

Any dashboards, reports or analytical products must be committed to by the CPA. All too often a dataset regarding child protection is only available for a very limited timeframe and is then discontinued, limiting the usefulness of the data. The CPA should avoid this and commit to ongoing long term data collection for all of the topics it captures.

17. Do you agree with the proposals set out for how the CPA will identify and address evidence gaps? [Yes/ No/ If no, why?]

Embedding lived experience is very important and it is promising that the CPA will do so in its work.

Partnering and working with other stakeholders, organisations and researchers is also positive. This will be important to benefit from the vast experience and expertise already in the field.

#### *Chapter 4: System learning and support*

18. Do you agree with the proposals set out for how the CPA will promote and embed good practice? [Yes/ No/ If no, why?]

The consultation document is right to acknowledge the excellent work already happening in the child protection system.

It is important that the CPA not only promotes good practice but identifies barriers to achieving this, as noted in the consultation document (p36, bullet point 4). To be effective the CPA must not only identify barriers but work to dismantle these.

A clear barrier is the resource and capacity constraints that the system is currently working within. To allow growth and improvement, child protection must be prioritised, maintained and promoted on local and national levels. The CPA should protect and promote child protection from de-prioritisation, funding cuts and poor resource allocation. This is likely to require work with government departments eg DfE, DHSC.

19. How can the CPA work collaboratively with your organisation to promote learning, innovation and continuous improvement in child protection? [Free text]

RCPCH members often flag emerging trends and risks with the College. When these relate to the child protection system it can be challenging to know where to bring these. The RCPCH would very much value regular and ad hoc opportunities to meet with the CPA and raise these matters.

We would also like to build a relationship with the CPA, allowing candid and honest discussion when needed. We have a similar relationship with civil servant colleagues at DfE, for example, and this has been very helpful.

RCPCH would value opportunities to take part in wider stakeholder engagement exercises led by the CPA, to help inform the Authority's work.

RCPCH members value our child protection resources, such as training sessions and the child protection companion. We would be happy to disseminate CPA resources and opportunities to our members through our channels. We would also support the CPA signposting and/or supporting RCPCH child protection resources.

20. Do you agree with the proposals set out for how the CPA will support research and evidence? [Yes/ No/ If no, why?]

The emphasis on promoting consistency, reducing duplication and embedding learning is positive.

The application of research findings into practice is a common challenge across healthcare and other sectors. The CPA may wish to learn from strategies beyond child protection that have effectively and consistently led to the application of research to practice.

21. How should the CPA prioritise research topics, particularly in collaboration with existing What Works Centre and research bodies? [Free Text]

While consultation and collaboration with What Works Centres and research bodies is important, CPA research prioritisation must also centre the voices of clinicians, practitioners, children, young people and families.

In turn, this approach will aid the translation of research into practice because the research will be of interest and relevance to the lived experience of these groups.

The RCPCH Research and Evidence team play a central role in the production of the aforementioned RCPCH child protection resources. The CPA should have a relationship with this team alongside staff that focus on child protection policy.

22. How can the CPA ensure that commissioned research is accessible, relevant, and used effectively by practitioners? [Free Text]

As above. In addition, the CPA cannot assume that practitioners will have capacity to regularly log on to the CPA website or read email updates. The CPA should make an effort to 'meet practitioners where they are' and use the channels that are preferred by different practitioner groups.

23. How can we ensure that the CPA has the evidence-base embedded in the child protection system? [Free Text]

The embedding of research and evidence into practice is difficult and time consuming. The CPA must have a regularly reviewed strategy for doing so, which is properly resourced and evaluated. The CPA should not assume that practitioners who read their evidence are able to quickly implement this into the practice; rather, practitioners must be supported to do so.

24. What risks or challenges do you foresee in establishing a national body to synthesise and advise on child protection learning? [Free Text]

The national body must honestly and regularly evaluate its own work to ensure it is meeting its objectives, and be agile enough to quickly change its approach when objectives are unmet. Otherwise, the body risks being 'stuck' in its ways and not achieving impact.

Duplication with other existing resources and organisations is a risk and this would further confuse an already complex system.

An important challenge is the development of an effective communications strategy. This is critical for the CPA to be seen as an important and valuable body that provides trusted advice.

25. What content, features, or formats would make a national learning platform most useful for improving child protection practice in your local context? [Free Text]

[N/A]

26. Do you agree with the proposals set out on how the CPA can support workforce and training? [Yes/ No/ If no, why?]

Yes – coordination of existing efforts with a focus on child protection is important.

27. Do you support the CPA working with regulators and professional bodies, and national government, to promote consistent training standards across safeguarding partners? Yes/ No/ If no, why?]

Yes

*Chapter 5: Driving System Improvement in the Child Protection System*

28. Do you agree with the proposals set out for the CPA to support multi-agency learning and improvements? [Yes/ No/ If no, why?]

