



Cambridgeshire and Peterborough Safeguarding Children Partnership Board

Lived Experience of the Child (Voice of the Child) Practice Guidance

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Introduction

Cambridgeshire and Peterborough Safeguarding Children Partnership Board (CPSCPB) have recently undertaken: Multi-Agency Audits, a Multi-Agency Review and Serious Case Reviews. Throughout **all** of the audits and reviews it was evidenced that the 'voice of the child' was often forgotten and the experiences of what 'is life like for them' not recorded nor analysed. Children can tell us so much about their experiences which effectively informs our assessments and the appropriate support for them.

This document has been developed by partners to assist practitioner insight, to ensure that the voice of the child is actively heard and where necessary to support effective action to safeguard our children and young people.

This guidance is for use by all professionals (the term includes managers, staff and volunteers) who have direct and indirect (i.e. may work with parents/families) contact with babies, children and young people; and who therefore, have responsibilities for safeguarding and promoting their welfare.

The Lived Experience of the Child

Definition

For the purpose of this document, the statement 'the lived experience of the child' will be referred to as opposed to the 'voice of the child'; as we recognise that it is not just about 'the voice' of what a child can say or communicate to us it is also about what they see, think and feel and how they react to the world around them.

What do we mean by the 'lived experience of the child'?

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 physically or emotionally. As practitioners we need to; actively hear what the child has to say or communicate, observe what they do in different contexts, hear what family members, significant adults/carers and professionals have said about the child, and to think about history and context. Ultimately we need to put ourselves in that child's shoes and think 'what is life like for this child right now?' [Definition of 'lived experience' task and finish group 2018]

Background and Research

A Child Centred Approach

According to the UK Government's ratification of the United Nations Convention on the Rights of the Child (CRC) in 1991 recognised children's rights to expression and to receiving information. In relation to all children's right to express and have their views given due weight, Article 12 of the Convention grants that:

'(1) States parties shall assure to the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with age and maturity of the child.'

This right is reinforced by Article 10 of the Human Rights Act 1998 and the Children Act 1989, which requires a local authority to ascertain the 'wishes and feelings' of children and give due

consideration (with regard to the child's age and understanding) to these when determining what services to provide, or what action to take.

Professor Eileen Munro stated that 'everyone involved in child protection should pursue child-centred working and recognise children and young people as individuals with rights, including their right to participation in decisions about them in line with their age and maturity'. In other words 'the system [child protection] should be child-centred' [2011:26]

Working Together to Safeguard Children and Young People

Working Together 2018 states that; 'Children are clear about what they want from an effective safeguarding system. These asks from children **should guide** the behaviour of practitioners.

Children have said that they need

- **vigilance**: to have adults notice when things are troubling them
- **understanding and action**: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **stability**: to be able to develop an ongoing stable relationship of trust with those helping them
- **respect**: to be treated with the expectation that they are competent rather than not
- **information and engagement**: to be informed about and involved in procedures, decisions, concerns and plans
- **explanation**: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- **support**: to be provided with support in their own right as well as a member of their family
- **advocacy**: to be provided with advocacy to assist them in putting forward their views
- **protection**: to be protected against all forms of abuse and discrimination and the right to special protection and help if a refugee

Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them and their families collaboratively when deciding how to support their needs. Special provision should be put in place to support dialogue with children who have communication difficulties, unaccompanied children, refugees and those children who are victims of modern slavery and/or trafficking....In addition to practitioners shaping support around the needs of individual children, local organisations and agencies should have a clear understanding of the collective needs of children locally when commissioning effective services' [2018: 11- 13]

What do National Serious Case Reviews and Research tell us?

Key findings

Babies (under one) and **teenagers** feature the most within Serious Case Reviews. Arguably, this could be because babies cannot tell us what's going on and as practitioners we fail to make observations as to how they interact with their parents/ carers/ family and surroundings; whilst teenagers we reportedly find 'hard to reach' or difficult to engage. Often children and young people misbehaving or acting out is recorded as a 'difficult' or 'demanding child' (Brandon et al 2016) and not that their behaviour is, either; a way of trying to communicate with us or a result of something which has happened to them.

