

ChatGPT used to create logo- Prompt: create a round logo with a child in the centre wearing a first medal and files around them and incorporate the words Child Co-operation. No other forms of AI were used within this assignment.

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The Child First Co-operation.



(Image created by ChatGPT)

By Kelly Evans

Part A: Business Plan

Executive Summary:

The Child First co-operation is a profitable commercial organisation, focusing on all professionals, who encounter children within their roles through an online platform. The online platform is set up through each child being assigned a unique number and file, to which all professionals who have contact with the child throughout their adolescence can access. This platform allows each professional to report, receive and share resources, to support a child's holistic development.

The Product:

The name was decided as it describes the overall intentions of the organisation to meet all children's needs first and to achieve this all professionals should work collaboratively. Throughout a child's life any professional they encounter will be registered with the co-operation and will be allowed access to the file through a secure access code. Once activated, notifications from anyone who reports, will show up over the child in questions file. Each professional will be allocated a colour which represents them and reports made will also have colour-coded actions. The colour coding on the information made will represent the severity of their report, red meaning serious intervention implemented to green non-urgent reported for future reference.

Potential Investors:

The Child First co-operation aims to work alongside Local authorities, governments and eventually world-wide leaders to link all Doctors, Dentists, visual and auditory services, alongside all other areas across the NHS or medical sectors through the individual children these professional's encounter. Additionally, it also expands to reach out to police forces, educational settings, social services and any other services that support children's health, safety and development. In relation to this we will request support from the government for funding and potential investors like Eurostar's programme and The Future is Fungi who support startup costs of businesses, with a small percentage of the yearly profits (Finance Locater, no-date).

Marketing and Feasibility:

The product will initially involve a substantial amount of up to one million pounds to setup and run for the first year to receive a turnover, with hopes to expand further over the coming years. Researching into government Funding, according to the Charity Commission for England and Wales (2025), the government funded Operation encompass a similar business, however on a smaller scale, £89k in 2024. Therefore, due to the scale of my plan, I will request four times that value of around £365,000, alongside looking into potential investors like Eurostar's Programme and The Future is Fungi Award, (Finance Locator, no-date), who offer support to startup businesses, with a percentage of the yearly profits. To do this a copy of the business plan and cashflow forecast will be sent to these potential stakeholders. Coinciding within the cost of setup will also be traveling cost, I hope to visit local authorities to pitch the idea personally to gain interest within the market. Furthermore, there will be the costs of developing a small team of around 50 trained staff, alongside purchasing of high end quality computer software and cyber security, which could cost up to £60,000 according to contract finders (Gov.uk, no-date). The hope is to start within local authorities and over the years expand to across Wales, nationwide and hopefully worldwide. Below is a cashflow forecast of how the first year will look and the next two years with expansion to staff, regions and training.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1									Cash Flow Forecast						
2		January	February	March	April	May	June	July	August	September	October	November	December	Year 2	Year 3
3	Starting Balance	1,000,000													
4	Cash Inflow														
5	Customer Subscriptions	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	150,000	3,600,000	7,200,000
6	Government Grant	365,000													
7	Training purchased	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	1,080,000	2,160,000
8	Investors	618,000													
9	Total inflow	1,028,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	4,680,000	9,360,000
10	Cash outflow														
11	Software subscription	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	240,000	480,000
12	Cyber security	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	360,000	720,000
13	Salaries	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	125,000	3,000,000	4,500,000
14	Transport costs	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	48,000	144,000
15	Investors share													228,000	936,000
16	Total outflow	152,000	152,000	152,000	152,000	152,000	152,000	152,000	152,000	152,000	152,000	152,000	152,000	184,800	4,584,000
17															

Evolving current systems:

