Cambridgeshire & Peterborough Integrated Care System

NHS Cambridgeshire & Peterborough

Safeguarding Resource Pack

General Practice

Version History

Lead Authors	Faye Freeman (Named Nurse Safeguarding Children – Primary Care) Morganne Head (Named Nurse Safeguarding People – Adults Primary Care)
Reviewed by	Nikki Williams-Quamina (Deputy Designated Safeguarding Children Nurse & Named Nurse Safeguarding Children – Primary Care)
Approved by	Claire Saggiorato (Designated Safeguarding Children Nurse) Primary Care Assurance Group
Version	1
Latest Revision date	September 2025
Review date	September 2026

Contents

Introduction

This pack has been developed by Cambridgeshire and Peterborough Integrated Care Board (ICB) Safeguarding People team as a point of reference for anyone working within General Practice. This pack is designed to:

- Help you make decisions about what to do when you have safeguarding concerns about a child, young person, or adult.
- Help you navigate safeguarding processes.
- Give you the information you need to review the safeguarding arrangements in your practice, identify gaps and take action to improve where necessary.
- Signpost you to sources of local information, help and support considering the family.
- Some of the resources contained within, can be printed, and laminated, and available within clinical rooms as a resource.
- Inform of best practice record keeping.

This resource pack is no substitute for training or team discussion which will help improve the knowledge and confidence of practice staff in safeguarding and promoting the welfare of individuals.

Please be aware all information in this pack is correct as of date of creation and some links and resources may change. Please ensure you also check on the Cambridgeshire & Peterborough Safeguarding Partnership Boards websites for the most up to date information.

The Safeguarding Peoples team within the ICB hope that this information is a useful and practical guide to assist you in dealing with safeguarding problems. We are always happy to be contacted to discuss cases or issues you have encountered. The best way to contact us and to send all email correspondence is via the generic team email as this inbox is monitored by a duty member of staff Monday – Friday 9-5pm, who will be able to provide a timely response to your query.

What is Safeguarding?

Safeguarding is about promoting the rights and welfare of all people but also protecting the most vulnerable children, young people, and adults from harm. Every one of us has a duty to safeguard, protect and promote the welfare of others.
Safeguarding is everyone's business.

It is everyone's duty to report any safeguarding concerns to the relevant agency. All general practice staff have a **duty** to be aware of the nature of concerns, and the steps to be taken if there is a suspicion of harm to, or neglect of a child, young person, or adult. If you have concerns, you must act upon them.

Child Protection is defined as being part of safeguarding and promoting welfare. It is the term used to refer to the activity taken to protect children who are suffering or who are likely to suffer significant harm.

Social Care Institute for Excellence (SCIE) define adult safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect. For people and organisations to work together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.'

NHS England have created a Safeguarding App which is an excellent resource for easy access to most of your questions. They aim to keep this up to date with the latest changes in legislation and guidance. The safeguarding app content equates to Level 2 of the Royal Colleges Intercollegiate standards for safeguarding.

Who is responsible for Safeguarding?

All General Practice staff have a duty to be aware of the nature of abuse, and the steps to be taken if there is a suspicion of harm to, or neglect of a child or adult at risk. If you have concerns, you must act upon them. This guide will help you do so in line with local safeguarding procedures.

Safeguarding in general practice is the process of identifying, supporting, and protecting vulnerable people from harm. It involves giving a voice to those who are struggling or not being heard and respecting their human rights. GPs (general practitioners) and other general practice staff play a key role in safeguarding people of all ages by providing holistic care throughout their lifetime. Safeguarding should be embedded into everyday routine general practice. Appendix one details different safeguarding terminology that you may come across in practice.

The Cambridgeshire & Peterborough Safeguarding Partnership Board are responsible for developing local procedures and ensuring multi-agency training is available. They have a role which includes scrutinising the safeguarding arrangements of Statutory agencies

and promoting effective multi-disciplinary working. There are a variety of useful resources on the Safeguarding Partnership board website, the CP Training Hub also offer a variety of safeguarding webinars for all Primary Care staff.

Social Care hold the responsibility to investigate causes of concern for children, young people, and adults, in conjunction, and with the participation of other agencies.

The Responsibility of all Doctors

GMC (General Medical Council), NHS Safeguarding accountability and assurance framework (SAFF) and ICO 10 Point guidance aims to help doctors to protect children and young people. As doctors, you often see patients at times of distress and difficulty, so it is likely that you may encounter someone who is at-risk or suffering from abuse or neglect.

BMA Adult Toolkit aims to help doctors identify the key factors that need to be considered when facing ethical dilemmas and other complex decisions such as assessing competence & mental capacity (this is time and decision specific). The toolkit has sections about specific areas relating to the examination and treatment of people in England, Wales and Northern Ireland who are aged under 18, and in Scotland under 16. There are separate sections identifying factors to be considered when assessing competence and determining 'best interests,' and sensitive areas including child protection and access to sexual health services.

Additional RCGP safeguarding standards for general practice, were published in October 2024. Alongside these new standards, the RCGP developed new RCGP safeguarding toolkit, eLearning modules, a podcast and additional resources to support safeguarding learning in general practice.

GP Practice Safeguarding Leads

You are not expected to provide advice to colleagues on individual cases, although depending on your level of experience, you may be able to do so. You should however be able to signpost colleagues to sources of advice and understand the referral process.

Within the RCGP safeguarding standards, it sets out training requirements, role specific knowledge and capabilities of the Practice or organisational safeguarding lead.

How can the ICB Safeguarding team support General Practice?

General Practice staff can contact the ICB safeguarding team via email (Monday – Friday, 9am-5pm) for advice and support.

The safeguarding team include three named nurses for primary care with a think family approach. They and the rest of the safeguarding team are available to offer support and guidance. The team are also:

- Available for case discussion and escalation if required.
- Facilitate monthly dedicated safeguarding GP lead forums.
- Hold fortnightly drop-in sessions that are open to all of primary care to discuss recent cases or themes within General practice.
- Host webinars via the GP Training Hub under the umbrella, 'Safeguarding Matters.'
- Attend your practices, for assurance visits, or Q&A sessions with staff - they are for you to decide what you want from a visit.

Training requirements

Safeguarding children and adults are a fundamental and vital responsibility for everyone working within health and social care throughout the United Kingdom.

The RCGP, RCN and RCPCH have worked collaboratively on the review and update of the intercollegiate documents which set out safeguarding roles and competencies for all healthcare staff. There are three strands to this work:

- In August 2024, the RCN published the second edition of Adult Safeguarding: Roles and Competencies for Health Care Staff.

- In October 2024, the RCGP published the new RCGP safeguarding standards for general practice. These are for all GPs and everyone working in a general practice setting in the UK. These standards outline the training responsibilities up to Level 3.

- The RCPCH are currently leading on revising and updating Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. This will incorporate Looked After Children: Roles and Competencies of Healthcare Staff.

Safer Recruitment

The Partnership board and CQC guidance recommends that safer employment extends beyond criminal record checks to other aspects of the recruitment process including,

- Making clear statement in adverts and job descriptions regarding commitment to safeguarding.
- Seeking proof of identity and qualifications.
- Providing two references, one of which should be the most recent employer.
- Evidence of the person's right to work in the UK is obtained.

The Cambridgeshire and Peterborough Safeguarding Partnership Board provide further information in relation to safer recruitment.

Dealing with allegations/ PiPoT/ Local Area Designated Officer (LADO)

Anyone can be in a 'position of trust': The Care Act (2014) defines People in Positions of Trust (PiPoT) as: *"people who work in paid or unpaid capacity, including celebrities and people undertaking charitable duties with adults with care and support needs*.

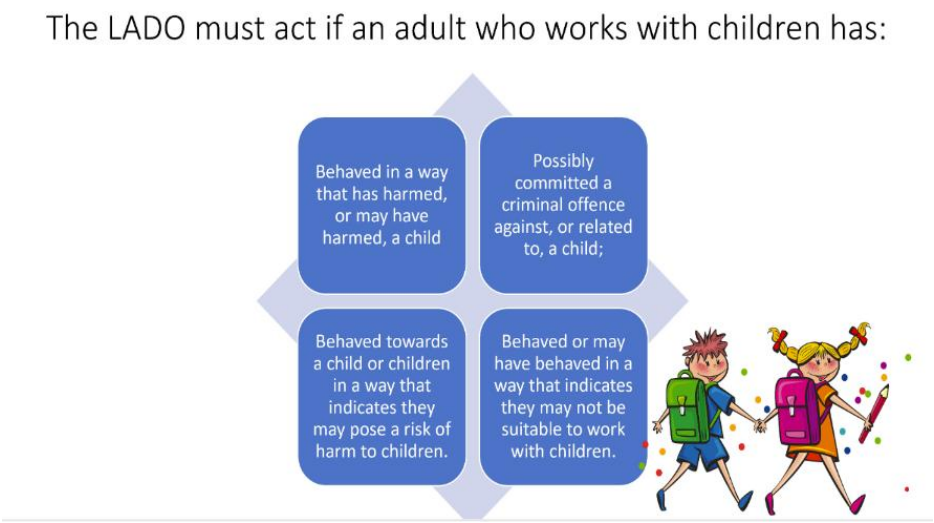
The Care Act 2014 requires the local authority, relevant partners and those providing care and support services to have clear policies in place for dealing with allegations against anyone working in a position of trust.

Allegations against people in a position of trust may come in many forms.

- Behaved in a way that has abused or may have abused an adult or child.
- Committing a criminal offence against, or related to, an adult or child.
- Behaved towards an adult, or child, in a way that indicates they may pose a risk of harm to adults with care and support needs.

IMPORTANT – The employer must inform the local authority designated office (LADO) within one working day when an allegation is made and prior to any further investigation taking place.

If a serious allegation is made against a member of practice staff and it relates to conduct towards a child, you must inform the Local Authority Designated officer (LADO) who is employed by the local authority. This person assumes oversight of your investigation process from beginning to end and will give you advice. They will also liaise with police and social care if necessary.



The safeguarding partnership board has a procedure/ pathway for making a referral to the Multi-Agency Safeguarding Hub in relation to a PiPoT/LADO.

Communicating with Health and other agencies

Information sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children, young people, and adults at risk. Often, it is only when information from several sources has been shared and pulled together that it becomes clear that there are concerns in relation to an individual in need of protection or services. Statutory guidance emphasises the need to share information about safeguarding concerns at an early stage to ensure that children, young people, and adults at risk, receive the services they require to protect them from suffering significant harm.

Information-sharing agreements or protocols should be in place, and those sharing information about individuals alleged to have caused harm are responsible for ensuring that they are compliant with human rights, data protection and confidentiality requirements. The Cambridgeshire and Peterborough Information Sharing Framework highlights when and how to effectively share information in relation to Safeguarding. It highlights the need to ensure the information is necessary, proportionate, relevant, adequate, accurate, timely and secure.

It is important to recognise that The Data Protection Act 2018 and General Data Protection Regulations (GDPR) **do not prevent, or limit, the sharing of information** for the purposes of keeping adults or children safe. Fears about sharing information must

not be allowed to stand in the way of the need to promote the welfare and protect the safety of adults and children.

Information gathering and sharing is key to the assessment, identification, and management of risk. The use and sharing of information will respect confidentiality and the principles outlined in the Data Protection Act 2018 and Caldicott guidelines and will be proportionate to the level of risk to be managed and to the circumstances of the individual.

Section 10 of the Children Act 2004 places a duty on key people and bodies to co-operate and share proportionate information, where appropriate, to make best decisions for children and young people at risk.

Section 17 of the Children's Act 2004, covering children in need allows for information to be shared with the multi-disciplinary team **with the consent** of parents/ person with parental responsibility.

Section 47 of the Children's Act 2004 refers to child protection concerns and places a statutory duty on professionals to share information to safeguard the welfare of the child or young person, **with or without the consent of parents/ person with parental responsibility.**

The Department of Education (DfE), Cambridgeshire and Peterborough Safeguarding Partnership Board and Cambridgeshire County Council all provide additional information and resources regarding information sharing.
There are seven golden principles of sharing information:

Recording safeguarding concerns

NHS England Digital provides guidance to support both SystmOne and EMIS practices in navigating how to document safeguarding concerns.

A full list of SNOMED safeguarding codes can be pulled by going to **Setup > Data Entry > Event Details Templates - New Template Maintenance > select the Ardens safeguarding template for adults, children or unborn > Right Click and select 'write template specification.'** All codes will then be extracted onto an Excel file.

Practices should be mindful that information of a safeguarding nature is marked as 'hidden from online record' (visible to all in the practice, but not the patient). Be mindful of marking information as 'private' as it may mean professionals outside of your practice will be unable to see this e.g., district nursing, health visitors . Please do not use safeguarding relevant as this prevents other members of your practice accessing this information and does not allow for auditing. Ensure safeguarding letters and documents are scanned onto the patient record and marked as 'hidden from online record' or 'private' depending on the circumstances. Consider who may have access to the patient's record, such as possible perpetrators, and whether the information should be visible to the patient or not.

Cross Organisational Alerts

Maternity

Maternity notifications should be reviewed against the patient record. If there are current or historic safeguarding concerns with children, including any Children's Social Care involvement, then the practice safeguarding children lead should be informed. They should review the record and make necessary safeguarding referrals to Children's Social Care and share information with the maternity service. All maternity hospitals will send GP's a request for safeguarding information when pregnant women book for confinement.

A&E attendance notifications

On receipt of attendance information or cause for concern documents relating to a child's attendance from urgent care, out of hours and emergency departments, the child's records should be reviewed, and a clinician should decide whether further action is required.

Caldicott Guardians

A Caldicott Guardian assumes a senior role in safeguarding the confidentiality of patient and service user data and enabling appropriate information-sharing. They are instrumental in ensuring that the NHS, Local Authority Social Services Departments, and partner organisations satisfy the highest achievable standards for managing patient identifiable information.

The Eight Caldicott Principles:

1. Justify the purpose(s) for using confidential information.
2. Do not use personal confidential data unless it is absolutely necessary.
3. Use the minimum necessary personal confidential data.
4. Access to personal confidential data should be on a strict need-to-know basis.
5. Everyone with access to personal confidential data should be aware of their responsibilities.
6. Comply with the law.
7. The duty to share information can be as important as the duty to protect patient confidentiality.
8. Inform patients and service users about how their confidential information is used.

Every local Health Service and Children and Young People's Directorate has its own Caldicott Guardian, to provide advice and guidance on appropriate information sharing.

Consent

Obtaining consent is essential for effective information sharing. It is crucial that consent is sought for all assessments where it is reasonable, suitable, and feasible, prioritising the individual's best interest. Practitioners must be cautious of scenarios where seeking consent might place a child and adults at higher risk of harm. In cases of clear risk of significant harm to a child or serious harm to adults, the public interest test is likely to be met, enabling information sharing without consent.

To give informed consent, a child/young person/parent/carer/adult must be entirely clear about:

- The purpose of the information
- How it will be used
- Who it may be shared with
- How it will be shared
- How long it will be held and in what form.

Individuals should also be informed of situations where information might be shared without consent and where confidentiality cannot be upheld.

Consent can be revoked at any time as the giving of consent is not a one-off event. It is a continuous and ongoing issue which needs to be revisited at regular and reasonable intervals. The child/young person/parent/carer/adult should be informed of their ability to withdraw consent at any time.

Public Task

Public task under GDPR refers to the legal basis that allows organisations such as public authorities, to process personal data when performing tasks in the public interest of exercising official authority.

This basis is applicable when the processing is necessary for the fulfilment of functions laid out in the law such as healthcare services provided by GP services. Under this basis, organisations must ensure that the data processing is proportionate, transparent and complies with date protection principles and safeguarding individuals' rights whilst fulfilling public responsibilities.

Parental Responsibility

Parental responsibility (PR) refers to the legal rights, duties, powers, responsibilities and authority that a parent has for a child and their property. In the context of General Practitioner practices, it is crucial for determining who can make decisions about a child's medical care, access their health records and consent to treatment.

What parental responsibility means:

- **Medical decisions**: Individuals with PR can make important decision regarding a child's healthcare, including consent to medical treatments, vaccinations and access to medical records.
- **Access to information:** Those with PR are entitled to receive information about their child's health and treatment unless it is deemed contrary to the child's best interests.
- **Best interest of the child:** The primary consideration in medical decision is always the child's best interest and sometimes, even if a person has PR, the child's right and opinion, especially as they grow older, will take precedence.

How to find out if someone has Parental Responsibility:

- **Birth certificate**: The easiest way to check PR is through the child's birth certificate. In the UK, a mother automatically has PR. A father has PR if he was

married to the mother at the time of the child's birth or if he is listed on the birth certificate (post – December 1, 2003, England and Wales)

- **Legal Documents:** Court orders such as parental responsibility orders, residence order or adoption certificates can also confirm PR.
- **PR Agreements:** In cases where parents are unmarried, a father or second parent can acquire PR through a formal agreement with the mother or by applying to the court. Some children are cared for by the Local Authority with the parent's consent. When this happens, the parents keep full parental responsibility. Sometimes court orders are made, such as an 'interim care order' or an 'emergency protection order' and in this situation the Local Authority shares parental responsibility with the parents. Children can also be cared for and live with foster parents. Foster parents do not have parental responsibility for the child they care for; this has to be delegated by the Local Authority or/and the parents.

All children have the right to be cared for so that they can grow up and meet their full potential. A child's parent with PR is responsible for making sure the child's rights are met. The rights of all children are set out in the United Nations Convention on the Rights of the Child (UNCRC).

When does parental responsibility end?

- When a young person reaches the age of 18 years.
- If a young person aged between 16 and 18 years gets married.
- If the child or young person is adopted.
- By court order.
- If a father/mother has parental responsibility through a 'child arrangement order', this will not be lost when it expires unless a court order discharges it.
- A birth mother can only lose parental responsibility when the child is adopted.