Ofsted reported in 2011 that; there are ‘five main messages with regard to the voice of the child. In too many cases:

- the child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings
- agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute
- parents and carers prevented professionals from seeing and listening to the child
- practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child
- agencies did not interpret their findings well enough to protect the child’

Ofsted also found that where SCR featured babies and young children, agencies failed to observe and record their observations of parents interacting with the child (and vice versa) and that practitioners often forgot the other children (siblings) within the family. [2011:9 -10]

Marion Brandon et al’s (2016), recent work on ‘Pathways to harm, pathways to Protection from their triennial analysis of serious case reviews over a three year period (2011 – 2014) found similar findings that professionals either failed to see or to communicate with the child.

Our local Serious Case Reviews and Multi-Agency Reviews show the same findings as national SCRs, in that as practitioners across all agencies; we failed to;

- speak to the child
- engage with children and young people
- involve children and young people in planning and reviews regarding their lives or
- to observe the wider picture of what a child’s home life/ relationship with parents is

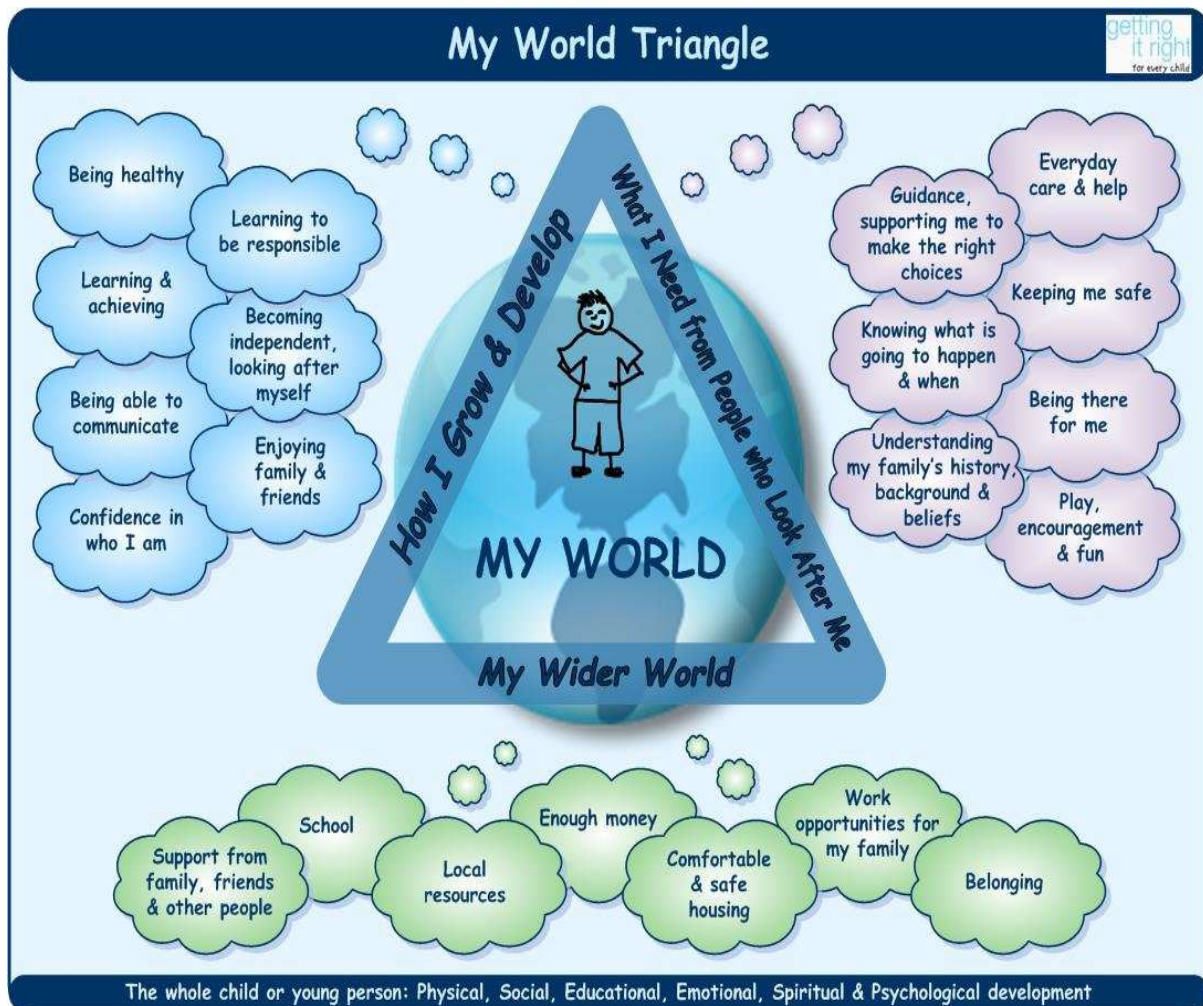
Practice Guidance

Child and Adolescent Development

It is important that the child’s responses are observed, in the context of, and with a full understanding of key child and adolescent developmental and behavioural stages. Practitioners need to know and understand what ‘normal’ child and adolescent development is in order to; ascertain if the child is thriving and developing normally and to adjust practice accordingly at a level which the child will understand.

Conversely practitioners should also be aware of what is ‘not’ normal child and adolescent development/behaviours. Practitioners need to be aware that some behaviours could be a way that the child is trying to communicate or may be a result of child abuse. For example a child uncharacteristically misbehaving and acting out towards family and friends might not be the child being difficult or just ‘being a teenager’ but could be a result of the child suffering extreme pain (findings from Cambridgeshire SILP 2013). The practitioner has to set this behaviour in the context of what is ‘normal for that individual child’ and to ask them/observe why their behaviour has changed.

A child’s developmental needs, parenting capacity and family and environmental factors are dimensions within the assessment framework triangle which professionals utilise to help to ‘assess’ a child’s experiences and current home situation. The ‘My World’ triangle builds on the assessment framework in a format which can be used directly with children and young people.