The Child First co-operation is an expansion of current services available today. One of these services is, Operational encompass which is currently in force across both England and Wales, which connects both the police force and educational settings. Operation encompass shares safeguarding information in relation to if police have been in attendance of a domestic abuse incident, to which a child from that setting is connected to (Home Office, 2025, p5). Other similar organizations which offer internal partnerships to sharing documentation are Child Protection information sharing service (hereafter CI IS) and the World Health Organization (hereafter WHO), which share information with fellow professionals to which are linked to their association (World Health Organization, 2025 and NHS England, no-date). However, the Child First co-operation is innovative because there is currently no other system that can connect this level of professionals on one platform, which involves each professional being linked to individual children they encounter. Theorist Urie Bronfenbrenner discussed how building relationships and interactions with others are “vital” to supporting children’s overall development (Hayes, O’Toole and Halpenny, 2022, p8&15). Bronfenbrenner whole theory was based on placing the child at the centre of any organization, to which he devised the Ecological Systems. (Hayes, O’Toole and Halpenny, 2022, p8 &15). Bronfenbrenner also believed these “actions and connections” to which a child has within their environments and with professionals are within the micro layer of their development which is influential to their future development (Rahman, 2025, p13). This is how the Child First co-operation will be aspiring to be, all professionals putting the child’s needs first, through building personal as well as professional relationships, with each other, the children and the families.

Beneficial aspects:

Through using the Child First co-operation online platform, it provides accessible ways to share information, expertise and resources instantly, providing opportunities for early identification and intervention to be implemented to support children’s overall health, wellbeing and development. The Early Intervention Foundation (2023) states how early intervention can “*minimize the negative impacts of economic disadvantages*”. The Early Intervention Foundations (2023) describes through early

intervention it can decrease barriers in children's lives which could "jeopardise" their future development. However, through supporting children early on, it allows them to develop skills which can improve their home environments, relationships and academic attainment, to become healthier, happier and successful individuals (Early Intervention Foundation, 2023). Additionally, another beneficial aspect to this platform relates to safeguarding. NHS England (2025), states being informed of a child's "*protection status*", supports assessments within the healthcare environment. NHS England (2025) continues to discuss how having access to the CP-IS system, health care professionals are able to see "*vital information*" relating to children throughout England. Furthermore, it also promotes effective communication with social services or workers assigned to the children, allowing them to make quick decisions and early interventions. The Child First co-operation will aim in the future to spread nationally, which will see the same benefits the NHS England has had with using the CP-IS system, however this co-operation will allow access across all professional settings.

Areas for consideration:

The Child First co-operation will be a major national, potentially worldwide online database, involving millions of professionals and billions of children's personal data all being stored on-line. As a co-operation we need to consider everyone's personal data is safe and secure. Although even with using high end security software protection, there is always a risk of security breaching. Additionally, there is also the risk of an internet outage, within organizations or globally, which could potentially lead to not having access to files or files being lost, this could lead to health and safeguarding risks. Another challenge the co-operation faces are parents or guardians, not consenting to the sharing of their child's information. According to Gov.UK (no-date), everyone has the right under the Data protection legislation to know how and why their data will be shared and to stop or restrict their data being processed. If a child's parents refuse for their child's data to be shared, this could result in some professionals not receiving valuable information or safeguarding issues.

My experiences:

I have been a teaching assistant for the past 20 years, working alongside children from the ages of 3 to 11 years. Throughout my time as a teaching assistant, I have had to make many observations and referrals in relation to children's development, alongside reporting safeguarding concerns. On occasions my team and I, have noticed delays in children's development, that unfortunately the parents may not have noticed due to lack of experience or knowledge of the conditions. Through our knowledge and expertise, we were able to offer support to the children and their families, however although working collaboratively with some professionals, we do not have access to them all, resulting in having to rely on the families to seek further advice and be our representatives. This therefore sometimes resulted in a lack of communication or misconceptions, as the families may not have understood the terminology used. This created delays and miscommunications which effected the support those children received. Through experiencing issues like these and many others, I become passionate about ensuring everyone who supported children had access to information that would benefit that child's development and well-being. This is where I came up with the idea of the Child First co-operation, an easily accessible platform connecting all resources and expertise to meet that child's individual developmental needs.