Parental conflict:

- **Conflicting Decisions:** In situations of parental conflict, especially in cases of separation or divorce, disagreements over medical care can arise. GP practices must navigate these conflicts carefully and signpost to external agencies for support. Cambridgeshire and Peterborough offer a Reducing Parental Conflict Programme which includes training courses and helpful resources.
- **Legal Guidance:** If both parents have PR and cannot agree, staff should encourage resolution through discussion and mediation. If necessary, the matter may need to be settled by the courts.
- **Child's Welfare:** The primary duty is to the child's welfare. If a conflict arises, which impacts on the well-being of the child, a referral to children's social services may be necessary.

- **Confidentiality:** In cases where a child is mature enough to make decisions (Gillick competence), their views should be considered and their confidentiality respected unless by not sharing the information, it puts the child at immediate risk.

Please see appendix two for a diagram showing who has parental responsibility.

Recognising risk

When a vulnerable child or adult registers/ deregisters at your surgery

When a new patient registers at your practice you should be notified by the previous GP/ professionals involved as to whether they are under a child protection plan, or for adults, if they have an open safeguarding concern. This can be coded appropriately on their record, and they can be reviewed as part of your practices safeguarding meetings.

When registering a new child at your practice, it is a good opportunity to ascertain who holds parental responsibility (PR) for them. You could ask for a copy of their birth certificate or other relevant documentation which would confirm this. Do not make assumptions about who holds parental responsibility, ask who the adult(s) accompanying the child is and what their relationship is to the child.

When a patient deregisters from your practice you should ensure that the patient's medical records are updated to reflect their new status. The GP should consider providing the patient with relevant healthcare information such as details of their nearby GP practices if they are moving out of the catchment area. Additionally, the practice may need to communicate with relevant healthcare providers, such as hospitals and specialists to transfer any ongoing carer or treatment plans. Maintaining open communication with the patient and assisting them in transition to a new healthcare provider ensures continuity of care and supported their well-being during the process. It is also good practice to establish the reason the patient would like to leave the surgery and capacity to be considered if required. If the child is subject to a child in need plan, child protection plan or a child in care inform the allocated social worker.

Who is an adult at risk?

An Adult at Risk is an adult (someone aged 18 or older) who:

I. has needs for care and support (whether the authority is meeting any of those needs),
II. is experiencing, or is at risk of, abuse or neglect, and
III. as a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

The term "adult at risk" abbreviates "an adult at risk of abuse and/or neglect" and denotes adults who may require have safeguarding needs according to the Care Act (2014). Under the Care Act 2014 statutory duties for adult safeguarding applies when adults facing or at risk of abuse and neglect are unable to safeguard/protect themselves due to their care and support needs.

Adults with care and support needs who may be at risk of abuse and neglect can include:

– an older person who is particularly frail

– someone with mental health needs including dementia or a personality disorder

– a person with a significant and impairing physical or sensory disability

– someone with a learning disability

– a person with a severe physical illness

– an unpaid carer who may be overburdened, under severe stress or isolated

– a homeless person

– someone who misuses substances or alcohol to the extent that it affects their ability to look after themselves

– someone living with a person who abuses substances or alcohol

– individuals who may be particularly in need because of isolating cultural factors

How do you differentiate between safeguarding or welfare and quality concerns?

Welfare concerns differ from safeguarding concerns. They encompass issues related to happiness, such as mental health, prosperity, and overall well-being. While individuals might also be at risk of harm or abuse if they **do not have** specific care and support needs, it is unlikely to be considered as a safeguarding concern. If in doubt seek advice and signpost accordingly.

Concerns expressed by patients or carers regarding the standards and quality of healthcare, such as difficulty in accessing professionals or lengthy appointment times, do not constitute safeguarding matters and should be referred to the organisation in question and/ or their PALS department.

Barriers of Safeguarding

Safeguarding is a difficult area of practice which can present a range of challenges, both emotional and practical.

Practitioners may fail to recognise, underestimate, or even condone the problem. Stemming from a desire to help, professionals can sometimes over-identify with the abusing parent to the detriment of the child or find it hard to 'think the unthinkable', seeking more comfortable explanations for what they see.

Often the needs of the child are overshadowed by those of the parents. Parents can be very skilled at deflecting the attention from the real problem or presenting a picture of change when in fact there is none (disguised compliance).

Decisions to act may be hindered by perceived or actual problems in the child protection system. Disagreements can arise between agencies about the best course of action for a child. You may lack confidence that your concerns will be taken seriously based on past experience.

The same can be said for adults at risk and key themes that have arisen from learning reviews have included:

- The need for diverse approaches
- Not having a clear understanding of the lived experience of the vulnerable child or adult
- Not asking direct, open questions
- Lack of reasonable adjustments implemented/ considered.
- Poorly trained staff
- Lack of clear policies for safeguarding and whistleblowing
- Inadequate communication between healthcare organisations.
- A failure to recognise signs of abuse.
- Delayed referrals to appropriate services for support.

If you encounter any barriers, it is important to act to resolve them, either through discussion within the team or by seeking advice. The ICB Safeguarding Team can help

you. For example, escalating cases within Children's Social Care, Adult Social care, tackling systemic problems or helping you to address a practice issue.

Safeguarding referral

If you think a child or an adult with care and support needs is in immediate danger, phone 999.

How and when to refer?

Safeguarding referrals can be made for both children and adults through the Cambridgeshire and Peterborough Safeguarding Partnership board website.
There are useful templates available within SystmOne and EMIS which allows clinicians to complete relevant sections of the referral form before inputting this into the online web portal. Ensure you download a copy of the paper referral and attach this to the patient's records. All telephone referrals should be followed up with a paper referral.

Please see key contact page for details of how to contact social services.

How to have a Safeguarding Conversation

Having safeguarding or professionally curious conversations with children, young people and adults in our care can be daunting and challenging. Here are some guidelines to assist you in developing your confidence and skills within this area.

- Determine if you are the best person to have the conversation. Understand your role, responsibilities, and limitations.
- Take a moment to prepare, breathe and calm yourself. Be aware your thoughts and feelings may unconsciously display in your words, tone, and body language.
- Be mindful of barriers to communication – Cultural; languages; mental health; learning disabilities and autism. Do you need an interpreter?
- Set clear boundaries regarding confidentiality - when information needs to be shared, don't make promises to keep information confidential.
- Think about the environment – is it conductive to achieving non-interrupted and confidential discussions?
- Introduce yourself 'Hello my name is'…. Explain your role and that you want to hear what they have to say.
- A transitional statement is helpful.

- Maintain an open posture, good eye contact and listening cues.
- Check the information you have shared has been understood so there are no misunderstandings.
- Avoid medical jargon, keep it simple.
- Keep the young person/family/guardian updated. Explain the step-by-step safeguarding process.
- Gain wishes and feelings of the child/family/guardian/adult.
- Provide time for questions.
- Expect a reaction when broaching safeguarding – keep safe.
- Accurately document the conversation.

Cooke, Williamson & Taylor 2021

What consists of a good safeguarding referral?

- All basic details are completed on the referral form (correct names and spellings, family members, date of birth, addresses, ethnicity, first language, disabilities etc).
- Consent from the family should always be sought prior to making a referral to social care. In exceptional circumstances whereby seeking consent would increase of the risk of significant/ immediate harm or lead to loss of evidence, a referral to social care should not be delayed and therefore, lack of consent should not prevent you from making the referral.
- The referral must clearly specify the concerns and the impact on the child/adult at risk alongside strengths within the family and support already offered/ in place.
- Referrals should identify the outcome the referrer hopes to achieve and include the family, child, young person, or adults' views, wants, and wishes.
- The more information included allows for an appropriate and timely decision to be made by the MASH team.
- If you wish to save a PDF copy of the form you must do so by clicking the button on the acknowledgement page.
- The online form will timeout after 60 minutes from starting the referral. The form needs to be completed fully – you will not be able to save and return to the form at a later date.
- The more robust the information provided is, the easier it is for the MASH to decide about the best course of action to take. if you don't know information on the referral form, please ensure that you document this rather than leaving blank. The MASH team will then be able to seek this information from other agencies involved in the child or adults' life.

Request for Early Help - Making a referral for a child/family not with immediate concerns but with ongoing emerging concerns.

Early Help Assessments (EHAs) identify what help a child and family require, to prevent needs escalating to a point where intervention would be needed via a statutory assessment under the Children Act 2004 – Single Assessment or Child Protection Enquiries.

Before making a request, you need to consider if the child or young person's needs can be met by services from within your own agency, or by other professionals already involved with the family.

The Early Help Hub will review the EHA and decide to do one of the following:

a) Pass the case to the Multi Agency Safeguarding Hub as a review by social care services is required
b) Decide that District Early Help Services are required and identify a Lead Professional
c) Signpost to other Early Help Services outside of the Local Authority and identify a Lead Professional
d) Provide advice and information

Children in need of support – Integrated Front Door

The Multi-Agency Safeguarding Hub (MASH) and Early Help Hub (EHH) together form the single point of contact for all safeguarding and wellbeing concerns regarding children and young people in Cambridgeshire and Peterborough.

MASH acts as a "front door" to manage all safeguarding referrals including the undertaking of Child Protection investigations where required.

EHH acts as a "front door" to Early Help services and the co-ordination of support around families where there is no need for social care intervention.

Professionals are required to choose whether to refer to MASH or EHH. However, the teams work together to ensure the family is supported in the correct way.

We know that it is sometimes difficult to decide the appropriate point of intervention. The Cambridgeshire and Peterborough Threshold Document help you to determine levels of need when making your own assessment.

Contacting Children Social Care

Within Cambridgeshire and Peterborough all enquiries about children come through the Customer Service Centre and are directed through to the appropriate service. Any enquiries received where it is not clear whether there are safeguarding issues/risks will be passed through to Multi Agency Safeguarding Hub (MASH) for a MASH enquiry to be undertaken. This is a multi- agency team who undertake information gathering, analysis and decision making about whether there is a need for statutory intervention and if not what the appropriate intervention for the child, young person and their family might be.

Think Family Approach

The Think Family agenda emphasises and advocates for a holistic family- centred approach, grounded in the following principles:

- Children and Adult services collaborate to assess family situations and obligations. For instance, alcohol treatment services may be coupled with supervised childcare if needed.
- Tailoring support to specific needs, collaborating with families to determine a customised support package aligned with their individual needs.
- Building on family strengths: practitioners to work alongside families to recognise and enhance their resilience and capabilities. For example, family group conferencing being used as a way of empowering families to negotiate their own solution to a problem.

This approach enables staff to:

- Know what to look for.
- Adopt a comprehensive approach to assessment, taking into account familial, cultural, and social contexts in which families live. (e.g., housing, finance, employment, relationships).
- Gain a better insight of the links between risk of poor outcomes and resilience, adult and child, symptoms and parenting, the changing pattern over time, and what to do with the information they gather.
- Understand the multi-generational risks to health and well-being, and implementing strategies to mitigate these risks, is essential for minimising their lasting effects.

Trauma-Informed Practice

There are 6 key principles of trauma-informed practice which consists of:

- Safety – The physical, psychological, and emotional safety of individuals and staff is prioritised.
- Trustworthiness – To build trust between staff, individuals, and wider community, it is important to ensure transparency.
- Choice – Individuals are supported within shared decision-making, choices, goal setting. This is to help establish a plan of action they need to heal and move forwards.
- Collaboration – The individual and staffs experience is valued and recognised in challenges and within the improvement of systems as a whole.
- Empowerment – Ensuring the individual and staff have a strong voice within decision-making at both individual and organisational levels.
- Cultural consideration – Move past cultural stereotypes and biases based on, for example, gender, sexual orientation, age, religion, disability, geography, race, or ethnicity.

Opening Doors created a YouTube video which explains further about Trauma Informed Practice.

Categories of abuse – Children/ Young people

The list presented below illustrates the categories of abuse experienced by children and young people. This is meant to serve as a reference. It is important for services not to restrict their definition of abuse or neglect, as they can manifest in various forms. Individual circumstances should always be considered along with the lived experience of the child/ young person. Please see link below for more detail's explanations.

- **Physical abuse**

- **Emotional abuse**

- **Sexual abuse**

- There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse.

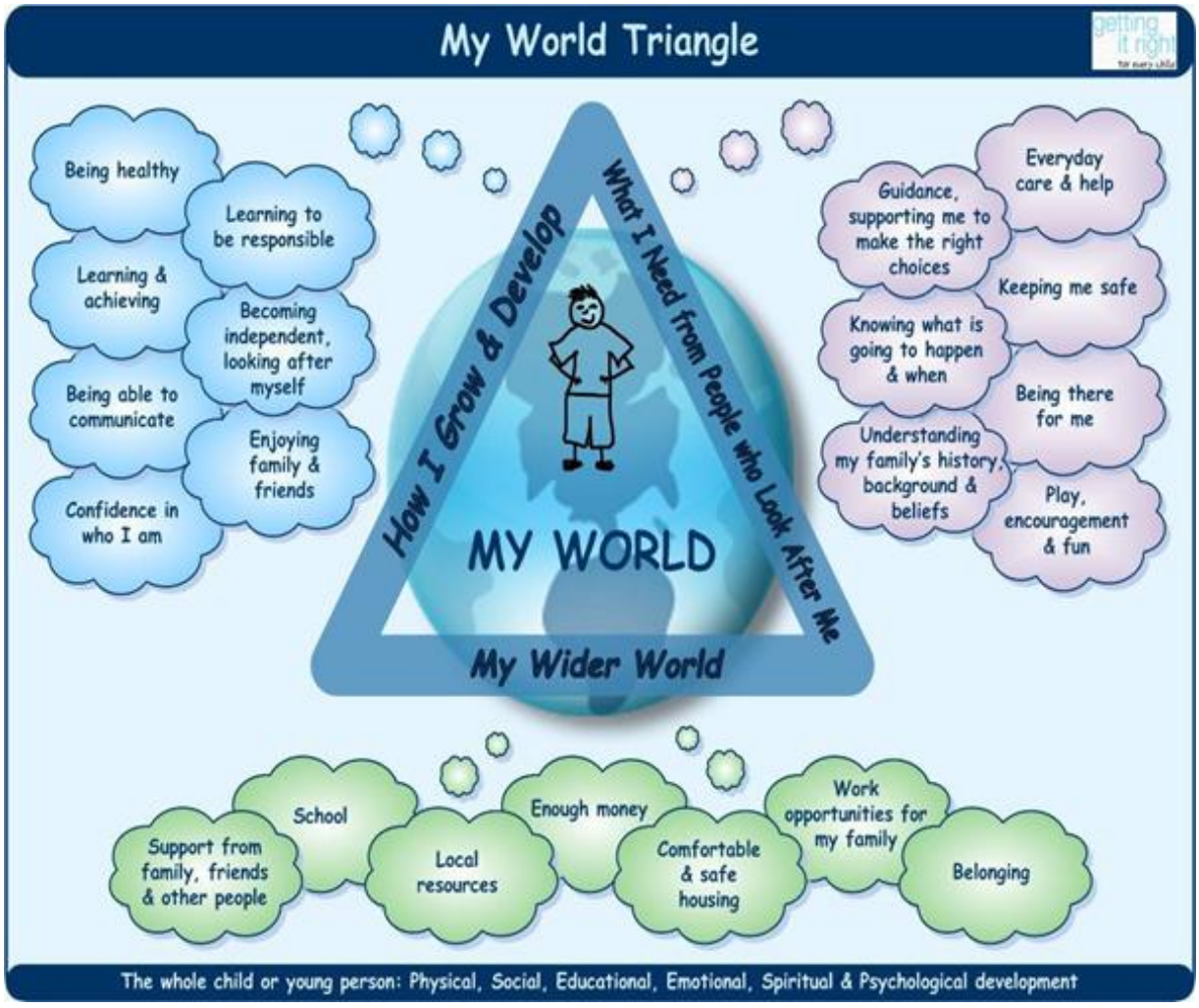
- **Neglect including** on-going failure to meet a child's basic needs:

- Physical
- Educational
- Emotional
- Health

Voice of the Child/ Lived Experience

The" lived experience of the child" is what a child sees, hears, thinks and experiences on a daily basis that impacts on their personal development and welfare, whether that be physical or emotional. As outlined in the Working together to safeguard children 2023 document, professionals engaging with children must actively engage by observing their actions, valuing their perspectives, and collaborating with them to ensure their safety and well-being is effectively safeguarded. Ultimately, we need to put ourselves in that child's shoes and think what is life like for this child right now?

When children and adolescents disclose experiences of abuse and/or neglect, it is crucial for them to feel assured that their voices carry weight and that professionals accurately capture their words. Interactions should be tailored to their age, stage of development, and cognitive and linguistic capabilities. Immediate documentation of the conversation should use the child/ young person's words directly. **Avoid paraphrasing.**



Cambridgeshire and Peterborough Partnership Board provide Lived Experience of the Child Practice Guidance.

Safeguarding Children in Care (CIC)

Children in Care, also known as Looked after Children (the term defined in law under the Children Act 1989) are children and young people who are under the care of the local authority for a continuous period of more than 24 hours, are subject to a care order or are subject to a placement order.

The number of children in care has increased steadily each year and is now higher than at any point since 1985. The majority of children and young people are in care as a result of abuse or neglect, although there is an increasing number of separated migrant children and children who have been trafficked from abroad. Some children and young people are in care due to their additional needs and the level of care required to support their health and wellbeing. Care experienced children and young people are more likely to require support with their mental health, development, and physical health than their

peers. They are more likely to be involved in risk taking behaviour, the youth justice system and have poorer educational attainment. Health professionals must also be mindful of the increased needs of care experienced children and young people, which can present during childhood but also into adulthood.