According to Scotland's Government website (where triangle and additional prompts can be found), the triangle can be used to 'gather more information from other sources (some of it possibly specialist), to identify the strengths or wellbeing concerns in the child or young person's world' and that it 'supports practice that considers the child or young person's needs and risks, as well as the positive features in their lives'

Cultural Competence as part of the child's lived experience

Cultural competence is being respectful of and responsive to the beliefs, practices and cultural and linguistic needs of diverse communities both from the individual (practitioner) and the organisation (agency). When referring to 'communities' this extends to areas such as; socio-economic back ground, race, gender, mental health, sexual identity/ orientation, religion, disability etc. In other words professionals **should not make assumptions** about a family/child and as part of 'informed practice' should be confident to ask about what their life experiences are in order to meet their needs and to provide the best service.

National and Local serious case reviews have shown us that as professionals we can make the wrong stereotypical assumptions and not check out all available avenues of information. Daniel Pelka was believed to not speak English, as this was recorded as his 'second language', even though his older sister could speak English and would translate Daniel's interactions to staff. In Daniel's case the reason for him not speaking English could have been attributed to developmental delay or from the abuse he was suffering from his mother and her partner.

Research findings and cultural competence

Children can be abused **regardless** of their age, gender, culture, disability, racial origin, sexual identity or social class. Research tells us that; disabled children are significantly more likely to be abused than non-disabled children, given that they; are more reliant on families and institutions for support, may have difficulties in communication, are more vulnerable and are more likely to be bullied by peers.

Cases and assessments often [recent SCPB audit activity] refer to missing/absent fathers or sometimes do not mention any father figures at all. Professionals should check out with families/young people if there are any significant males in the child's life and where they are. Practitioners should take into consideration where and when would be best to complete assessments and interviews so that dads can be present and a part of the child's wider experience of life.

Finding out about the lived experience of the child

Practitioners need to be confident and competent when working to safeguarding children and families. Research, locally and nationally, provides areas of practice which support finding out about 'the lived experience of the child.' Some are the more salient ones listed here include, for professionals to have:

Professional Curiosity: practitioners need to understand what is happening within a family rather than making assumptions or accepting things at face value. In other words they need to **ask questions** and observe the child's surroundings. Ask them 'What is life like for the child living at home?' 'What is it like for the family?' 'How does the child react to parents?'