Part B: The Research:

The Welsh Government (2025) defines multi-agency engagement as groups of professionals working alongside each other and families towards one shared goal to support and meet children's needs. The Welsh Government (2025) refers to professionals as police, health boards, early years practitioners and any stakeholders or organisations, who come in to contact with children within their roles. According to the National Society for the Prevention of Cruelty to Children (Hereafter NSPCC, 2025), all professionals need to acknowledge the roles and responsibilities each bring, to enable the best decisions and support to be made for all children. The NSPCC (2025) continues to add how sharing resources, information with effective communication, creates a better profile of the child's life and through working collaboratively together promotes safeguarding alongside the child's needs.

Tongue, Qualter and Bond (2025) discuss how working together within multi-agency structure, can help identify any possible needs for early intervention in relation to safeguarding and children's development. Early intervention is "crucial" when it comes to identifying and diagnosing autism according to Okoye *et al* (2023), who states that early interventions improve "long-term outcomes" for children with autism, allowing for early support with language, social and behavioural development, while supporting families to access programs and support services. Eodanable, Mclean (2025) and Corcorn *et al* (2023), both discuss how early intervention and working within a multi-agency networks promote both physical and mental health, which has beneficial outcomes on children education and development into adulthood.

Eodanable, Mclean (2025) and Corcorn *et al* (2023) continues to explain how through sharing knowledge, resources and networks, it can reduce workloads.

Haley *et al* cited in (Tongue, Qualter and Bond, 2025) conducted a study on a multi-agency Behaviour and Education Support Teams (Hereafter BEST) and concluded positive outcomes within children, their families and the professionals from working collaboratively. Haley *et al* discussed how children's attendance improved, along with their behaviour and confidence, while parents gained better relationships and had access to resources and information (Tongue, Qualter and Bond, 2025). The research above demonstrates the positive effects a small multi-agency workforce can have on children's development. The Child First Cooperation would expand this further, through the combined efforts of all the professional's sharing information and

resources online, resulting in waiting lists and delays in referral decreasing, providing opportunities for early diagnosis and support being implemented.

In addition to the early intervention for diagnosis or developmental benefits for children, there is also the benefits of working together in relation to early intervention within safeguarding. According to Social service and Well-being (Wales) Act 2014 (2019, p5) it “is everyone’s responsibility” both individually and collaboratively to safeguard children and through sharing information, individuals can access support at the correct time, the Child Protection and Information Sharing (Hereafter CP-IS) (NHS England 2022) states this is paramount to children’s safety and well-being. CP-IS (NHS England, 2022) highlight how through closed cases the benefits of sharing information have protected children from further harm. Another study by Jakobsen and Filstad (cited in Ball, McElwee, McManus, 2024, p105), on police and child welfare services in Norway, reported communication improved through working together, alongside a better understanding and respect for each other’s roles and responsibilities, which encouraged them to solve problems collectively, putting the children’s interests first. In addition to this the results demonstrated children receiving the support from these multi-agencies, well-being, behaviour and attitude towards learning all improved (Ball, McElwee, McManus, 2024, p105). This would be beneficial within the Child First Cooperation, as overtime a detailed profile of the child would be created from each professional’s input. This would highlight any discrepancies within stories to why incidents occurred, as each professional may have been told a different account of events. However, through the multi-agency platform, each professional can see each other’s reports and begin safeguarding intervention.

Alongside the benefits mentioned above is how accessible and effective the digital sharing can be. NHS England (2022) discuss how there is 152 local authorities and over 1000 healthcare providers within England, combined need 75 varied digital platforms, however with CP-IS system these are all connected by one system (NHS England, 2022). Through using one platform NHS England (2025) states it has benefited “*workforce efficiency and effectiveness*”, it has decreased manual processing and expenditures cost through traveling and appointments, alongside being resource and time effective, due to distributing information efficiently.