Children and young people can be in care under many different sections of the Children's Act:

- Section 20: Voluntary, with parent's permission. E.g.: respite care
- Section 21: Criminal Justice Order. E.g.: Young offenders' institution
- Section 31: Care order (child has suffered or is at risk of suffering significant harm)
- Section 38: Interim Care order (child has suffered or is at risk of suffering significant harm)
- Section 44 & 46: Emergency orders for child/young person's protection

Children in care are among society's most vulnerable, in terms of safeguarding. General Practitioners and Primary Care Teams have a vital role in the identification of the health care needs of children and young people who are looked after. They have prior knowledge of the child/young person and should:

- Accept the child or young person in care as a registered patient seeking the urgent transfer of the medical records if the child is placed over three months.
- Ensure biological parental access to primary care record is revoked.
- Act as advocates for the child, contribute and provide summaries of the health history of a child or young person in care, including their family history where relevant and appropriate.
- Ensure that referrals to specialist services are timely, taking into account the needs and high morbidity of children in care.
- Ensure the clinical records make the 'Child in Care' status of the child clear, so that particular needs are acknowledged and forwarded for each statutory health review. The GP practitioner held clinical record is a unique health record and can integrate all known information about health and events to enable GP, dentists, nurses, health visitors and other in primary care to have an overview of health priorities and to know whether health care decisions have been planned and implemented.

We have specialist Children in Care Health Teams in both Cambridgeshire and Peterborough who carry out statutory health assessments of all children and young people who are looked after by the Cambridgeshire and Peterborough Local Authorities and also for those children placed in the area but other Local Authorities. They offer consultation, advice, and support to promote the health and well-being of looked after

children and young people. The teams are made up of consultant paediatricians, specialist nurses and administrators.

Bruising in non-mobile children

Bruising remains the most common presenting feature in physical abuse in children. The younger the child the higher the risk that the bruising is non- accidental, especially where the child is under the age of 6 months. Bruising in any child that is not independently mobile (not yet crawling, bottom shuffling, pulling to stand, cruising or walking) should prompt professional curiosity and possible suspicion of maltreatment.

Assessment And Risk

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. A full clinical examination and relevant investigations must be undertaken.
The younger the child the greater the risk that bruising is non- accidental and the greater the potential risk to the child.
Bruising which might be indicative of abuse include:

- Bruising on the head, **especially the face**, ears, and neck
- Multiple bruising, especially of uniform shape or symmetrical positions
- Bruises in clusters
- Large bruises
- Bruising on soft tissues (away from bony prominences) especially cheeks and around eyes
- Bruising on the abdomen, upper limbs (especially arms and hands), buttocks and back
- Bruising around the anus or genitals
- Imprints and patterns, including, hands, rods, ropes, ligatures, belts, and buckles
- Bruising caused by an object or implement may not always show a typical imprint of the injuring object.
- In some areas of the body, such as the cleft of the buttocks and the ears
- Petechiae
- A boggy forehead swelling with peri-orbital oedema (caused by violent pulling of the child's hair)
- Accompanying injuries such as scars, scratches, abrasions, burns or scalds.
- Bruising in children with a disability

Actions to take if a bruise is noted:

Any child who needs urgent medical treatment, should be referred immediately to hospital.

A referral to Children's Social Care **must be made a soon as possible via telephone and followed up with a written referral within 24 hours for any non-mobile child with a bruise.** This process will trigger a strategy meeting to be undertaken to discuss risks with our statutory partners including a senior paediatric doctor.

Paediatric Service Contact Details – These contacts should only be used if there is a medical concern or an injury which it is unclear of the cause.

Peterborough: Ring Peterborough City Hospital on 01733 678000 and ask to speak with the Paediatric Consultant on call.
Cambridgeshire: **Cambridge East, City and South area:** Contact Addenbrookes Hospital on 01223 245151 and ask to speak to Paediatric Consultant on Call.
Huntingdonshire area: Contact Hinchingbrooke Hospital on 01480 416416 and ask to speak to Paediatric Consultant on Call.
Fenland area: Contact Queen Elizabeth Hospital at Kings Lynn on 01553 613613 and ask to speak to the Paediatric Consultant on Call.

Child Trafficking

Child trafficking is a grave issue which can have a devastating and lasting impact on its victims. Children can be trafficked into, within and out of the UK. Children are trafficked for many reasons, including sexual exploitation, domestic servitude, labour, benefit fraud and involvement in criminal activity such as pick-pocketing, theft and working in cannabis farms. There are a number of cases of minors being exploited in the sex industry. Although there is no evidence of other forms of exploitation such as 'organ donation or 'harvesting,' all agencies should remain vigilant.

Trafficked children may not only be deprived of their rights to health care and freedom from exploitation and abuse but may also be denied access to education. The creation of a false identity and implied criminality of the children, together with the loss of family and community, may seriously undermine their sense of self-worth. At the time they are found, trafficked children may not show any obvious signs of distress or imminent harm, but they may be vulnerable to types of abuse and may continue to experience the effects of their abuse in the future.

If a practitioner suspects a child has been trafficked into the UK, please contact, and refer to Children's Social Care. If there is an immediate risk of harm to the child, please contact the police via 999.

Child Abuse linked to a Faith or Belief.

Abuse linked to faith or belief can include a belief in witchcraft, spirit possession, demons or the devil, the evil eye etc. Genuine beliefs can be held by children, families, carers, and religious leaders that evil forces have entered the child and are controlling them. The forms of abuse children may experience due to these beliefs can include physical, sexual, and emotional abuse along with the neglect of a child.

A range of factors can contribute to the abuse of a child for reasons of faith anf belief. Some of the most common include:

- A child being possessed
- A child being singled out as the cause of misfortune within the home (financial difficulties, divorce etc)
- Poor or challenging behaviour along with wetting the bed can be attributed to spiritual forces
- A child may be singled out in view of physical differences or a disability

Professional Response

Faith/ Belief Child Abuse may challenge a professional's own faith and / or belief, or the professional may have little or no knowledge on the issues that may arise. This makes it difficult for the professional to identify what they might be dealing with and affect their judgement. It will often take a number of contacts with the child or pieces of information to recognise the abuse.

In cases of suspected abuse linked to a belief in spirit possession it may be particularly useful to consider the following questions:

1. What are the beliefs of the family?
2. What is the family structure?
3. Are there reasons why the child might be picked on?
4. Do I need a professional interpreter?
5. What is the preferred language of the child and family?

Consideration should be given to the child and family's communication needs, particularly if English is not their first language. If required a professional interpreter should be provided; family or community members should **NOT** be asked to act as interpreters.

If you suspect a child is experiencing any form of abuse, please complete a referral to Children's Social Care immediately and ensure the safety of the child prior to

them leaving the practice. If this cannot be confirmed, please contact the police for support and escalate to the ICB Safeguarding People team.

Child Sexual Abuse

Child Sexual Abuse (CSA) is prevalent in the UK and for many victims, the impact of this abuse can be devastating and endure into adulthood. The adverse consequences of CSA can include acute feelings of betrayal, powerlessness, stigmatisation, guilt and traumatic sexualisation, as well as difficulties forming and maintaining relationships, mental health, related problems resulting from trauma and physical health problems.

Cambridgeshire & Peterborough Safeguarding Children's Partnership (CPSCP) have developed a strategy that has been created to help improve the ways in which needs and risks are understood, recognised, and responded to at all stages of the "child's journey." It is not a "stand alone" document and should be considered alongside several other strategies, including the Child Sexual Abuse Strategy 2023-2025, Sexual behaviours tool and partner agencies CSA Strategies.

The Child Exploitation Strategy 2021-2025 provides further information.

The Centre of Expertise on Child Sexual Abuse have a template for Signs and indicators of child sexual abuse.

Actions to take:

Any child who needs urgent medical treatment, should be referred immediately to hospital.

A referral to Children's Social Care **must be made a soon as possible via telephone and followed up with a written referral within 24 hours.** This process will trigger a strategy meeting to be undertaken to discuss risks with our statutory partners including a senior paediatric doctor and a professional from the Sexual Assault Referral Centre (SARC). A decision will be made during the meeting to establish whether further examinations are required.

The Elms Sexual Advice and Referral Centre (SARC)

Free confidential healthcare and compassionate support to people of all ages in Cambridgeshire that has experienced sexual assault including rape in their lifetime.
Tel: 0800 193 5434 (9am-5pm)
Out of Hours Help Line: 0800 193 5434
Email

The Elms – SARC

The Cambridgeshire and Peterborough Safeguarding Partnership Board provide further information on how to refer to SARC.

Children and Young People displaying Sexually Harmful Behaviours

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards themselves or others, or be abusive towards another child, young person, or adult.

The causes of child/adolescent harmful sexual behaviours are multi-factorial involving socio-cultural, environmental, familial, interpersonal, and developmental factors. These are unique in every case. Where a concern exists about sexualised behaviour in children or young people it is important that this is looked at within a holistic context and that staff can access appropriate case discussion from a specialist worker, and if necessary, assessment interventions, quickly and efficiently. This includes the need to actively consider whether the child or young person displaying the behaviour needs safeguarding themselves.

The Cambridgeshire and Peterborough Safeguarding Partnership Board have developed a Child Sexual Behaviour Assessment tool which should be completed by professionals working with children and young people by helping them to identify and respond appropriately to sexual behaviours. They also have available training on how to complete this tool.

The tool categorises the sexual behaviours of young people and is designed to help professionals:

- Make decisions about safeguarding children and young people.
- Assess and respond appropriately to sexual behaviour in children and young people.

- Understand healthy sexual development and distinguish it from harmful behaviour.

How to respond using the tool to gather information:

- If a child is in immediate danger, call the police on 999.
- If a child is not in immediate danger: Follow child protection procedures and complete a Children's Social care referral to the relevant Local authority:

Next Steps:

Following professionals completing appropriate referrals to CSC, CSC will then facilitate a referral to the **Harmful Sexual Behaviour (HSB) Service**. Within this service, workers will:

- Work with young people aged 8 – 18 across Cambridgeshire and Peterborough. For younger age children the HSB service may be able to offer advice and guidance and/or signpost to other services.
- Provide advice and guidance to lead professionals to inform their own agency assessments and plans for children and young people.
- Where children and young people are assessed as presenting with potential or significant levels of concern the team may complete specialist HSB assessments and interventions alongside the multi-agency partnership.

Lucy Faithfull Foundation

If an adult acknowledges that they have inappropriate sexual thoughts about a child or young person then you can direct them to the Stop It Now website by the Lucy Faithfull Foundation.

They work with entire families that have been affected by sexual abuse including adult male and female sexual abusers; young people with inappropriate sexual behaviours; victims of abuse and other family members. Parents Protect is an online resource for parents, carers and others who want to protect children from harm.

The Lucy Faithfull Foundation also provides a range of services for organisations, professionals and the public including risk assessments and intervention; specialist consultancy; expert training and public education. They work with organisations, individual professionals and those who work with children and families as well as members of the public.

Additional Support/referrals for victims of sexual abuse

Please see below support services victims of sexual abuse including rape and sexual violence:

- Embrace – 01223 245 888

Embrace offers a wide range of support to help children, young people and their families recover from the crimes that harmed them – from talking therapies to practical support, days out and short breaks.

- Cambridge Rape Crisis Centre – 01223 245 888
- Peer support groups – Cambridge Rape Crisis Centre

Peer support Groups (Run by Cambridgeshire Rape Crisis).

6-12 individuals per group, run by a counsellor for 6 weekly sessions.

- Counselling Service (Run by Cambridgeshire Rape Crisis) - dpmscloud.com/external/referralformselfprccg

Free and confidential counselling service offered by women counsellors for children aged 5 and above from Cambridgeshire City, South Cambridgeshire, East Cambridgeshire, and Huntingdonshire. They can also provide a smaller number of sessions to mothers and non-binary parents/carers of young survivors.

- MOSAC - Please signpost victim's mothers to this useful website.

Children of Parents who Misuse Substances

Substance misuse refers to the abuse of drugs and/or alcohol. Children's physical, emotional, social, intellectual, and developmental needs can be adversely affected by their parent's misuse of substances. These effects may be through acts of omission or commission, which have an impact on the child's welfare and protection. It is important that the implications for the child are properly assessed having full regard to the parents/carers ability to maintain consistent and adequate care.
Where there is concern that a parent is involved in substance misuse, the impact on the child needs to be considered, including:

- The child's physical safety when the parent is under the influence of drugs and/or alcohol.
- Signs of chronic neglect, from before birth and throughout childhood.
- Possible trauma to the child resulting from changes in the parent's mood or behaviour, including exposure to violence and lower tolerance levels in the parent.

- The impact of the parent's behaviour on the child's development including the emotional and psychological well-being, education, and friendships.
- The impact on newborn babies who may experience fetal alcohol syndrome or other drug withdrawal symptoms.
- How safely the parent's alcohol and/or drugs, prescribed medication (such as methadone or buprenorphine) and equipment are stored as children can be at risk of ingesting substances or injuring themselves on drug paraphernalia.
- Children are particularly vulnerable when parents are withdrawing from drugs.
- Dangerously inadequate supervision and other inappropriate parenting practices.
- Children being forced to take on a caring role and feeling they have the responsibility to solve their parent's, alcohol, and drug problems.

If concerns are highlighted in relation to parents misusing substance, a referral to Children's Social Care should be completed with consideration of the above points.

For support services and more information, please see appendix Six.

Perplexing Presentations (PP) and Fabricated or Induced Illness (FII)

Perplexing Presentations (PP) and Fabricated or Induced Illnesses (FII) are terms used to describe situations where concerns arise about possible harm to a child through the way their health is being presented or managed. The Royal College of Paediatrics and Child Health Guidance should be reviewed and includes a useful pathway approach.

- Perplexing Presentations (PP) involves symptoms that are puzzling, inconsistent with clinical findings or do not respond to standard treatment. The child may not be deliberately harmed, but there is a risk of harm through over-investigation or inappropriate interventions.
- Fabricated or Induced Illness (FII) is a deliberate act by a parent or carer to fabricate, exaggerate or induce illness in a child, which can result in serious physical and emotional harm.

Both exist of a spectrum of concern, and early recognition is key to preventing escalation and to protect the child/ children.
The impact of PP or FII can have on the child includes physical harm, emotional and psychological harm, missing out on activities and possible developmental delay.

What can we do?

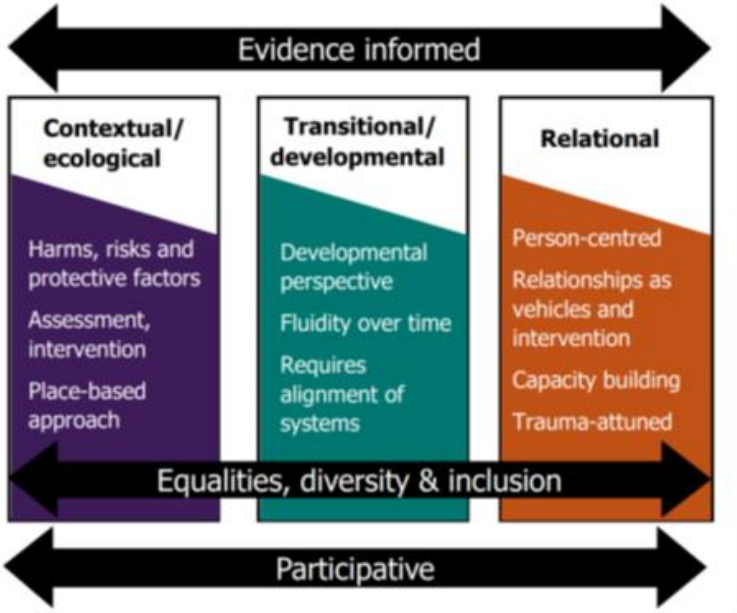
- Maintain professional curiosity – keep an open mind and consider the possibility of PP or FII if symptoms are not adding up.
- Look for patterns over time.
- Use reflective practice and supervision to process concerns.
- Document objective clinical findings carefully and clearly.
- Include observations of the child and parent interactions.
- Share concerns early with the safeguarding leads.
- Liaison with the child's school, health visitors or other professionals to build a wider picture.

If concerns are significant, follow Cambridgeshire and Peterborough Safeguarding Partnership Board guidance and make a referral to Children's social care.

Transitional safeguarding

Transitional Safeguarding aims to ensure a smooth transition from adolescence to young adulthood by bringing together various partner.

Transitional safeguarding is underpinned by a holistic framework informed by six interconnected and interdependent key principles (Holmes 2021) as shown below.



What Can We Do?

- Recognise harm does not stop at 18.
- Be trauma informed – value lived experience.
- Understand specific risks of young people .
- Make every contact count .

- Consider/ assess mental capacity.
- Better plan for effective transition.
- Explore your professional curiosity.

Categories of Abuse - Adults

This is not intended to be an exhaustive list however, to be used as a guide. Services should not limit their view of what consists of abuse and/or neglect as it can take many forms. The circumstances of the individual's case should always be considered. Please see link above for more details:

- **Physical abuse**
- **Domestic abuse**
- **Sexual abuse**
- **Psychological abuse**
- **Financial or material abuse**
- **Modern slavery**
- **Discriminatory abuse**
- **Organisational abuse**
- **Neglect and acts of omission.**
- **Self-neglect**

The 6 Principles of Safeguarding

What are the six principles of safeguarding?

- Empowerment
- Prevention
- Proportionate
- Protection
- Partnership
- Accountability

Social care services work with **health services**, education, police, prison, probation, district councils and other organisations such as the NSPCC, DASV, youth services and armed forces, all of whom contribute and work together to share responsibility for safeguarding children , young people and adults at risk and promoting their welfare.