Respectful Uncertainty: A term initially used by Lord Lamming (2003) [Victoria Climbié Serious Case Review and again for Baby P] meaning that professionals must remain sceptical of the explanations, justifications or excuses they may hear. Professionals should always '**check out**' with other agencies and sources of information about what is being said.

Eileen Munro (2011), whilst referring to Ofsted's findings [2011:8] gave a number of helpful suggestions for practitioners to follow when making assessments on children and young people. For practitioners to:-

- use direct observation of babies and young children by a range of people and make sense of these observations in relation to risk factors
- see children and young people in places that meet their needs – for example, in places that are familiar to them
- see children and young people away from their carers
- ensure that the assessment of the needs of disabled children identifies and includes needs relating to protection and Don't forget father figures within the family and about the wider family / friends – what can they tell us about the child?
- Actively listen to a child and pay attention to their needs and do not focus too much on the parents, especially when the parents are vulnerable themselves. (it is easy to get lost with parental needs at the risk of losing sight of the child)

Marion Brandon et al (2016) added further elements, that professionals need to:

- Be aware of 'silent' ways of telling through verbal and non-verbal emotional and behavioural changes in children
- Explore creative ways of engaging with children with regards to their age, communication skills and personal history to enable them to share their experiences

- Follow up concerns within families by ensuring each child is given an appropriate opportunity to talk
- Professionals need to recognise young people aged 16-17 years as still being vulnerable and to use appropriate children's services and follow safeguarding procedures [2016:Ch6:134]

Both Brandon and Munro advocate that as professionals we need to be 'attuned to the child's world' and to pay attention not only to what the child says but also what they are **not saying**.

Local Experiences and Lessons Learned for Future Practice

Case studies listed below give an overall view, in relation to the lived experience of the child, as to what could have been done differently to 'hear the voice of the child' for safeguarding that child / young person.

Alesha is four years old and lives with her mother, step-father and older brother and is not known to have had any previous involvement with services. Her mother states that English is her second language and says that she 'can't speak English' - this is recorded on her medical files. Her mother has taken her to the general practitioner (GP) on a few occasions with suspected urinary infections. On one occasion, when in hospital being treated for a possible adverse reaction to the water infection medication, hospital staff checked to see if Alesha was 'known to children social care' but did not report any child protection/safeguarding concerns. Several weeks later her mother took her to the GP with severe trauma to her genital area. The doctor asked her parents to take Alesha to the hospital (emergency department) and gave them a letter to take with them. Eight hours later Alesha was taken to the hospital by her parents and a child protection referral was immediately made by the hospital staff. Alesha was treated and admitted onto a ward within the hospital and this was deemed as a 'place of safety' whilst the police and social care made their enquiries.

Alesha had to undergo a number of medical procedures and one ward staff member reportedly 'felt sorry' for her being so young and having to experience invasive procedures. The staff member started to try to have a conversation with Alesha, even though it was recorded on files that she could not speak English. Alesha responded to the staff member and could communicate with her and speak English.

Missed Opportunities to hear the lived experience of the child;

In this case staff members (police, social care and health) were not '**professionally curious**' at many of the stages of contact with Alesha and could have tried to speak/communicate with her and to find out 'what life was like for her' and to maybe ask why she had the symptoms that her mother had taken her to the GP and hospital with.

Additionally professionals did not display '**respectful uncertainty**' and check out with Alesha and other family members what the mother had told them about her not being able to speak English. In terms of **cultural competence** staff made incorrect 'assumptions' that Alesha would not be able to communicate with them.

There was an older brother in this case and professionals did not '**think sibling**'. He was not taken into protective care/place of safety until several days later and no one had spoken to him about; his life experiences (was he at risk of sexual abuse?), what he thought about his sister nor what might have happened to him/her.

Sonia was a 13 year old girl, from central Europe, living within the Fenland area with her mother and step-father. She became actively involved with a 'negative' peer group who placed her at 'serious risk' of child sexual exploitation (CSE). Sonia soon became withdrawn and started to miss lessons and was absent from school (on a number of occasions) and was said to be showing signs of isolation from the Fenland community due to language barriers. There were reports, from her mother that whilst Sonia was missing she had been drinking alcohol and sleeping naked in an older boy's bed.