Yes

29. Do you believe your sector would benefit from additional support from the CPA when implementing recommendations and improvements? [Yes/ No/ If no why?]

[N/A]

30. What do you think are the most persistent barriers to implementing recommendations from local and national reviews effectively? [Free text]

- Lack of awareness; practitioners are already stretched when dealing with their day-to-day jobs, so it can be difficult to stay on top of new reviews and recommendations.
- Lack of support; practitioners must be supported to implement the recommendations relevant to their practice and service.
- Financial constraints
- Duplication between reviews without joined-up thinking or cross-referencing
- Lack of standardisation: each region or area having to re-invent a training wheel or re-invent an implementation policy
- Local and regional boundaries: It can be difficult for services to implement recommendations across service and geographical boundaries.

31. How do you think the CPA could best monitor the implementation of recommendations from reviews? [Free Text]

The CPA must clearly set out who is responsible for implementation and work with them to facilitate this. A reporting reschedule should be set out alongside clear objectives and timelines. This information should be publicly available.

32. Do you agree with the proposals set out for how the CPA will address persistent failings (powers to compel information sharing, powers to convene partners, powers to advise inspectorates on activity)? [Yes/ No/ If no, why?]

See previous answers regarding statutory powers.

33. In what circumstances should the CPA escalate its concerns to inspectorates? [Free Text]

If a government decision is taken that the CPA will not have statutory powers to intervene itself, and if concerns are not addressed or met with a plan to address them in a timely way, then they should be escalated to inspectorates. This approach will emphasise that child protection should be prioritised across sectors, and that concerns cannot be ignored or left to get worse. If the CPA will have statutory powers to intervene then this is an example of where those powers should be used as an alternative to escalating concerns to inspectorates.

34. How can the CPA ensure that its approach is both proportionate and effective? [Free Text]

The CPA should make effort to support organisations to address concerns. It should meet with relevant teams to discuss the issue and approaches to resolution, and make a plan for this to be addressed. In doing so, the CPA should be receptive to considering factors that contributed to a problem that it had not previously recognised.

The CPA should prioritise clarity and transparency in all of its communications, especially those to organisations where issues have been identified.

The CPA should avoid assigning blame or inadvertently creating a 'blame culture' in organisations who may find it easier to blame an individual rather than address systemic issues.

The CPA should always acknowledge that the field of child protection faces many challenges, but that it is largely staffed by skilled practitioners who work very hard to protect children and young people.

35. Where significant failings are identified, including persistent lack of action against recommendations, what additional actions or powers should the CPA be able to take to hold organisations to account? [Free Text]

To an extent this will depend on the organisation. Its approach to a service provider will be different to a government department, for example. Nonetheless, it is important that

the CPA has levers to compel change in all of the organisations that it makes recommendations to, and that no organisations is seen as 'too big' to be held accountable.

*Chapter 6: System Effectiveness; structure and engagement with other bodies*

36. Do you believe these are the correct criteria by which to determine what type of public body the CPA should take [Yes/ No/ If no, why]?

Yes

37. What types of professional expertise and backgrounds should be represented within the CPA to ensure it can respond effectively to child protection challenges? Are there any specific roles or disciplines you believe are essential? [Free Text]

Clinicians must be represented within the CPA at a leadership level. Clinicians in the child protection field have unique experience, expertise and skills that must be centred in the CPA's work.

In particular, the perspectives of consultant paediatricians should be represented. These clinicians often make pivotal decisions regarding child protection cases and have the expertise the CPA requires to function effectively with the rest of the child protection system.

As such, the CPA should have a Medical Director that is a Consultant Paediatrician with expertise in child protection clinical work.

38. How can the CPA engage children, young people, and victims/survivors? [Free Text]

This is an important consideration and it is positive that the CPA intends to do so.

Children, young people and victims/survivors must be worked with in a trauma informed way. Time, effort and care must be taken to build trusting relationships with these people so that they feel empowered in their work with the CPA.

The CPA should ensure that their work with these individuals is not one-sided or extractive in nature; for example, it should offer children or young people opportunities to develop skills so that they also benefit from the work.

The CPA might find it useful to develop relationships with organisations that support children, young people and victims/survivors. The individuals will already trust and be familiar with the organisation they belong to, and the organisation can help ensure that

the CPA's work with their group is appropriate and trauma-informed. Again, the CPA must ensure that any relationships with organisations are not extractive or one-sided.

The CPA should learn from previous networks like IICSA, which did not secure funding and ceased functioning in 2025 as a separate organisation with staff. IICSA built a strong and passionate victim/survivor network which folded when IICSA funding was discontinued. This was a great shame for work in this area and for the victims/survivors themselves, who had built a relationship with IICSA staff and each other.

As such, if the CPA does built its own networks rather than engaging via organisations, it must guarantee its own longevity and ensure that this work will not be discontinued.