The practice team are not responsible for investigating abuse and neglect, but they do have a responsibility for sharing information, acting on concerns and contributing to the 'child protection', 'child in need' and adult safeguarding processes.

Making Safeguarding Personal (MSP)

"Nothing about me without me"
The Making Safeguarding Personal (MSP) approach requires safeguarding to be person led and outcome focused. Before reporting a concern or starting an enquiry, staff need to speak with the individual to understand their perspective on the situation and their desired course of action such as defining specific outcomes.

Making Safeguarding Personal Best Practice 4 key principles:

- Hearing the person
- Respecting the person
- Understanding the person
- Being honest with the person

MSP aims to give more choice and control to the person, keeping them central to decision making and safeguarding, with a focus on improving their quality of life, well-being, and safety.

The Care Act 2014

The Care Act 2014 states *'that local authorities must consider whether an adult with care and support needs is eligible for support if:*

- *the adult's needs arise from or are related to a physical or mental impairment or illness.*
- *as a result of the adult's needs, the adult is not able to achieve two or more of the outcomes outlined below.*
- *as a consequence of not being able to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.'*

An adult's needs are only eligible where they meet all three of these conditions.

The specified outcomes as mentioned above are:

- Managing and maintaining nutrition.
- Maintaining personal hygiene.
- Managing toilet needs.

- Being appropriately clothed.
- Being able to make use of the adult's home safely.
- Maintaining a habitable home environment.
- Developing and maintaining family or other personal relationships.
- Accessing and engaging in work, training, education or volunteering.
- Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services.
- Carrying out any caring responsibilities the adult has for a child.

You can refer to social services through Cambridgeshire County Council or Peterborough City Council.

Carers at significant risk of harm

Within Cambridgeshire and Peterborough, it has been recently agreed that the local authorities (CCC/PCC) will exercise its discretionary powers under the Care Act 2014 to conduct a safeguarding (Section 42) enquiry when they believe an unpaid carer is at significant risk of Harm. For the Local Authority to consider using this discretionary power, it must be evident that the unpaid carer is unable to protect themselves and, due to their circumstances, cannot disengage from the person they care for. The carer must also be willing to participate in the Section 42 process.

This decision was made in response to the ongoing risks identified for unpaid carers who do not meet the criteria for an adult at risk as well as finding from DHRs/DARDRs.

Unpaid carers are entitled under the Care Act to an assessment in their own right and should be signposted to Cambridgeshire County Council or Peterborough City Council for support.

Caring Together undertake carer assessments which are free and are not based on level of need or amount of care that they provide. It is an opportunity to understand what support can be offered to make life easier for the carer.

Young Carers

The Children and Families Act defines a young carer, as a person under 18 who looks after or helps to look after a parent, guardian, grandparent, or sibling who has a mental/physical illness, addiction, or disability. Research currently suggests 1:5 secondary school children will undertake caring responsibilities, and it is usually 3 years before they are identified as a young carer. Specifically, there are more than 1800 young carers living in Cambridgeshire and Peterborough.

It's important professionals within health are curious and alert to indicators that a child or young person is taking on caring responsibilities:

- Stopped participating in youth groups, clubs, or sporting activities without explanation.
- Often tired, anxious, withdrawn, or worried.
- Isolated from peers, struggles to attend extra-curricular activities/trips.
- Secretive about home life.
- Showing signs of poor hygiene/diet.
- Displaying disruptive behaviour.
- Refers to their parents/guardians/sibling as frequently being unwell.
- Talks openly about family health issues often with more knowledge than might be expected of peers e.g. around medication.

Becomes uncomfortable when addressing various health topics.

Available support/resources:

Centre33 – Self and professional referrals accepted.

Caring Together

Sibs

Carers Trust

Carers' Direct (NHS website)

Childline Free and confidential helpline for children and young people

COSUP is a specific service supporting children and young people who are caring for a loved one with an addiction problem. You can download a referral form for this service.

Young Carers Support App - free and available for any young carer, or professional working with young carers to download on Android and iOS.

S117 Aftercare

Section 117 aftercare is the care that some individuals have the right to receive when they leave hospital after being detained under the Mental Health Act (MHA)

Section 117 of the Mental Health Act says that aftercare services are services which are intended to:

- meet a need that arises from or relates to your mental health problem, and

- reduce the risk of your mental condition getting worse, and you having to go back to hospital.

An individual can receive free aftercare under section 117 if they have been detained:

- for treatment under section 3 (MHA)
- under a hospital order under section 37 (MHA)
- following transfer from prison under section 47 or 48 (MHA)
- under a hospital direction under section 45A (MHA)

Individuals also have the right to section 117 aftercare if:

- they have been discharged onto a community treatment order for the entire period of their Community Treatment Order (CTO), or
- they are a restricted patient on a conditional discharge.

What kinds of services are covered?

- Healthcare including medication.
- Social care and employment services.
- Supported accommodation.
- Services to meet an individual's cultural and spiritual needs – as long as the need arises from or is related to their mental condition and helps reduce deterioration of the condition.

What is a Section 42 Enquiry?

A Section 42 enquiry, also known as a Section 42 Safeguarding Inquiry, is a formal investigation conducted by local authorities under the Care Act 2014. It is initiated when there is a reasonable cause to suspect that an adult, someone aged 18 or over, may need care and support due to a disability, age, illness, or is at risk of experiencing abuse or neglect.

During a Section 42 enquiry, trained professionals such as social workers and health professionals work collaboratively to assess the situation, gather information, and determine the appropriate cause of action to safeguard the individual's well-being. This may involve interviewing the adult at risk, gathering evidence from relevant parties, and coordinating support services to address any identified risk or concerns. The primary

objective of a Section 42 enquiry is to ensure the safety, protection and welfare of the adult at risk, while respecting their rights and autonomy.

What is the Mental Capacity Act?

Where there is doubt about an adult's capacity, a formal mental capacity assessment should be undertaken. This is decision and time specific. It is important to recognise that any individual may not be able to make one decision one day, however, this does not define their capacity to make other decisions such as what they wear each day, nor does it mean that they may not be able to make this decision in the future.

You must start with the presumption that every adult patient has capacity to make decisions about their care and treatment. You must not assume a patient lacks capacity to decide solely because of their age, disability, appearance, behaviour, medical condition, beliefs, their apparent inability to communicate or because they choose an option that you consider to be unwise.

The 5 Principles of the Mental Capacity Act 2005

1. • A person must be assumed to have capacity unless it is established that they lack capacity.
   • 'Do not assume I cannot make a decision just because of my medical condition or learning disability'
2. • Make every effort to encourage and support people to make decisions for themselves.
   • 'Help me to decide, make reasonable adjustments and any practical help'
3. • People have the right to make unwise decisions.
   • 'I have my own values, beliefs and preferences which may be different to other peoples'
4. • Act in the Best Interest of People who Lack Capacity
   • 'Anything you do on behalf me, please act in my best interest'
5. • Less Restrictive Option
   • 'When decision making or acting on my behalf, choose what will least restrict my freedom or right'

Mental Capacity Assessment

The assessment should be approached from the standpoint of supporting the individual to make the decision at the time rather than conducting a 'test' on the individual (Principle 2)

It is a single assessment with three parts.

Part 1 - Functional Assessment

Can the individual:

- **Understand** the information relevant to the decision to be made?
- **Retain** the information long enough to make the decision?
- **Use or weigh** that information as part of the decision-making process?
- **Communicate** their decision?

An individual is unable to make the decision if they cannot meet ANY of the above elements. **Proceed to Part 2**.

Part 2 - Diagnostic Assessment

Does the person have an impairment of or disturbance in the functioning of the mind or brain? The impairment does not have to be permanent or formally diagnosed.

If yes, proceed to Part 3.

If not, then it is highly likely that the individual has capacity and is making an unwise decision. Provide relevant support to minimise/mitigate risk. Also consider coercion.

Part 3 – Causative Nexus

Is the inability to make the decision linked to the impairment of or disturbance in the functioning of the mind or brain?

An individual is deemed to lack the capacity to make the decision if they cannot meet part 1 and part 2 and 3 are positively established.

When completing a formal mental capacity assessment ensure that information recorded is concise and factual only.

Alcohol and MCA

Alcohol could impede someone's capacity to make decisions, but each case must be considered on the merits of the facts.

Be clear about the decision you are assessing – is it patient's capacity to decide about continuing to drink, residence, care, or treatment?
The consequences of Patient's drinking – e.g. self -neglect, brain damage, homelessness, breakdown of care package etc, will have a bearing on whether the patient can use and weigh information.
Using and weighing information then attaching no value to that information to change behaviour does not mean a person lacks capacity – s3(1) unwise decision.

For further support and services available, please see appendix Six.

16–17-year-olds

16- and 17-year-olds are presumed to have capacity and the steps taken are the same in determining capacity and best interests.

The test for assessing whether a young person aged 16 or 17 can give valid consent, or make a decision is determined by the Mental Capacity Act 2005.

Unwise decision

- Every person has their own values, beliefs, preferences, and attitudes
- Unwise decisions are subjective
- There may be cause for concern and further investigation into capacity if:
  I. Someone repeatedly makes unwise decisions that puts them at significant risk of harm or exploitation.
  II. Makes a particular unwise decision that is out of character for that person.
  III. Easily influenced by undue pressure.
- Balancing the implications of the MCA (Mental Capacity Act) with duty of care and responsibilities under safeguarding can be a challenging balancing act.

Best Interest

The best interest's principle underpins the Mental Capacity Act. It is set out in section 1(5) of the Act. 'An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.' The concept has been developed by the courts in cases relating to people who lack capacity to make specific decisions for themselves, mainly decisions concerned with the provision of medical treatment or social care.

Section 4 of the MCA provides a checklist of steps to follow, such as considering:

1. Whether it is likely that the person will at some time have capacity in relation to the matter in question and when that is likely to be.

2. Permit and encourage the person to participate in any act done or decision made for them.

3. Consider the person's past and present feelings and wishes.

4. The beliefs and values that would influence the decision is the person could make it.

5. Other factors that the person would likely consider if they were able to do so.

6 Consultation with those who play an important role in that person's life.

Chapter 5 of the Code of Practice provides detailed examples and guidance on best interests.

When documenting a best interest meeting/ decision it is important to establish the different options available for the individual, positives and negatives of each option and the impact each option will have on the individual's health and well-being.

It is important to consider whether the individual requires an Independent Mental Capacity Advocate (IMCA) (18+).

Independent Mental Capacity Advocates (IMCAs)

Under the Act, an Independent Mental Capacity Advocate (IMCA) must be instructed in relation to individuals who lack capacity and who have no family or friends whom it is appropriate to consult when: – an NHS body is proposing to provide, withhold or withdraw 'serious medical treatment', or – an NHS body or local authority is proposing to arrange accommodation or a change in accommodation in a hospital or care home, and the stay in hospital will be more than 28 days, or the stay in a care home more than eight weeks.

Responsibility for instructing an IMCA lies with the NHS body or local authority providing the treatment or accommodation. In some situations where adults require safeguarding, local authorities are also able to instruct IMCAs.
POhWER offer advocacy services including IMCA's and can be referred to via their website, email and telephone.

Self-Neglect

Self-neglect covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. It should be noted that self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Self-neglect is:

- lack of self-care to an extent that it threatens personal health and safety.
- neglecting to care for one's personal hygiene, health or surroundings.
- inability to avoid harm as a result of self-neglect.
- failure to seek help or access services to meet health and social care needs.
- inability or unwillingness to manage one's personal affairs.

Hoarding

Hoarding is the excessive collection and storing of items, often in a chaotic manner, to the point where their living space is not able to be used for its intended purpose.

Hoarding is considered a significant problem if:

- the amount of clutter interferes with everyday living – for example, the person is unable to use their kitchen or bathroom and cannot access rooms.
- the clutter is causing significant distress or negatively affecting the quality of life of the person or their family.

A person with a hoarding disorder may have significant difficulty in discarding or parting with possessions. They may experience distress at the thought of getting rid of items or simply be unable, either physically or through other health-related factors, to get rid of things despite acknowledging that changes need to be made. The items can be of little or no financial value.

Hoarding is considered a standalone mental health disorder; however, it can also be a symptom of other medical disorders. It is not a lifestyle choice and hoarding must always be treated as a sign of vulnerability.

There are typically three types of hoarding:

- Compulsive Hoarding
- Bibliomania
- Animal Hoarding

There is a multi-agency protocol to guide professionals on how best to support individuals with hoarding behaviours. In addition to this, there is a clutter image rating tool which can be used when assessing the risk to an individual due to their hoarding along with additional contacts who can offer support. This is also assessable via the link above.

Multi- Agency Risk Management (MARM)

The Multi-Agency Risk Management (MARM) process provides professionals from all agencies with a framework to facilitate effective multi-agency working. Adults (aged 18+) with care and support needs, at risk of harm who are deemed to have mental capacity for specific decisions that may result in serious harm/death. For example, through severe self-neglect or risk-taking behaviours and refuses or is unable to engage with services.

Before making a referral for a MARM:

- Have you contacted your safeguarding lead and discussed the case with them?
- Have other areas of support been considered such as signposting to supportive agencies and services?
- Have all other avenues for support and engagement with the adult at risk been exhausted?
- Has a Multidisciplinary Teams Meeting (MDT) already taken place or been considered?
- Is the risk significantly high enough to warrant a MARM?

The Multi-Agency Risk Management Flowchart provides guidance on the MARM principles and when to refer/ alternative steps to take/ consider.

Deprivation of Liberty Safeguards (DoLS)

A DoLS intends to provide legal protection for vulnerable people who are, or may become, deprived of their liberty (usually in a hospital or care home setting). It is applicable to:

- A DoLS now applies to people over the age of 16 who lack Mental Capacity.
- Those aged 16 and 17 years will always be referred to the Court of Protection.
- Those aged 18 plus in hospital or residential – referral to the Local Authority.
- Those in the community (own home) will be referred to the court of protection.

- People with severe learning disabilities, people with dementia or neurological conditions such as acquired brain injury.
- People who are not restricted already, or likely to be under the Mental Health Act.
- Those people who lack capacity to give consent to arrangements for their care and treatment.

The DoLS Acid Test

A Deprivation of Liberty is where someone is:

Under constant supervision and control,

AND

not free to leave.

(Objection, or resistance to the care regime are not relevant, nor is compliance with this. It does not matter that the deprivation is taking place in the person's 'best interests.')

The DoLS Assessment

There are six separate assessments required to authorise a Deprivation of Liberty Safeguards under Schedule A1 which applies to hospitals and care home. These are:

- Age
- Mental Health assessment
- Mental Capacity assessment
- Best Interest assessment
- Eligibility assessment
- No Refusals assessment

The best interest assessor or a doctor will complete a two-stage test of capacity before the six separate assessments.

DoLS Authorisation

There is no standard length of time for a Deprivation of Liberty to be authorised, as each authorisation will be decided on an individual basis.

The maximum length of time that an authorisation can be granted for is 12 months. Once an authorisation is in place, it can be reviewed at any time.

The supervisory body has:

- 7 calendar days to respond to any urgent authorisations.
- 21 calendar days to respond to an application for standard authorisation.

A standard DoLS application must be submitted on Form 4 alongside an urgent application on Form 1 for the urgent authorisation to be valid.

The CQC must be notified of all DoLS applications and their outcome.

Court of Protection Deprivation of Liberty (COPDOL) Authorisation – Letter of unsound mind

The Court of Protection (COP) has a streamlined process Re. X by which it authorises a DoLS. This applies to people living in the community who are deprived of their liberty. Application for this is made using COPDOL11 forms.

The ICB or Local Authority may contact the GP for a letter of unsoundness of mind in support of a COPDOL application. If possible and confident to complete, this would be beneficial to the COPDOL process. If you require clarification or support, please email the ICB Safeguarding People Team.

The Court requires a medical doctor, generally a psychiatrist or General Practitioner to provide evidence of 'unsoundness of mind'. In Stockport Metropolitan Borough Council v KB & Ors [2023] EWCOP, the Judge noted that, "*... the Court must be satisfied that P suffers from unsoundness of mind. However, these words have no mystical powers; they are not an "open sesame" giving access to the Article 5 cave. They refer to a mental disorder." Burrows J further noted, "However, I do not consider that a judge making a decision as to whether P is of unsound mind has to see those exact words used by a clinician in the evidence given. What the Judge must receive is reliable evidence of mental disorder."*

Thus, the GP can provide the patient's current medical evidence of mental disorder without using the phrase "unsoundness mind." The evidence should detail how the condition impacts upon the person's daily life. The evidence should be sufficiently detailed for the Court to be satisfied that the legal test is met. The letter should be dated, signed and contain the practitioner's name and qualification.

Court of Protection

The Court of Protection deals with serious decisions affecting the care and treatment, property and financing of people who lack capacity.

They can make decisions about serious medical treatment, a person's capacity, best interest, deprivation of liberty and the lawfulness of any DoLS authorised by the Managing Authority or Supervisory Body.

In respect of any disputed DoLS the court can make the following orders:

- To authorise a Deprivation of Liberty Safeguards (DoLS)
- Section 49 report, which is an order for an NHS body or local authority to make a report on the person's mental capacity. GPs can be asked to write this report.
- Alter or terminate a standard or urgent DoLS.
- The court may also appoint a deputy who may make decisions about a person's welfare or finances.

Lasting power of attorney (LPA)

A Lasting Power of Attorney (LPA) is a legal document that allows a person/patient (*the donor)* to appoint one or more people (*attorney's*) to help them make decisions, or to make decisions on their behalf.

This gives them more control over what happens to them (e.g., in an accident, illness, lack capacity).

Please note: The practitioner should ensure that claims of an LPA are verified.