However, understanding where and who to share information with can have a “profound impact” on children’s lives if information is not clear or shared with appropriate professionals (Social services and Well-being (Wales) Act 2014, 2019, p5 & Department for Education, 2024, p18). The Social services and Well-being (Wales) Act 2014 (2019) discuss the importance of sharing information which is necessary and relevant. However, if there is insufficient information or more personal information is shared than required, this could result in children being put at risk or breaching the Data Protection Act 2018 (Social services and Well-being Wales Act 2014, 2019). The Department of Education (2024, p9) discusses although the data protection legislation “*does not prevent*” sharing information to protect children, it does state, information that is shared should be “*proportionate and justified*” to those who will support children’s safeguarding. Ball, McManus, McCoy and Quigg (2023, p450) write about how working within a multi-agency system can acquire some of these challenges, through people misunderstanding information, a disrespect of professional boundaries and accountability. Continuing Ball, McManus, McCoy and Quigg (2023, p450) discuss how differences in professionals’ policies and procedures could also influence the effectiveness of multi-agency working. Agreeing in another article, Ball, McElwee and McManus (2024, p105) state, building an effective multi-agency approach takes time, respect and investment. However, writes how it can be difficult to ensure all agencies are invested, as passed researched demonstrated many agency workers prefer to work within their “*professional silo*”, this can lead to limitations of resources or information being shared (Ball, McElwee and McManus, 2024, p105). Due to the Child First cooperation being a large multi-agency approach, this could provide barriers within workforces and agencies, as not everyone will agree or have the same work ethic as others, while also presenting arguments between lower and higher levels of authority or pay grades, taking on more responsibility.

Whilst considering the challenges within working collaboratively, alongside who and when to share information, there is also the concern of potential data breaches. A report by Ruohonen, Hjerppe and Zastrow (2024, p2), writes how data breaches are a continuous threat within our digitally based society, and are increasing each year, despite developments in cyber security. Ruohonen, Hjerppe and Zastrow (2024, p2) discuss how data breaches can be through human error or through cyber-attack,

whichever these breaches occur, personal and sensitive information can be stolen or lost. Ghanbari and Koskinen (2024, p2) report how Finland known as the country which evolved digitalisation and data security, has recently been involved in a data breach, where over 33,000 patients' personal information was stolen. Ghanbari and Koskinen (2024, p2) report the attack was not taken place by sophisticated hackers but due to the inadequate security the company has purchased. This could be a potential challenge for the Child First Cooperation due to the volume of professionals all sharing information on the platform, there is a high chance of human error accruing, alongside concerns of cyber-attacks, therefore cyber security must be made priority.

Currently across the United Kingdom (hereafter UK), there are a variety of organisations that work collaboratively with other professionals similar to the Child First co-operation idea, however on a smaller scale. One of the organisations is the Child Protection-Information Sharing service (hereafter CP-IS, 2026). The CP-IS (2026) is an online platform that connects both health and social care professionals, to support children known to social care through exchanging information on a CP-IS database. For the CP-IS and other organisations to achieve this multi-agency workforce, the companies must comply with the Data Protection Act 2018 and the UK General Data Protection Regulation (hereafter GDPR) "*data Protection principles*" (Gov.uk.no-date). Organisations must ensure information is accurate, used lawfully and for specific purposes, whilst also only holding information for the required or legislated time under appropriate security (Gov.UK, no-date).

The aim for the Child First Cooperation is to begin small within local authorities and expand overtime to across the UK and eventually hopes to become a worldwide organisation. Evaluating all the information gathered, there is evidence to see how the Child First Cooperation could provide many benefits towards children's safety and development. Through an online multi-agency platform, it will allow all professionals accessible access to information. However, the research also highlights the potential barriers the cooperation will need to consider following law and legislations to protects children's personal data, alongside understanding each professional's roles and responsibilities, in order for the cooperation to be effective.

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