As a result of Sonia's difficult behaviour at home her mother said that; she used physical chastisement (using a belt) to try to set boundaries and to discipline her. Sonia reported this at school and children's social care were involved due to the physical abuse from parents and that Sonia did not want to return home. After five days in foster care Sonia was returned home, against her wishes, as her mother wanted her home. In 2016 Sonia was made the subject of a child protection plan.

In June 2016 it was recorded, on police files that; Sonia had been plied with drugs and alcohol, by a 27 year old male and then he sexually assaulted her. On health files it was noted that Sonia had tried to self-harm at home and had been physically assaulted by her parents when she told them about the sexual assault; that she had been given crystal meth by an older man and then raped.

Missed Opportunities to hear the lived experience of the child:

Agencies (social care, police, health and education) should have been '**professionally curious**' when working with Sonia throughout this case:-

- Why was she 'withdrawn' at school and 'missing' lessons?
- Could Sonia have said more about her peer group, who they were, what they did – was this normal adolescent behaviour or something else for Sonia?
- What was life like for Sonia? – at home /at school / with friends?
- When Sonia was asked about her home life, she said it was 'normal' workers interpreted this as being 'fine' – what did 'normal' really mean for Sonia?
- Sonia could have been **asked** or **consulted** regarding agency actions which may have informed professionals about how she felt and supported the identification of any further risks to her.

Agencies should have offered '**respectful uncertainty**' when working with parents to check out what they were telling them in relation to Sonia and their perceived experiences with her

In terms of **cultural competence** professionals made a number of assumptions and did not consider the individual needs of Sonia or her parents:

- How might a family react to certain circumstances? Think about what's life like for the family in question – what might a sexual assault on their child mean for them? How might they react? Will the child be at risk after they have been informed?
- When families go away for holidays to their country of origin, do not make the assumption that they have left the country and will not be returning and then close the case.
- Does the family and child need the support of an interpreter / is this recorded on file?

How do Professionals ascertain the Lived Experience of the child?

During early 2020 a professionals' survey undertaken by the partnership board asked how practitioners and managers put the child at the centre of their practice within assessments and planning. There were many responses and some of the more salient comments that can be used within general safeguarding practice from both practitioners and managers perspectives are listed below;

As a Practitioner, I will.....

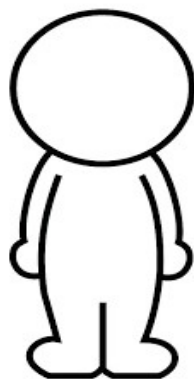
When I record information during a meeting or telephone call I will check with them that I have captured all the details they wanted me to

Complete activity sheets with children to capture what their week looks like and their wishes and feelings

Ensure that their views are shared on their behalf and act on them as much as possible ensuring that they are benefiting that individual and not putting them at risk

Use observations from my visits with pre verbal children

Work in a Child Centred Approach



Use tools that support the children's and families' voice and use these to inform plans and assessments

Invite children and young people into meetings if appropriate, use motivational interview assessment tools - decision balance tools, scaling and active listening

Ensure that... my work is done 'with' families and children, not 'to'

Empower and support young people in making decisions and being more in control of their lives

Practitioners comments taken and adapted from the Partnership Board's Professionals Survey 2020

As a Manager, I will

**Work in a Child
Centred Approach**

Use supervision as a space to explore ways in which to work openly with children and families including using various tools and techniques for discussing wishes and feelings of children

Managers comments
taken and adapted from
the Partnership Board's
Professionals Survey 2020

Consistently reinforce the importance of safeguarding and promoting the welfare of children to my staff at every opportunity

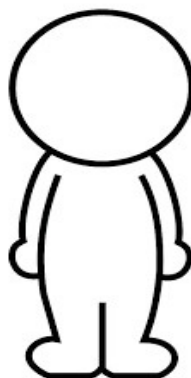
Oversee the final care and safety plans that my team produce and ensure that it's clear that children and young people have participated

Have management oversight of the service users supervised by my organisation

Consider what it is like for the child in those particular circumstances at that time in that family. EG do they feel safe? Do they feel loved? Are they frightened? Are they hungry or cold?