Contact the Office of Public Guardian to verify claim via Email or telephone - 0300 456 0300

You can use the online service to view a lasting power of attorney if they were registered on or after 1st January 2016; otherwise, please use the contact details above.

Domestic Abuse and Sexual Violence

What is Domestic Abuse?

Domestic abuse involves any single incident or pattern of conduct where someone's behaviour towards another is abusive and where the people involved are aged 16 or over and are or have been personally connected to each other (regardless of gender or sexuality). The abuse can involve but is not limited to:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- Violent
- Threatening
- Controlling
- Coercive behaviour

As per changes incorporated in the Domestic Abuse Act 2021, children are now recognised as victims of domestic abuse if they see, hear, or experience the effects of abuse between two personally connected individuals who are aged 16 or over. However, abusive behaviours directed at a person under the age of 16 is child abuse rather than domestic abuse.

NSPCC provide guidance on how to support children who are victims within their own right against domestic abuse.

Cambridgeshire and Peterborough have the DASV Partnership. The partnership is made-up of key agencies in the county that have a role in preventing and providing services and support to survivors of Domestic Abuse and Sexual Violence. The partnership is responsible for:

- Commissioning refuge places, safe accommodation, and mobile advocacy outreach support.
- Independent domestic violence advisory service.
- Raising awareness
- Training for professionals.

Responding to Domestic Abuse

Key points for professionals when making domestic abuse enquires:

- Ask everyone, ask early and keep asking – it may take a while to build trust.
- Do not ask when the potential perpetrator is in the room or nearby.
- Do not use family members or members of the victim or abuser's community as translators.

- Do not ask just as a tick box exercise – show genuine interest.
- Ask open questions.
- Do not sideline domestic abuse as not as important as other issues.
- Respond positively - believe them, **always**.
- Respond appropriately – ask what they would like you to do, ensure you know about signposting options.
- Follow up – do not assume that it has gone away because you asked.

There are two different approaches to asking the question.

- **Routine Enquiry** – involves asking all individuals at assessment about domestic abuse whether there are any indicators or suspicions of abuse.
- **Selective enquiry-** involves acting on suspicion or concerns that someone is experiencing domestic abuse, rather than asking everyone as a matter of standard practice.

Domestic Abuse incidents recording

Police should notify General Practice when they have attended a domestic/sexual violence incident in a family where there are children. Practices will receive a DASH (Domestic Abuse, Stalking and Harassment) report with information about individuals involving MARAC.
This will include details of the victim, alleged perpetrator, and any children in the family.

It is important to remember that the alleged perpetrator may not be aware that the information has been shared with you as this might increase the risks to the victim and children in the family. Consider what an alleged perpetrator may be able to see if they are granted access to their child or partners record.

The Domestic Abuse and Sexual Violence website provides useless resources, pathways, processes and when to refer.
Please see reference list for further helpful resources.

Domestic Abuse Support

Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership (DASV) have recently undergone a restructure and decoupling.

A DASH (Domestic Abuse Stalking and Harassment) Risk Assessment form **NEEDS** to be completed with all victims of domestic abuse. This will determine the correct agency

to refer into. Please see below list of support services available in Cambridgeshire and Peterborough. There are also additional services provided in key contact list.

A DASH is a series of questions that is completed by a professional and should be completed with the victim. It is a simple tool which aims to indicate those who are at highest risk of harm and should be referred to a MARAC.

Cambridgeshire and Peterborough Safeguarding Partnership Board and SafeLives provide guidance on completing DASH risk assessments.

Medium Risk victims can also be referred to DASS (Domestic Abuse Support Service)

DASS work with consenting clients over the age of 16, who are at risk of or experiencing domestic abuse in both Cambridgeshire and Peterborough.

It is also important that a basic safety plan is developed prior to the patient leaving the practice. A safety plan is a set of actions that can help lower the risk of being hurt. It includes information specific to an individual's life, e.g. what they do daily, their protected characteristics and wider needs.

This could include:

· Creating a code word for use with trusted people to signal for help.

· Reviewing all app location and tracking permissions.

· Recording all incidents and any evidence, even if it is not reported at the time.

Cambridgeshire Services

IDVA's are available for the following:

- High risk MARAC Referrals Professional Judgement, Repeat, Escalation or Visible High Risk (scoring 17+ on DASH)
- Referrals scoring 14-16 on DASH Risk Assessment with consent.
- Ethnic Minority referrals at any risk level
- Young People's referrals at any risk level
- Stalking – high-risk
- Non-Domestic Abuse Related Stalking should be referred to the Victim & Witness Hub.

In Cambridgeshire referrals to the IDVA Service should be done via the portal.
Please upload a copy of your DASH risk assessment within the referral. If you have any questions regarding MARAC or wish to discuss a case, please email.

Medium/Standard Risk victims can also be referred to DASS (Domestic Abuse Support Service)
DASS work with clients over the age of 16, who are at risk of or experiencing domestic abuse.

Peterborough Services

IDVA's are available for the following:

- High risk MARAC Referrals Professional Judgement, Repeat, Escalation or Visible High Risk (17+ on DASH)
- Referrals scoring 14-16 on DASH Risk Assessment with consent
- A8 Eastern European referrals at any risk level.
- Ethnic Minority referrals at any risk level
- Young People's referrals at any risk level
- Stalking – high-risk
- Non-Domestic Abuse Related Stalking should be referred to the Victim & Witness Hub.

In Peterborough referrals to the IDVA Service should be done via the portal.
Please upload a copy of your DASH risk assessment within the referral.
If you have any questions regarding MARAC or wish to discuss a case, please email.

Medium/Standard Risk victims can also be referred to DASS (Domestic Abuse Support Service)
DASS work with clients over the age of 16, who are at risk of or experiencing domestic abuse.

Sexual Abuse Referrals

Independent Sexual Violence Advisors (ISVAs)

Cambridge and Peterborough Rape Crisis Partnership (CAPRCP) offers practical information and advocacy support for survivors of sexual violence through its Independent Sexual Violence Advocate (ISVA) service.

The adult ISVA service works with people aged 19 and over and the Children and Young People's ISVA (ChISVA) supports survivors aged 18 and under. The role was introduced in 2006 as part of a Home Office-led initiative to improve outcomes for victims of these crimes.

ISVAs offer:

- Practical and emotional support to anyone who has been raped or sexually assaulted, recently or in the past.

- Help individuals access other available support services to address both short- and long-term needs.

- Support through the criminal justice system, providing information on what happens when individuals report to the police.

Individuals do not have to report to the police to get support from an ISVA. Individuals can self-refer utilising the referral form and professionals can also refer via the portal.

There are also available ISVA and ChISVA leaflets.

Serious Violence Duty

The 'Serious Violence Duty' is a legal duty on organisations/bodies to collaborate locally to prevent & reduce 'serious violence,' which can include domestic abuse and sexual offences.

- A Public Health Approach – violence is preventable.
- Focus on collaboration, coproduction & embedding lessons from victims lived experience, enhancing existing practices and agreeing new sustainable initiatives.
- The Duty came into force on 31 January 2023 and specifically applies to Integrated Care Boards (ICBs).
- ICBs are under a duty to undertake a strategic needs assessment (SNA) and produce a plan to tackle 'serious violence' with specified and relevant partners: Police, Local Authorities, Justice, Fire & Rescue, Education, and Prison & Youth Custody. ICBs are the Key point of contact in Health.
- ICBs have a duty to consider the needs of victims of abuse in their Joint Forward Plans (JFP).

A new ED Serious Youth Violence Discharge Pathway has been ratified across NHS Cambridgeshire & Peterborough which aims to prevent violent re-injuries and hospital admissions for children.

GP surgeries will receive an ED notification for all children who attend with a serious violence injury and are required to provide a follow up with the child to ensure all their health and mental health needs are being met.

In line with the pathway, prior to hospital discharge children should have been referred to Children Social Services and the local authority should complete the contextual safeguarding risk assessments.

New relaunched " Partner services portal" for Cambridgeshire Constabulary. This is the portal link for the information sharing with police. GPs will need to ensure their practice has got info sharing agreements in place.

This portal can be used by partners to:

- Report a crime or incident that does not require an immediate response
- Report a missing person or add information to a missing person report
- Request police help with a Mental Health Act Assessment
- Request police help with a welfare check
- Registered owner check
- Out of area police enquiry
- **Community partnership intelligence – this is the tab you would need to go into to share placed based information with police**

Victims & Witness Hubs

The Victim and Witness Hub is a free confidential service which provides emotional and practical support to victims or witnesses to a crime. Anyone living in Cambridgeshire and Peterborough who has been affected by a crime is eligible to access the Victim and Witness Hub to help them cope and recover from the impact of crime.

Contact: Adam Beeton (Specialist Victim & Witness Care Coordinator (Outreach))
Mob: 07519 603332 Ext: 01733 868488
Email

Victim and Witness Hub line: 0800 781 6818 (open 8am to 7pm weekdays, and 9am to 5pm Saturday)

Please see appendix Seven for terminology used amongst youths.

Multi Agency Public Protection Arrangements (MAPPA)

What is MAPPA?

MAPPA (Multi-Agency Public Protection Arrangements) is a framework in England and Wales that brings together agencies such as police, probation, health services and local authorities to manage the risks posed by violent and sexual offenders living in the community

GP's may be involved with MAPPA when providing care to patients who are under MAPPA management; particularly those whose behaviours pose a significant risk to others.

MAPPA Categories & Levels

MAPPA offenders fall into three categories:

- **Category 1**: Registered sex offenders
- **Category 2:** Violent offenders (including those sentenced to 12+ months for violence) and other sexual offenders.
- **Category 3:** Other dangerous persons who pose a serious risk of harm to the public.

Each individual is managed in one of **three levels** depending on the complexity and risk:

- **Level 1 – Ordinary Agency Management**

Risk is managed by one agency (e.g. probation, police) with minimal multi-agency coordination.

- **Level 2 – Active Multi-Agency Management**

Involved regular inter-agency meetings due to higher risk or complex needs.

- **Level 3 – Multi-Agency Panel (MAPPP)**

Reserved for the highest-risk cases; requires senior management oversight and significant inter-agency resources.

Please email the ICB Safeguarding Team if you would like further information, guidance or support with a specific case.

PREVENT

PREVENT is supported by three objectives:

- Responding to the ideological challenge of terrorism and the threat we face from those who promote it (ideology).
- Preventing people from being drawn into terrorism and ensure that they are given appropriate advice and support (individuals); and
- Working with sectors and institutions where there are risks of radicalisation which we need to address (institutions).

Treat as you would any other safeguarding issue; and escalate.

If a referral is then made to the Prevent team, and it is determined that there are concerns around radicalisation and violent extremism in relation to the referred individual, they can be supported through Channel. The referral form and relevant telephone number can be found via the link below.

Channel

What is Channel?
Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremism and/or terrorism. Channel works in a similar way to other safeguarding partnerships such as case conferences for children in need.

Channel is a pre-criminal process that is designed to support vulnerable people at the earliest possible opportunity, before they become involved in illegal activity.

Who can make a referral to Channel?
Referrals to Channel come from a wide range of partners including education, health, youth offending teams, and social services. When referrals are received, they are screened for suitability by the police and Council Prevent teams. If a referral is suitable, it will be discussed at the Channel Panel meeting.

How does Channel work?
Each Channel Panel is chaired by a Local Authority and brings together a range of multi-agency partners to collectively assess the risks in relation to an individual and decide whether a support package is needed. The panel may include statutory and non-statutory partners, as well as lead safeguarding professionals.

If the panel feels that an individual who has been referred would benefit from support; a bespoke package of support will be tailored for that individual, based on their needs and circumstances.

When an individual is referred to Channel, the referrer (or an appropriate person from the referring institution) will be invited to attend the Channel Panel meeting. Similarly, other professionals who are working with an individual will also be invited to attend. This partnership approach ensures that the people who work most closely with vulnerable individuals, and who best understand their specific needs and risks have a key role to play in developing support packages for them.

ACT Early

ACT Early provides advice and support around radicalisation, Prevent, and how to seek help.

Cuckooing and County Lines

The most common form of Cuckooing is where a drug dealer (local or county lines) takes over a person's home and use it to store/ distribute drugs.

Spot the signs:

Concerns raised:

- Neighbours reporting over-crowding.
- Noise or anti-social behaviour
- The inhabitant of the property has not been seen.

Property:

- Suspicious items (e.g., Weighing scales, sim cards or drug paraphernalia)
- Cars or people arriving for short period of time.
- Doors and windows have been blocked off.
- Increased litter and waste

Changes in the person:

- Disengagement with services/ professionals
- Attitude
- Appearance
- Unexplained cash, clothes, and other items of value

How to report cuckooing:
In the first instance please encourage and support the service user/client to report their concerns to the Police.

If the risk of harm to the cuckooing victim is immediate, call 999.

If the risk is not deemed immediate, report to the Police by calling 101. Mention 'cuckooing' as a key word within the report to enable intelligence officers to identify reports quickly and easily.

If the service user/client does not want to report to the Police that they have had their property taken over/cuckooed, they could report this to their social landlord and ask for help.
Please have as much detail to hand when making your report - make a note of your concerns, times, dates, what has happened and identity or names of people coming in and out of the address.

If the adult being exploited has care and support needs, please also report your concerns to Cambridgeshire or Peterborough Adult Social Care service

The Exploitation Risk Management Tool is also to be completed for young people who are at risk of exploitation.

Relevant professionals will then meet to discuss the concerns raised within 48 hours to discuss the risk to the victim; crimes taking place and consider supportive and enforcement options. As the professional who has made the report of cuckooing, you may be required to attend the meeting and be involved in the problem-solving process, dependent on the nature of your role.

Honour based abuse and Forced marriage

Honour Based Abuse is a term used by many cultures for justification of abuse. In most honour-based abuse cases there are multiple perpetrators from the immediate family, sometimes the extended family and occasionally the community at large. It is a crime or incident committed to protect or defend the family or community 'honour.'

There is not one specific crime of honour-based abuse. It can involve a range of crimes and behaviours, such as:

- Forced marriage.
- Domestic abuse
- Sexual harassment and sexual violence
- Threats to kill, physical and emotional violence and murder.
- Pressure to go or move abroad.
- Being kept at home with no freedom
- Not allowed to use the telephone, internet, or have access to important documents like your passport or birth certificate.
- Isolation from friends and members of your own family

Karma Nirvana offers safe, confidential and a free national Honour Based Abuse Helpline 0800 5999 247 Monday – Friday 9am-5pm.

If a professional suspects Honour-Based Abuse and the victim is under the age of 18 or children are within the household, please complete a referral to Children Social Care.

A forced marriage is one that is conducted without the consent of both people. This is vastly different to an arranged marriage, which both people will have agreed to. There is no religion that says it is right to force you into a marriage, and you are not betraying your faith by refusing such a marriage.

The legal age of marriage and civil partnerships has been raised to 18 years in England & Wales.

Since 2014, forced marriage is illegal in England and Wales.
This includes:

- Taking someone overseas to force them to marry (whether the forced marriage takes place).
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they are pressured to or not).
- Forcing someone to marry can result in a sentence of up to 7 years in prison.
- You can ask the court for a Forced marriage protection order.

Actions to be taken by Healthcare Workers in cases of Forced Marriage:

- See them immediately in a secure and private place where the conversation cannot be overheard.
- See them on their own – even if they attend with others.
- Explain all the options to them.
- Recognise and respect their wishes.
- Perform a risk assessment – there are already several risk assessment tools available, including DASH Risk Assessment Indicator
- Contact a trained specialist (forced marriage specialist) in the Forced Marriage Unit as soon as possible (details below)
- If the young person is under 18 years of age, also email the ICB Safeguarding Team for support and guidance.
- Complete a referral to Children's Social Care
- Reassure the victim about confidentiality where appropriate i.e. practitioners will not inform their family.

- Establish and agree an effective method of contacting the victim discreetly in the future, possibly using a codeword to confirm identity.
- Obtain full contact details that can be forwarded to a trained specialist.
- Where appropriate, consider the need for immediate protection and placement away from the family and contact the police via 999.

Forced Marriage Unit (FMU)

The FMU runs a public helpline that provides confidential advice and support to victims, and to practitioners managing cases of forced marriage. Caseworkers in the FMU have experience of the cultural, social, and emotional issues surrounding forced marriage.

The FMU is always happy to talk to frontline professionals handling cases of forced marriage at any stage in a case. It can offer further information and advice on the wide range of tools available to tackle forced marriage, including legal remedies, overseas assistance and how to approach victims. FMU staff can also speak at conferences or run training workshops to teams of frontline practitioners and provide free leaflets and posters.
Call: 020 7008 0151 (Mon-Fri: 09.00-17.00)

Email

HM Government also have a chart indicating the potential warning signs or indicators to look out for.

Female Genital Mutilation (FGM)

More than 200 million girls and women alive today have been subjected to FGM in 30 countries and it is usually carried out on children from infancy to the age of 15 years.

FGM is recognised internationally as a violation of the human rights of girls and women. FGM involves the partial or total removal of external female genitalia or other injury to the genitalia for non-medical reasons. The practice has no health benefits and is **illegal.** FGM can cause severe bleeding, problems urinating, infection, cysts, complications in childbirth, emotional trauma, and increased risk of newborn deaths. It is important to be aware of other children in the household as there could be transient risks such as the potential for them to also be at risk of undergoing FGM or being exposed to harmful practices.

The Female Genital Mutilation Act 2003 makes it illegal to

- practice FGM in the UK

- take girls who are British nationals or permanent residents of the UK abroad for FGM.
- aid, abet, counsel, or procure the carrying out of FGM abroad.
- help a girl perform FGM on themselves in or outside the UK.

Any person found guilty of an offence under the Act will be liable to a maximum penalty of 14 years imprisonment or/and a fine.

The Serious Crime Act 2015 also brought in several other changes:

- **Duty to notify the police of FGM (mandatory reporting):** This section places a duty on those who work in 'regulated professions' namely healthcare professionals, teachers, and social care workers, to notify the police when, in the course of their work, they discover that an act of FGM appears to have been or is going to be carried out on a girl who is under 18. Failing to comply with the duty will be dealt with via existing disciplinary measures, which may include referral to the professional regulator and/or Disclosure and Barring Service as appropriate. This duty is effective from 31st October 2015.

Female Genital Mutilation Protection Orders are granted by the courts and offer a legal means to protect and safeguard victims and potential victims of FGM. This could include, for example, surrendering a passport to prevent a person at risk being taken abroad for FGM. They can be applied for by;

- the person who has had or is at risk of FGM
- a local authority
- any other person with the permission of the court (for example, the police, a teacher, a charity or a family member).

Contact the police if you think that a girl or young woman is in immediate danger of FGM. You should also contact the Foreign and Commonwealth Office if she's already been taken abroad via telephone: 020 7008 1500 or from overseas: +44 (0)20 7008 1500.

FGM Helpline:

- Email
- Telephone: 0800 028 3550.

An FGM mandatory reporting poster and flowchart have also been produced.

The Department of Health (DOH) has created 3 risk assessment templates risk assessments templates that can be used during a conversation with a victim of FGM

who is; pregnant/or recently given birth, non-pregnant adult over 18, or a child/young adult under the age of 18.

Female Genital Mutilation Information System (FGM-IS)
Is a live IT system launched by the DOH and NHS England and has been active since 2015 to support efforts to eliminate FGM worldwide. At the point of a family history of FGM being identified for a female infant, an FGM-IS alert should be added by authorised professionals or administrative staff to the child's National Care Record. Ideally this should be completed at birth. This allows authorised care professionals throughout England to be alerted to the family having a history of FGM when the child presents to a healthcare setting and the national care record is checked.

FGM is child abuse and all agencies working with children in Cambridgeshire and Peterborough must follow the Multi-agency Procedures in the case of any concerns.

Modern Slavery

The Modern Slavery Act 2015 sets out the UK Government legal requirements for how organisations must address and report on modern slavery. This legislation introduced the:

- Slavery and Trafficking Prevention Order.
- Slavery and Trafficking Risk Order.

Modern Slavery refers to situations where individuals are exploited through coercion, deception or abuse of power and cannot refuse or leave due to threats, violence or manipulation. This encompasses varies forms of exploitation. Despite being illegal in most countries, modern slavery persists globally, affecting millions of people across different industries. Key factors contributing to modern slavery include poverty, lack of education and discrimination.

Modern slavery includes:

- **Forced labour:** Work performed involuntarily under threat of punishment or coercion.
- **Human Trafficking:** The recruitment, transportation, transfer or harboring of individuals through force, fraud or coercion for exploitation.
- **Debt Bondage:** Workers are forced to labour to pay off debt, often with terms that are manipulated to keep them in perpetual servitude.
- **Child Labour:** The exploitation of children through work that deprives them of their childhood, education or is harmful to their health and development.

- **Forced Marriage:** Marriages where one or both individuals are forced to marry without their consent, often under threat.
- **Domestic Servitude:** Coercive or exploitative labor within a household, where individuals are forced to work for little or no pay and cannot leave.
- **Sex Trafficking:** The exploitation of individual for commercial sex acts through force, fraud or coercion or when the victim is a minor.
- **Organ Trafficking:** The illegal trade of organs, where victims are coerced into donating their organs or having them removed without consent.

Each of these forms of modern slavery involves exploitation, abuse of power, and a violation of human rights.

Human Trafficking

Human trafficking is the recruitment, harbouring, transportation, transferring or receipt of a person for the purpose of exploitation People are trafficked for many different forms of exploitation including forced labour, domestic servitude and forced prostitution.

Who could be at risk:
Whilst there is no single characteristics of a trafficking victim, recruiters often identify the most vulnerable in society – those with mental health, alcohol, drug related issues, the poor or homeless, people with disabilities and children. However, victims can come from any walk of life. Traffickers rarely care about of race, ethnicity, age, gender, or social status, with many victims being deceived into the prospect of escaping poverty and find a better life. They are seen by their abusers as commodities, to be bought, sold, and exploited. Victims can also be 'rotated' and 'sold' between abusers; particularly where sexual exploitation is the primary factor.

Possible indicators of Human Trafficking:
It is important to explore all concerns over someone's behaviour and personal circumstances and to consider whether these could be signs of exploitation.

- lacking personal items and identity documents – these may be in the possession of another person.
- fearful or withdrawn behaviour, or efforts made to disguise this.
- having their communication controlled by another person – may act as though they are instructed by or dependent on someone else.
- tattoos or other marks indicating ownership.

- physical or psychological abuse, ill health, exhaustion, or injury – may look unkempt and malnourished.
- working and living in the same location or building
- dirty, cramped, unhygienic or overcrowded accommodation, including shared houses, caravans, sheds, tents, and outbuildings.
- working in a job different to that specified at the time of recruitment.
- reluctance or inability to provide details about their personal circumstances – such as work or accommodation addresses.

Actions to take if you suspect Human Trafficking:

- If you feel someone wishes to talk about their situation, give them a safe space to speak in (alone)
- DO NOT use friend or family as Interpreter.
- Allow victims to move at their pace (may require multiple interactions to build trust)
- Give them a safe point of contact.
- If Not a First responder Organisation contact Police and / or report via the Modern Slavery Helpline
- If something does not look / feel right. Trust your professional / personal instincts.

If you suspect someone is a victim **Do Not** ask them or draw attention, this is likely to lead to increased harm for them. Report the concern to:

- Police – 101
- Modern Slavery Helpline – 08000 121 700 (Free, confidential, open 24 hours a day and available in 200 languages).
- Email ICB Safeguarding People Team
- If the victim is under 18 years of age or children reside in the home, please complete a referral to Children's Social Care.

If there is an immediate risk of harm, contact the police via 999.

Do not leave this for someone else, your information could save lives.

Safeguarding Meetings and Learning Reviews

Case conference meeting

GPs who are invited to attend a Child Protection Case Conference should make every effort to do so, but if unable they should submit a written report. The reports need to enable those at the conference to clearly understand the full health of that child or young person, and how the impact of parental health and wellbeing affects their development. Analysis from yourself is vital as it is about looking at the information that you have and the implications of that upon the child's/young person's health, future safety, and development. If possible and you possess it the comments of the child/young person and their parents/carers. It is fine to use medical terminology, but as other attendees/reader may not be medical, you need to explain what these are.
There are two types of documents that are received in relation to a child protection conference:

The letter will state the details of the children and parents, and the date the initial or review conference is scheduled to be held.
Initial: The first CP conference. The report must be prepared on all patients mentioned in the conference invite letter. Any relevant safeguarding information must be reported **since birth** on all the patients in the family.
Review: Subsequent conferences after the initial CP conference in which the circumstances will be reviewed. Any safeguarding information **since the previous conference** for all the patients mentioned in the invite letter has to be reported.

Print out or copies of patients' records are not acceptable.

The Child Protection – Information Sharing Service (CP-IS)

This is a system that helps health and social care professionals share information securely to better protect children and expectant women. It links health IT systems across health and social care and covers 100% of local authorities in England. This includes all GP IT system providers.

When a child is known to social care and is a 'child in care' or on a child protection plan, basic information about that plan is shared securely with the NHS. If that child attends an NHS unscheduled care setting, the social care team is automatically notified. Both parties can see details of the child's previous visits to unscheduled care settings in England. The same applies when the mother of an unborn child is subject to an unborn child protection plan. There are plans to widen the group of care settings that have access to this information.

NHS England and NHS England Digital provides detailed information on the CP-IS Service.

Practice safeguarding meetings.

Your practice should meet on a regular basis to review your safeguarding register, ensuring it is up to date and that patients with current safeguarding concerns are reviewed and supported as appropriate. You can refer to the safeguarding audits and reports section of the document below to support your practice in deciding which patients should be reviewed.

Safeguarding audits and reports

SystmOne and EMIS have several functions which allow practices to carry out reviews and audits of data. Practices may wish to pull together a safeguarding register which documents all patients who have current safeguarding concerns. This register can then be reviewed in practice meetings, or alongside health visitors/school nurses and social workers and other professionals. When reviewing child safeguarding registers, you may wish to cross check these against Liquid Logic (the system used by Social Care to document case updates), this can be used to check who the child's key worker is and whether they are on a plan or have been stepped down. To apply for a liquid logic account please access Peterborough and Cambridgeshire.

Further support for running reports EMIS Web and SystmOne is available via the Ardens website.

Rapid Reviews and Child Safeguarding Practice Review (CSPR)

Child Safeguarding Practice Reviews (CSPR) and **Rapid Reviews** are formal processes carried out when a child is seriously harmed or dies due to suspected abuse or neglect. These reviews aim to identify learning and improve safeguarding practices across all agencies, including health services.

Rapid reviews are conducted swiftly – usually within 15 working days – following a serious incident. Their purpose is to gather early information, identify any immediate learning and determine whether a full CSPR is necessary.

There is a Duty on local authorities to notify incidents to the Child Safeguarding Practice Review Panel (this is a National Panel). Working Together 2023 states that if a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if:

- the child dies or is seriously harmed in the local authority's area, or
- while normally resident in the local authority's area, the child dies or is seriously harmed outside England.

GP's may be asked to:

- Provide a chronology.
- Participate in the review process.

These reviews are not about assigning blame but about reflecting on practice and engaging in a learning- focused review to improve systems to better protect children.

Child Safeguarding Practice Reviews are published on the Safeguarding Partnership Board website.

Safeguarding Adult Review (SAR)

A Safeguarding Adults Review (SAR) is a multi-agency review process which seeks to conclude what relevant agencies and individuals involved could have done differently which may have prevented harm or a death from taking place.

The function of a SAR is to endorse effective learning and improvement from both the perspective of individual and collaborative agencies. This is not to allocate blame.

The Care Act 2014 statutory guidance states that the Safeguarding Adult Partnership Board (SAPB) must arrange a SAR when the following criteria is met:

- When an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.

- If an adult in its area has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

Safeguarding Adults Reviews are published on the Safeguarding Partnership Board website.

Domestic Abuse Related Death Review (DARDR)/ Domestic Homicide Review (DHR)

DARDR/ DHR is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by:
1. a person to whom was related to the person or with whom there was or had been an intimate personal relationship.
2. a member of the same household as the person.

This includes where a victim took their own life (suicide), and the circumstances give cause for concern. For example, it emerges that there was coercive controlling behaviour in the relationship.

The aim of the review is *not* to reinvestigate the death or direct blame. The purpose is to:

- Establish lessons that can be learnt from the domestic homicide in relation to how both local professionals and organisations work together individually and collaboratively to safeguard victims.
- Identify the lessons within and between agencies, how these will be acted upon, timescales and what is expected to change.
- Apply these lessons to service responses. This could include making changes to policies and procedures.
- Prevent domestic violence homicide.
- Improve service responses for all domestic violence victims and their children.

Domestic Abuse Related Death Review/ Domestic Homicide Reviews are published on the Safeguarding Partnership Board website.

Child Deaths and the Child Death Overview Panel (CDOP)

The child death review is a statutory process, underpinned by Chapter 5 of Working Together to Safeguard Children (2023) and the Children's Act (1989). Cambridgeshire and Peterborough Child Death Overview Panel (CDOP) review the deaths of all local children who die before their 18*th* birthday from any cause (excluding stillbirths and medical terminations of pregnancy), to identify learning and themes which may prevent future child deaths. The Cambridgeshire and Peterborough CDOP consists of a dedicated multi-disciplinary group that have not had any involvement in the care of the child, and who review the cases in an anonymised format. Within CDOP, the following is undertaken:

- Review all child deaths, excluding those babies who are stillborn and planned terminations of pregnancy conducted within the law.
- Determine whether the death was preventable (if there were modifiable factors which may have contributed to the death).
- Decide what, if any, actions could be taken to prevent such deaths happening in the future.
- Identify patterns or trends.
- Agree local procedures for responding to unexpected child deaths.
- Ensuring follow-up and support for families is in place.

- Recommend when there are lessons to be learned and inform local planning on how best to safeguarding and promote the welfare of children in the area

The Primary Care CDOP representative is Dr Liz Woodroffe (elizabeth.woodroffe1@nhs.net).

If a child or young person known to/registered with your practice dies, then the CDOP team will approach you for any relevant information that you hold to support the review processes. The relevant information will include if there were any safeguarding concerns. This is asked for every child death and does not necessarily indicate that the child's death was the result of a safeguarding concern.

The Cambridgeshire and Peterborough CDOP team sits within Cambridgeshire and Peterborough Integrated Care Board (ICB), although the review function is the joint responsibility of the ICB, Cambridgeshire County Council and Peterborough City Council. The CDOP team can be contacted via email. Professionals can read the full Child Death Review: Statutory and Operational Guidance via the government website.

Learning from the lives and deaths of people with a Learning Disability and/or Autism Review (LeDeR)

The Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) review is a comprehensive programme aimed to improve the quality of care and support for individuals with a Learning Disability and/or Autism who have died. The review involves the systematic examination of the circumstances surrounding the deaths of the individuals to identify any potential gaps or shortcomings in their care.

The primary goals of the LeDeR review are to enhance understanding of the factors contributing to premature deaths in the population; identifying areas for improvement in health care provision and support services and ultimately prevent avoidable deaths in the future. Through collaboration with healthcare professionals, social care professionals, families, and the advocacy groups; the LeDeR review seeks to promote transparency, accountability, and continuous learning within the health and social care system to better meet the needs of individuals with Learning Disabilities and Autism.

The guidance states that anyone 18 years or above with a Learning Disability and anyone 18 or above with a diagnosis of Autism should be reviewed as part of the LeDeR process. The local reviewer and/or Local Area Contact (LAC) for the LeDeR programme will liaise with the Child Death Review Manager for Cambridgeshire and Peterborough to ensure the collection of core data for the LeDeR programme and to offer expertise about Learning Disabilities as appropriate for children and young people who have a diagnosis of a Learning Disability.

If the individual was known to/registered with your practice, then the LeDeR team may approach you for any relevant information including if there were any safeguarding concerns that you hold to support the review processes.

Therefore, please use the LeDeR portal to report a death of an individual who:

Was autistic and was aged 18 or over,

or

Had a learning disability and was aged 18 or over.

If the person was under the age of 18, please follow the Child Death process.

You will need to provide details about:

- The person who has died
- The circumstances of the death
- Your relationship to the person who has died.
- Your contact details.

The Cambridgeshire and Peterborough LeDeR team can be contacted via email.

Key Contact Page

Early Help:

You can contact Early Help to discuss your concerns and explore what support from Early Help Services may be available and appropriate to meet a family's needs:

Peterborough: 01733 863649

Cambridgeshire: 01480 376666

Children Social Care

Cambridgeshire: 0345 045 5203

Peterborough: 01773 864180 – this line is also a professionals consultation line where referring professionals have the opportunity to speak to a qualified social worker if they are unsure a referral is required.

Outside of office hours, call the Emergency Duty Team (EDT) on 01733 234724 for Cambridgeshire and Peterborough.

The Customer Service Centre will ask for the child's name and address, this enables them to check if the child or children already have an allocated social worker. If there is an allocated social worker, you will be directed to the relevant social worker or team manager.

If the child does not have a social worker, they will ask for:

- All the details known to your agency about the child.
- Family composition including siblings including their names/dates of birth/schools attended.
- The nature of the concern and your view of the immediate risks of significant harm, what the impact is on the child and the evidence to support this.
- They will also need to know where the child is now and whether you have informed parents/carers of your concerns.

Based on the information provided they will consider the action to be taken for appropriate and proportionate intervention.

All telephone referrals will need to be followed up in writing within 24 hours by the referring professional.

The referring professional will be contacted and updated as to the outcome of their referral and what actions if any will be taken within one working day.

To chase the outcome of a referral in Cambridgeshire please email.

For Peterborough, please use the contact details above.

Adult Social Care

Peterborough

Non-urgent referrals:

- 01733 747474, option 4 (9am to 5pm Monday to Friday)
- Email

Emergency referrals

- 01733 747474, option 4 (9am to 5pm Monday to Friday)

Outside office hours & at weekends – Emergency Duty Team

- 01733 234724

Cambridgeshire

Non-Urgent referrals

Emergency referrals

Outside office hours & at weekends – Emergency Duty Team

- 01733 234724

Advocacy:

POhWER – Care Act Advocates

Mental Health Support:

If you are concerned that someone is struggling with their mental health and require additional support; The Cambridgeshire and Peterborough Safeguarding Partnership Board offer guidance and useful resources to support.

111, option 2 can also be used for individuals who are in a mental health crisis.

Kooth for young people and Qwell for adults provide free, safe and clinically moderated mental health support for children and young people, professionals and parents.

NESSie supports vulnerable children and young people with complex mental health needs who are struggling to access support. They:

- Offer 1-1 and **group therapy for children and young people**
- Offer training and **supervision to professionals**
- Offer **webinars and support to parents and carers**

Parents of children aged 5 + and young people aged 13-17 in Cambridgeshire and Peterborough can self-refer into YOUnited for mental health support through an electronic referral system. YOUnited self-referral aims to improve accessibility to services and give children, young people and families another way to seek help without having to access a GP appointment for onward referral. However, GP's and other professionals, such as schools, can continue to refer or support young people to self-refer.

Centre 33 are creating a new early support hub for young people in Cambridge. They support any young person up to the age of 25 with their mental health, caring responsibilities, housing, sexual health and more. Young people can self-refer by contacting the helpline or our drop-in. Contact details are here, and locations are here.

Keep Your Head offers tailored, age-appropriate information for children, and young people, adults, professionals, and schools on a wide range of topics including mental health, anxiety, stress, depression, alcohol and drugs, eating disorders, addiction, autism, and ADHD. Individuals can access this website for a huge number of possible support services.

HEAR is a mental health text messaging service in Cambridgeshire and Peterborough providing free and confidential support to anyone who is struggling to cope. It provides real-time support to people of all ages who are struggling with their mental health. When **texting the word HEAR to 85258**, the person will be connected to a mental health clinician who will offer them calm in a time or place of crisis. During the confidential and anonymous conversation, the texter will be supported while working on a plan of action and signposted to local and national mental health services.

- Parents and carers can

Key Practice/ Policy Documents*

- The Data Protection Act
- Care Act 2014
- Human Rights Act 1998
- Sexual Offences Act 2003
- Equality Act 2010
- Mental Capacity Act 2005
- Deprivation of Liberty Safeguards (DoLS)
- Domestic Abuse Act 2021
- Mental Health Act 1983
- Serious Crime Act 2015
- Counter-Terrorism and Security Act 2015
- Making Safeguarding Personal (MSP)
- Modern Slavery Act 2015
- Convention on the rights of persons with disabilities
- Female Genital Mutilation Act 2003
- Crime and Disorder Act 1998
- Health and Care Act 2022
- Adults Resolving Professional Differences
- NHS Safeguarding Accountability and Assurance Framework (SAFF)

- Working together to safeguard children 2023
- NICE Guidance - Safeguarding

Appendices

Appendix One – Safeguarding Terminology

Multi-agency safeguarding hub (MASH) - A joint service made up of Police, Adult Services, NHS, and other organisations. Information from different agencies is collated and used to decide what action to take.

Team around the child (TAC) - a model of service provision where a range of different practitioners come together to help and support a child or young person. Essentially it is a 'virtual' team of involved professionals brought together – with the family's consent – to devise a plan of action to support the child and their family.

Early help assessment - an early assessment and planning tool to facilitate coordinated multi-agency support. It enables professionals to efficiently identify the emerging needs of children and young people at risk of poor outcomes; it reduces duplication of assessment and improves involvement between agencies.

Section 17 (child in need/CIN) – a child that is unlikely to achieve, maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services; their health or development is likely to be significantly or further impaired without the provision of services; they have a disability.

Section 47 (child protection/CP) – a reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. A local authority must investigate any concerns or allegations that suggest a child is likely to suffer physical, emotional, or sexual abuse, or neglect, and to take action to prevent this.

Looked after child (LAC) - a child who has been in the care of their local authority for more than 24 hours. Looked after children are also often referred to as children in care, a term which many children and young people prefer. In general, they are living with foster parents, living in a residential children's home, or living in residential settings like schools or secure units.

Initial child protection conference (ICPC)/ Review child protection conference (RCPC) - A child protection conference is organised by children's services. Its purpose is for everyone present to look at all relevant information about the child's situation. The conference must decide if they think the child is likely to suffer significant harm in the future. If they do, they must produce plans to make sure the child is safe and well cared for, decide whether there needs to be a child protection plan and set a date for any future review conference.

DASH (Domestic Abuse, Stalking and Harassment and 'Honour' Based Violence) - a risk identification checklist (RIC) which is a tool used to help front-line practitioners identify high risk cases of domestic abuse, stalking and 'honour' based violence.

MARAC (Multi Agency Risk Assessment Conference) - a multi-agency forum of organisations that manage high risk cases of domestic abuse, stalking and 'honour' based violence.

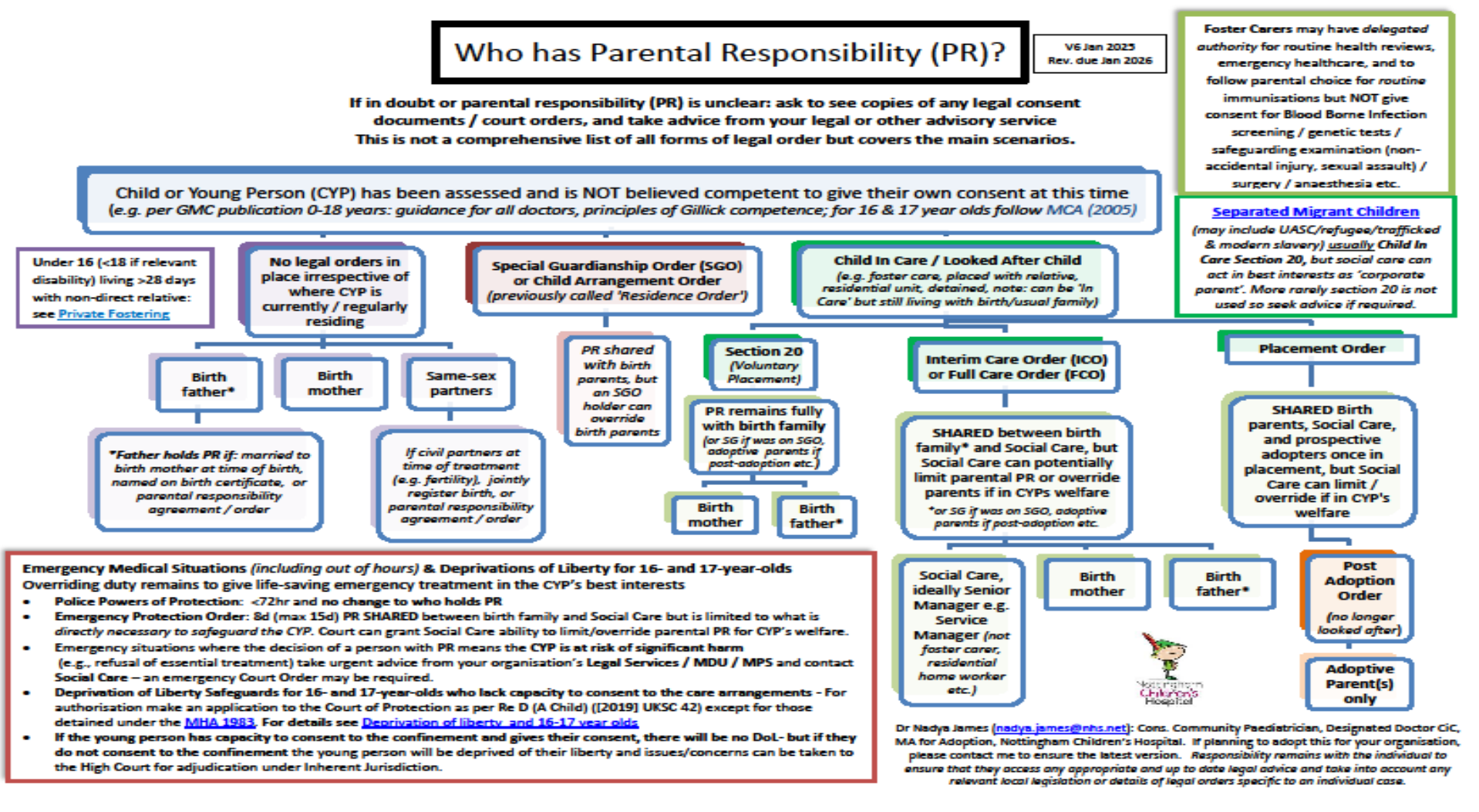
DoLS (Deprivation of Liberty Safeguards) - measures to protect people who lack the mental capacity to make certain decisions for themselves as part of the Mental Capacity Act 2005.

Section 42 - under Section 42 of the Care Act 2014, local authorities have a duty to make, or cause to be made, enquiries in cases where they reasonably suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect, and, as a result of those needs, is unable to protect themselves from this actual or risk of abuse and neglect.

Independent Mental Capacity Advocate (IMCA) - a legal safeguard for people who lack the capacity to make specific important decisions, including decisions about where they live and serious medical treatment options.

MAPPA (Multi Agency Public Protection Arrangements) - statutory arrangements for managing sexual and violent offenders.

Appendix Two – Who has parental responsibility?



Other Situations

The main diagram cannot cover all eventualities and situations can include stepparents, same-sex male couples, and surrogacy. Details can vary in England, Wales, Scotland and Norther Ireland and if there is any doubt ask to see any relevant documentation - but in essence:

The **birth mother holds PR** irrespective of who's sperm and egg are used, including surrogacy, **unless** legal orders/agreements alter this prior to or following delivery. If the child is born overseas then the laws of the UK country (e.g. England and Wales) that the child and adult(s) come to reside in usually apply - but this is an area where seeing any legal documentation and taking expert advice is strongly recommended.

If not already holding PR by a mechanism listed in the main flow diagram, there are four main options to seek to obtain it: parental responsibility agreement (PRA), court order, parental order or adoption depending on the scenario. For Scotland and NI there are differences, and it is advised that local guidance is accessed. See Parental Rights and Responsibilities for more information.

There are different categories of PARENTAL RESPONSIBILITY AGREEMENT (PRA):

PRA1 - agreement that the biological father should be granted PR (not needed if already on birth certificate or other criteria as per flowchart diagram)

PRA2 - agreement between a child's parents and a step-parent (who is the spouse or civil partner of a parent) that the step-parent should have parental responsibility for the child.

PRA3 - acquisition of parental responsibility by second female parent (not needed if PR already in place via civil partnership at time of treatment etc)

COURT ORDER can be applied for if no agreement can be reached for PRA.

However, if SURROGACY is used then there is a separate process and a PARENTAL ORDER is applicable and still requires the applicant or at least one of the applicants (if a joint application) to be biologically related to the child (sperm/egg donor) plus other criteria such as having the child living with you in the UK and the application to be made within 6m of birth. It is a complex area and see the hyperlink for more guidance: surrogacy-guidance-for-intended-parents

If neither the adult (nor their partner if a joint application) is related to the child, ADOPTION is the only way to become the child's legal parent.

This is simplified guidance to summarise and please do always check any legal documentation and local legalities (esp. Scotland/NI) and take expert advice on any cases that require it. Also please remember that I am neither a lawyer, solicitor, judge or have formal legal qualifications and so cannot take responsibility for any actions/decisions of others based on my summary of currently available guidance.

Dr Nadya James (nadya.james@nhs.net): Cons. Community Paediatrician, Designated Doctor CiC, MA for Adoption, Nottingham Children's Hospital. If planning to adopt this for your organisation, please contact me to ensure the latest version.

Cambridgeshire & Peterborough Integrated Care System

NHS Cambridgeshire & Peterborough

Appendix Three - Safeguarding Children Flowchart

You have a concern about a child

If there is immediate danger contact the police on 999 or 101

Is the child at risk of significant harm?

If the child is at risk of immediate harm you may need to call the police on 999

You make need to discuss with a senior practitioner, Safeguarding lead, practice manager.

You can also email the ICB Safeguarding team for advice.

YES

A referral must be made to Children's Social Care. Delay should be avoided.

You should discuss the referral with the parent/ person with parental responsibility and seek consent if it is safe to do so. A lack of consent does not prevent you from submitting the referral

Cambridgeshire County Council: 0345 045 5203 or complete a referral online.

Peterborough City Council: **01733 864170** or complete a referral online.

Emergency Duty Team (Out of Hours) 01733 234724.

Social care must acknowledge the receipt of your referral and decide on the next course of action within one working day. This may include an initial assessment, or they may decide that Children's Social Care has no role at this stage. In either circumstance you should be informed of their decision.

If you have not heard anything from social care, it is **your responsibility** to chase this up within 72 hours.

NO

The child or family may still be in need of some additional support.

If so, please complete an Early Help Assessment

Peterborough:

Early Help Hub can be contacted by email or telephone: **01733 863649**

Cambridgeshire:

Early Help Hub can be contacted for advice by email or telephone **01480 376 666.**

If you have differing views from other agencies and you are concerned with the outcome of your referral or plan, consider the need to escalate by following the Safeguarding resolving professional differences policy.

The ICB Safeguarding team are available for advice and supervision.

Cambridgeshire & Peterborough Integrated Care System

NHS Cambridgeshire & Peterborough

Appendix Four – Safeguarding Adult Flowchart

You have a concern about an adult

Are they in immediate danger or at risk of serious harm? If so, contact the police on 999 or 101.

You may need to discuss with a senior practitioner, Safeguarding lead, practice manager.

You can also email the ICB Safeguarding team for advice.

Is the adult experiencing a Mental Health Crisis? Consider contacting 111, option 2.

CONCERNS REMAIN PRESENT

Consider if this matter meets the Section 42 (1) criteria within the Care Act 2014 as a safeguarding concern:

a. do I have reasonable cause to suspect that the adult has needs for care and support; and

b.do I have reasonable cause to suspect that the adult is at risk or experiencing abuse or neglect.

c. as a result of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

YES

Discuss with the person to find out their views and desired outcome as outlined in 'Making Safeguarding Personal' establishing their wishes and views and how they would like to proceed. Ask for consent to share concerns unless this will put the person at increased risk. (If the person does not have mental capacity, follow the Mental Capacity Act 2005 guidance)

Refer to the relevant Adult Social Care via:

Cambridgeshire County Council: 0345 045 5203 or complete a referral online.

Peterborough City Council: 01733 747474 option 4 or complete the Referral form and email to social services.

Emergency Duty Team (Out of Hours) 01733 234724.

Please note: Safety net your patient. Ensure that they are safe, you have asked them what their wishes/views are and recorded their response./ Ensure your actions are proportionate and remember, a patient is allowed to change their mind and make unwise decisions, if they have mental capacity in relation to that specific decision.

NOT SURE

Discuss with your safeguarding Adults Lead or the ICB Safeguarding Peoples team.

NO

Document the facts and rationale for your decision. Set a review date if appropriate and signpost/refer to appropriate service where required.

The person has capacity but does not give consent. Should you still refer?

Consider if your concerns may affect others and make a referral without consent. Document your decision.

If the adult has children, please follow the child safeguarding concerns pathway.

Consider whether a Multi-Agency Risk Management (MARM) referral would be appropriate.

If you have differing views from other agencies and you are concerned with the outcome of your referral or plan, consider the need to escalate by following the Safeguarding Adults Resolving Professional Differences (Escalation) Policy

The ICB Safeguarding team are available for advice and supervision.

Appendix Six – Drug and Alcohol Services

- Cambridgeshire Child and Adolescent Substance Use Service (CASUS)- 01480 445316 (Monday – Friday 9-5pm)

Provides information, support, and specialist treatment for young people under eighteen years of age and their families, living in Cambridgeshire, to address alcohol and or drug use.

CASUS accept self-referrals or referrals from parent/carers and professionals with consent.

CASUS welcomes the opportunity to discuss potential referrals prior to the completion of formal documentation. Call the team on 01480 445316, and the duty practitioner will call you back.

- Change Grow Live

CGL can support individuals with any concerns, worries or questions about:

  - Prescription medications
  - Alcohol
  - Over the counter medication use
  - Illegal/legal drugs
  - Dual Diagnosis and mental health
  - Steroid use and more

- Nacoa – 0800 358 3456

Provides support for children who are affected by their parents drinking. Link for further reading and information downloads such as Advice for professionals:

- FRANK – 0300 123 6600

Provides friendly confidential drugs advice. They have lots of information on their website but also provide a live chat (2-6pm) and can be contacted by email, text, or phone. The website also provides information on what to do in an **emergency situation.**

Appendix Seven – Terminology commonly used by youth.

Lacking – without a weapon

Bands – Money

Whippin – Cooking Crack

Wass – Talking Rubbish

Wet – Not respected.

G.M. – Gang member

Finessed – Robbed

Took Them Trips – Looking for Ops.

Neeks – Disliked Person

Dipped – Stabbed

Caught a Body – Murder

Splashing – Stabbing

Chinged – Stabbed

Turned Pack – Murder Victim

Smoke – Gun

Bando or Trap House – Drug Den

Nitty – Drug User

O.T or County – County Lines

Dot or Doti – Shotgun

Op or Ops – Opposition or Rival Gang

Skeng – Handgun

Motif - Party

Taken from Catch 22 (2023)

Appendix Eight – Bereavement Support Services

- Ormiston Families
  Support for children and young people in Cambridgeshire facing grief and dealing with loss. Helpline: 01223 292276
- Winston's Wish
  Helpline: 08088 020 021
- Cruse Bereavement Support
  National Helpline: 0808 808 1677
- Hope Again
  CRUSE website for young people.
- Child Bereavement UK
  Supports families when a child dies or when a child is facing bereavement.
  Helpline: 0800 028 8840
- Muslim Bereavement Support Service
  Support for Muslim families after the death of a loved one
  Helpline: 020 3468 7333
- Sands | Saving babies' lives. Supporting bereaved families.
  Supporting anyone affected by the death of a baby.
  Helpline: 0808 164 3332
- The Lullaby Trust - Safer sleep for babies, Support for families
  Support for anyone affected by the death of a baby or young child.
  Helpline: 0808 802 6868
- Papyrus UK Suicide Prevention - Prevention of Young Suicide
  Offers support and advice to young people who may be at risk of suicide and to those concerned about a vulnerable young adult. Helpline: 0800 068 41 41
- Support After Suicide Partnership
  The support after suicide partnership provides great information about looking after yourself and your patients following a suicide.
- First Hand
  First Hand is for people bereaved by the suicide of somebody they did not know (typically witnesses of a suicide). The website contains many resources which may be useful.
- Lifecraft
  A Cambridgeshire based charity who offer Suicide Bereavement Support. This is available to anybody bereaved by suicide within a year of the death. Whilst this service is typically for family and friends, they do offer support to professionals as well. I am aware they have supported professionals in the past.

References

Abuse and Neglect | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://safeguardingcambspeterborough.org.uk/adults-board/adult-abuse-and-neglect/ [Accessed 6 Dec. 2023].

Adult safeguarding - a toolkit Adult safeguarding -a toolkit 1. (n.d.). Available at: https://www.bma.org.uk/media/1792/bma-adult-safeguarding-full-toolkit-2018.pdf.

Adult Services contact form - Cambridgeshire County Council website. [online] Available at: https://cambridgeshire-self.achieveservice.com/service/Adult_Services_contact_form [Accessed 9 Apr. 2024].

Again, H. (2019). *Hope Again*. [online] Hope Again. Available at: https://www.hopeagain.org.uk/.

Allegations against professionals and volunteers who work with Children | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/lado/ [Accessed 15 Dec. 2023].

Ardens EMIS Web. *Safeguarding Searches*. [online] Available at: https://support-ew.ardens.org.uk/support/solutions/articles/31000157209-safeguarding-searches [Accessed 13 Feb. 2024].

Ardens. *Safeguarding*. [online] Available at: https://support.ardens.org.uk/support/solutions/articles/31000070364-safeguarding.

Camb LSCB. [online] Available at: https://www.cambslscb.co.uk/ [Accessed 29 Feb. 2024].

Cambridgeshire Children in Care Health Service. [online] Available at: https://www.cambspborochildrenshealth.nhs.uk/services/cambridgeshire-children-in-care-health-service/ [Accessed 8 Feb. 2024].

Cambridgeshire County Council DASV Partnership. [online] Available at: https://www.cambsdasv.org.uk/web/make_a_referral/593292 [Accessed 29 Feb. 2024].

Cambridgeshire County Council. (n.d.). *Information Sharing Framework*. [online] Available at: https://www.cambridgeshire.gov.uk/council/data-protection-and-foi/information-and-data-sharing/information-sharing-framework.

Cambridge Women's Aid. (n.d.). *Cambridge Women's Aid - Supporting women affected by domestic abuse*. [online] Available at: https://cambridgewa.org.uk/.

Cambridgeshire & Peterborough Safeguarding Children Partnership Board Child Sexual Behaviour Assessment Tool. Available at: https://safeguardingcambspeterborough.org.uk/wp-content/uploads/2021/10/Child-Sexual-Behaviour-Assessment-Tool.pdf [Accessed 28 Dec. 2024].

Changes to legislation and guidance since 'Promoting the health and well- being of looked-after children 2015' was originally published. (2015). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100188/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf.

Child abuse – definitions and signs | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://safeguardingcambspeterborough.org.uk/children-board/parents-carers/child-abuse-definitions-and-signs/ [Accessed 4 Dec. 2023].

Child Abuse Linked to a faith or beliefs | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/child-abuse-linked-to-a-belief-in-spirit-possession/.

Child Abuse Linked to Faith or Belief – National FGM Centre. [online] Available at: https://nationalfgmcentre.org.uk/calfb/.

Child Bereavement UK (2019). *Child Bereavement UK*. [online] Child Bereavement UK. Available at: https://www.childbereavementuk.org/.

Child Deaths and the Child Death Overview Panel | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/child-deaths/ [Accessed 27 Feb. 2024].

Child Exploitation Strategy 2021-2025 | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/child-exploitation-strategy-2021-2025/.

Child Protection Conferences | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/cpconferences/.

Child Safeguarding Practice Reviews | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at:

https://www.safeguardingcambspeterborough.org.uk/children-board/serious-case-reviews/.

Completing a DASH Risk Indicator Checklist | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/home/virtual-briefings-sways/completing-a-dash-risk-indicator-checklist/ [Accessed 29 Feb. 2024].

Cruse (2022). *Cruse Bereavement Care* |. [online] www.cruse.org.uk. Available at: https://www.cruse.org.uk/.

Cuckooing | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/adults-board/adult-abuse-and-neglect/cuckooing/.

Department for Constitutional Affairs (2007). *Code of Practice Mental Capacity Act 2005*. [online] Available at: https://assets.publishing.service.gov.uk/media/5f6cc6138fa8f541f6763295/Mental-capacity-act-code-of-practice.pdf.

Department of Health and Social Care (2023). *Care and Support Statutory Guidance*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance.

Department of Health and Social Care (2017). *Domestic abuse: a resource for health professionals*. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/domestic-abuse-a-resource-for-health-professionals.

Domestic homicide review. [online] Available at: https://www.gov.uk/government/collections/domestic-homicide-review.

Domestic homicide reviews: statutory guidance. [online] Available at: https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews.

Effective Support for Children and Families (Thresholds) Document | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/threshold-document/.

Employment standards and regulation | NHS Employers. [online] Available at: https://www.nhsemployers.org/recruitment/employment-standards-and-regulation.

Female Genital Mutilation | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at:

https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/fgm-2/.

FGM: Organisations offering advice and support. [online] Available at: https://www.womankind.org.uk/fgm-organisations-offering-advice-and-support/.

Forced Marriage and Honour Based Violence Charity - Halo Project. [online] Available at: https://www.haloproject.org.uk/.

Foreign & Commonwealth Office (2013). *Forced marriage*. [online] GOV.UK. Available at: https://www.gov.uk/guidance/forced-marriage.

Galop (n.d.). *Galop - the LGBT+ anti-abuse charity*. [online] Galop. Available at: https://galop.org.uk/.

GMC (2019). *Protecting children and young people: The responsibilities of all doctors*. [online] Gmc-uk.org. Available at: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/protecting-children-and-young-people.

GOV.UK. *Apply for a forced marriage protection order*. [online] Available at: https://www.gov.uk/apply-forced-marriage-protection-order.

GOV.UK. (n.d.). *Convention on the rights of persons with disabilities*. [online] Available at: https://www.gov.uk/government/publications/convention-on-the-rights-of-persons-with-disabilities.

Gov.uk (2015). *Counter-Terrorism and Security Act 2015*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2015/6/contents/enacted.

GOV.UK (2018). *Data Protection Act*. [online] Gov.uk. Available at: https://www.gov.uk/data-protection.

GOV.UK. (2014). *Deprivation of Liberty orders*. [online] Available at: https://www.gov.uk/guidance/deprivation-of-liberty-orders.

GOV.UK (2019). *Female Genital Mutilation Act 2003*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2003/31/contents.

GOV.UK (2005). *Mental Capacity Act 2005*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2005/9/contents.

GOV.UK (2014). *The Care and Support (Eligibility Criteria) Regulations 2014*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukdsi/2014/9780111124185.

Government Digital Service (2014). *Female genital mutilation: help and advice*. [online] GOV.UK. Available at: https://www.gov.uk/female-genital-mutilation-help-advice.

Health and Care Act 2022 (2022). *Health and Care Act 2022*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted.

HM GOVERNMENT (2021). *Domestic Abuse Act 2021*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted.

Honour-Based Violence | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/honour-based-violence/.

Information Sharing | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/information-sharing/.

ISVA service. [online] Cambridge & Peterborough Rape Crisis Partnership. Available at: https://caprcp.org.uk/isva-service/ [Accessed 29 Feb. 2024].

Karma Nirvana (2019). *Home*. [online] Karmanirvana.org.uk. Available at: https://karmanirvana.org.uk/.

Legislation.gov.uk. (1998). *Crime and Disorder Act 1998*. [online] Available at: https://www.legislation.gov.uk/ukpga/1998/37/contents.

Legislation.gov.uk (2003). *Sexual Offences Act 2003*. [online] legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2003/42/contents.

Let's talk about person-centred care | Caring with Confidence: The Code in Action | NMC. [online] Available at: https://www.youtube.com/watch?v=rM9QAxFSBMU&feature=youtu.be [Accessed 12 Dec. 2023].

Live.com. (2018). Available at: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.safeguardingcambspeterborough.org.uk%2Fwp-content%2Fuploads%2F2018%2F05%2FExploitation-Risk-Management-Tool.docx&wdOrigin=BROWSELINK.

Looked After Children | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/looked-after-children/.

Lucy Faithfull Foundation | Preventing Child Sex Abuse. [online] Available at: https://www.lucyfaithfull.org.uk/?gad_source=1&gclid=EAIaIQobChMIqdzz0_W0hQMVXY1QBh3MFw1gEAAYASAAEgKVDfD_BwE [Accessed 6 Feb. 2024].

Making a Referral | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/concerned/ [Accessed 8 Feb. 2024].

Making Safeguarding Personal (MSP) - SCIE. [online] Available at: https://www.scie.org.uk/safeguarding/adults/safeguarding-adults-boards-checklist-and-resources/making-safeguarding-personal/.

Metropolitan Police (2019). *Home | The Met*. [online] Police.uk. Available at: https://www.met.police.uk/.

Mind (2017). *IMCAs*. [online] www.mind.org.uk. Available at: https://www.mind.org.uk/information-support/guides-to-support-and-services/advocacy/imcas/.

Ministry of Justice (2022). *Human Rights: The UK's international human rights obligations*. [online] GOV.UK. Available at: https://www.gov.uk/government/collections/human-rights-the-uks-international-human-rights-obligations.

MOSAC. [online] Available at: https://www.mosac.net/Support.aspx [Accessed 29 Feb. 2024].

Multi-Agency Risk Management Guidance | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/adults-board/cpsabprocedures/multi-agency-risk-management-guidance/#:~:text=The%20Multi-Agency%20Risk%20Management%20%28MARM%29%20process%20provides%20professionals [Accessed 9 Apr. 2024].

Muslim Bereavement Support Service. [online] Muslim Bereavement Support Service. Available at: https://mbss.org.uk/.

National data guardian (2020). *The Eight Caldicott Principles*. [online] *GOV.UK*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942217/Eight_Caldicott_Principles_08.12.20.pdf.

National Institute for Health and Care Excellence (2014). *Overview | Domestic violence and abuse: multi-agency working | Guidance | NICE*. [online] Nice.org.uk. Available at: https://www.nice.org.uk/Guidance/PH50.

NICE (2021). *Looked-after children and young people NICE guideline*. [online] Available at: https://www.nice.org.uk/guidance/ng205/resources/lookedafter-children-and-young-people-pdf-66143716414405.

NHS (2023). *NHS England» Safeguarding*. [online] www.england.nhs.uk. Available at: https://www.england.nhs.uk/long-read/safeguarding/.

NHS (2019). *National FGM Support Clinics - NHS*. [online] nhs.uk. Available at: https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/.

NHS England (2022). *Safeguarding children, young people and adults at risk in the NHS Safeguarding accountability and assurance framework*. [online] Available at: https://www.england.nhs.uk/wp-content/uploads/2015/07/B0818_Safeguarding-children-young-people-and-adults-at-risk-in-the-NHS-Safeguarding-accountability-and-assuran.pdf.

NSPCC (2023). *Domestic abuse*. [online] NSPCC. Available at: https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/domestic-abuse/.

Opening Doors: Trauma Informed Practice for the Workforce. [online] Available at: https://www.youtube.com/watch?v=D9QWEel16LE [Accessed 12 Jan. 2024].

Ormiston Families. *Ormiston Families*. [online] Available at: https://www.ormiston.org/.

Peer support groups. [online] Cambridge Rape Crisis Centre | Support for survivors of sexual violence. Available at: https://cambridgerapecrisis.org.uk/groups/ [Accessed 29 Feb. 2024].

Peterborough City Council. *Adult Social Care*. [online] Available at: https://www.peterborough.gov.uk/healthcare/adult-social-care [Accessed 9 Apr. 2024].

Peterborough.gov.uk. (2023). *Cuckooing - Peterborough City Council*. [online] Available at: https://www.peterborough.gov.uk/residents/saferpeterborough/cuckooing.

Peterborough Information Network | Staying Safe (Adults). [online] Available at: https://fis.peterborough.gov.uk/kb5/peterborough/directory/adult.page?adultchannel=5 [Accessed 9 Apr. 2024].

Peterborough Women's Aid. (n.d.). *Peterborough Women's Aid*. [online] Available at: https://peterboroughwomensaid.co.uk/ [Accessed 29 Feb. 2024].

Police.uk. (2020). *Cambridgeshire Constabulary - Home*. [online] Available at: https://www.cambs.police.uk/.

Policy Document for the referral of Child and Young Persons to the Sexual Assault Referral Centre | Cambridgeshire and Peterborough Safeguarding Partnership Board. (2021) [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/policy-document-for-the-referral-of-child-and-young-persons-to-the-sexual-assault-referral-centre/.

Procedure for Managing Allegations against People in Positions of Trust (PiPoT) | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://safeguardingcambspeterborough.org.uk/adults-board/cpsabprocedures/pipot/ [Accessed 15 Dec. 2023].

Quality statement 3: Voice of the child or young person | Child abuse and neglect | Quality standards | NICE. [online] Available at: https://www.nice.org.uk/guidance/qs179/chapter/Quality-statement-3-Voice-of-the-child-or-young-person.

RCGP (2024). *RCGP safeguarding standards for general practice*. [online] Rcgp.org.uk. Available at: https://www.rcgp.org.uk/learning-resources/safeguarding-standards.

RCGP supplementary guide to safeguarding training requirements for all primary care staff. (n.d.). Available at: https://www.rcgp.org.uk/getmedia/91770d17-88e4-4b84-acdf-a49aa1427421/Safeguarding-training-requirements-for-Primary-Care-FINAL.pdf.

RCGP (2019). *Good practice safeguarding in general practice*. [online] www.rcgp.org.uk. Available at: https://www.rcgp.org.uk/Blog/Good-practice-safeguarding-in-general-practice.

Refuge (2019). *National Domestic Abuse Helpline*. [online] Nationaldahelpline.org.uk. Available at: https://www.nationaldahelpline.org.uk/.

Resolving Professional Differences (Escalation Policy) Safeguarding Adults. Available at: https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2021/06/Adults-Resolving-Professional-Differences-2021.pdf [Accessed 9 Apr. 2024].

Respect Phoneline. (n.d.). *Help For Domestic Violence Perpetrators | Respect Phoneline UK*. [online] Available at: https://respectphoneline.org.uk/.

Routine enquiry of domestic and sexual abuse -NHS Scotland ACEs Routine Enquiry Seminar Edinburgh. (2017). Available at:

https://www.healthscotland.scot/media/1552/katie-cosgrove.pdf [Accessed 8 Feb. 2024].

SafeLives (2021). *Home | SafeLives*. [online] safelives.org.uk. Available at: https://safelives.org.uk/.

Safer Recruitment, Selection and Supervision of Staff | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/safer_recruitment/ [Accessed 8 Feb. 2024].

Safeguarding Adults Reviews | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/adults-board/sars/.

Safeguarding children who may have been trafficked Practice guidance. (n.d.). Available at: https://assets.publishing.service.gov.uk/media/5a7ac0e7ed915d71db8b23ed/DFE-00084-2011.pdf.

Sands (2019). *Sands | Stillbirth and neonatal death charity*. [online] Sands - Stillbirth and neonatal death charity. Available at: https://www.sands.org.uk/.

Section 117 aftercare. [online] Available at: https://www.mind.org.uk/information-support/legal-rights/leaving-hospital/section-117-aftercare/#WhatIsSection117Aftercare.

SCIE (2022). *Deprivation of Liberty Safeguards (DoLS) at a glance*. [online] SCIE. Available at: https://www.scie.org.uk/mca/dols/at-a-glance/.

Social Care Institute for Excellence (SCIE). (n.d.). *Independent Mental Capacity Advocate (IMCA) | SCIE*. [online] Available at: https://www.scie.org.uk/mca/imca/.

Social Care Institute for Excellence (2024). *What are the six principles of safeguarding?* [online] SCIE. Available at: https://www.scie.org.uk/safeguarding/adults/introduction/six-principles/.

The Elms SARC – Cambridgeshire. [online] Available at: https://www.theelmssarc.org/.

The Lullaby Trust (2023). *Home*. [online] www.lullabytrust.org.uk. Available at: https://www.lullabytrust.org.uk/.

The Royal College of Nursing. (n.d.). *Guidance to support those affected by domestic abuse| Royal College of Nursing*. [online] Available at: https://www.rcn.org.uk/professional-development/publications/rcn-support-for-domestic-abuse-uk-pub-009301.

Think Family - NHS Safeguarding. [online] Available at: https://nhssafeguarding.app/context-of-NHS-safeguarding/s2-05/.

Training Hub. *Events*. [online] Available at: https://cptraininghub.nhs.uk/events/?keyword=safeguarding [Accessed 24 Jan. 2024]

Trust, C.N. *Service detail*. [online] CPFT NHS Trust. Available at: https://www.cpft.nhs.uk/service-detail/service/children-in-care-team-peterborough-50/ [Accessed 26 Jan. 2024].

UK Government (2010). *Equality Act 2010*. [online] legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents.

UK Government (1998). *Human Rights Act 1998*. [online] legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/1998/42/contents.

UK Government (2015). *Modern Slavery Act 2015*. [online] www.legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted.

UK Government (2015). *Serious Crime Act 2015*. [online] Legislation.gov.uk. Available at: https://www.legislation.gov.uk/ukpga/2015/9/contents/enacted

Using our Local Child Sexual Behaviour Assessment Tool | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/home/virtual-briefings-sways/using-our-local-child-sexual-behaviour-assessment-tool/ [Accessed 8 Feb. 2024].

Whistleblowing | Cambridgeshire and Peterborough Safeguarding Partnership Board. [online] Available at: https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/whistleblowing/ [Accessed 15 Dec. 2023].

Why? Available at: https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/12/FGM-Mandatory-Reporting-poster.pdf [Accessed 29 Feb. 2024].

Winston's Wish (2019). *Winston's Wish - giving hope to grieving children*. [online] Winston's Wish. Available at: https://www.winstonswish.org/.