Through audits and dip sampling ensure that family plans and case notes all record voice of the child/young person/adult and these are linked throughout plans and intervention

Ensure the design and delivery of safeguarding training is structured with 'what life's like for the child' case studies alongside academic / information / content



References

Brandon, M et al (2014)(2011)(2010)(2009)(2008)

HM Government (2018) *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Education

Laming, H. (2003) *The Victoria Climbié Inquiry*. London: HMSO

Munro, E. (2011b). *The Munro review of child protection: Final report - a child-centred system*. London: Department for Education.

Ofsted (April 2011): *The voice of the child :Learning lessons from SCR:A thematic evaluation of SCR from 1 April to 30 September 2010*

Sidebotham.P;Brandon.M;Bailey.S;Belderson.P;Dodsworth.J;Garstang.J;Harrison.E;Retzer.A;Sorensen.P;(2016); *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014*. University of Warwick University of East Anglia. Department for Education

(Daniel Pelka: 2013)

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews>

Cambridgeshire and Peterborough Serious Case Reviews

<https://www.nspcc.org.uk/preventing-abuse/child-protection-system/case-reviews/national-case-review-repository/>

Partner Resources

This section of the guidance gives a list of some of the tools which are utilised within single agencies for working directly with children and young people. It is not meant to be an exhaustive list of all of the tools available in every agency, but serves as a point to start from, in terms of; awareness and who to contact to find out more.

Children Social Care / Early Help

MOMO (Mind of My Own) – utilised within Children Social Care (Pboro and Cambs) is an electronic way (by phone / app/ laptop) of gaining children / young people's thoughts 'makes it easier for children and young people to express their views'

Other assessment tools –

- Three houses
- Observation
- Disability write their assessments from the 'child's point of view' in the first person, which is very powerful (Cambs)
- Set questions
- Distance Travelled Tool – Early Help Assessment (Cambs)
- Early Help Assessment Tool Kit (Peterborough)
- Outcome Star (My Star and Team Star are the most common tools used)

Safeguarding Quality Assurance

SQA team have held briefing sessions with a number of practitioners and listed below are some of the tools that were suggested as being helpful to gain the lived experience of the child – for children and adolescents:

- Jenga (with questions written on the individual bricks in sharpie)
- The Rabbit Puppet
- The use of Graded Care Profiles and Genograms.
- Car Game and a board of questions and move the car around the Board answering questions as they go.
- Putting your worry's into a box and addressing them with consent over time.
- Skittles/Smarties game – Put sweets in a bowl, everybody picks a few out, different colours are different types of questions, answer the question eat the sweet.
- The use of Timelines and making them fun activities.
- Best venue for some appears to be the car journey.
- Visual Tools – Pictures of activities and likes / dislikes column to places pictures in, especially useful for children with additional needs.
- Eco-Maps / Genograms - with the use of photographs of family members and also asking children for their views of family members etc.
- Talking and drawing time – exploring the child's own interests whilst discussing various points of home
- The use of cards games (Uno etc.) to build initial relationships and initiate discussion.
- Feelings card activities.
- Magic wand questions.

Youth Offending Teams

Screening tools

As part of assessment of risk and criminogenic factors Asset+ has a section where the young person is asked how a statement is either like them or not like them. There is also a parents/carers self- assessment (all of these are available on the Youth Justice Resource Hub)

- Three houses
- MOMO
- Safety Plans – a written plan and agreement with the young person, parents and professionals regarding what to do if they need help / support (e.g. could be used for domestic violence / self-harm and suicide)
- Emotional Health Assessment

Peterborough TYSS use MARS (My Acknowledged Risks and Strengths). Tool which clarifies the young person's views of their situation, clarifies the practitioners views (as informed by the ASSET +) and clarification of agreed issues between both young person and practitioner (i.e. your views, my views and our shared views). There is a further level to the tool which maps the keys strength and risks but with a clear picture of the young person's motivation and confidence in either addressing the risk or sustaining the strength.

Cambridgeshire and Peterborough Foundation Trust

Three houses + adaptation of three houses to three islands / 3 caravans

Establishing a Day in the Life of a School aged Child – a prompt tool / checklist for practitioners to consider and ask a child about their day

Feelings – Words chart + Emojis for letting children and young people know how they are feeling

Cambridgeshire and Peterborough Safeguarding Children Partnership Board

<http://www.safeguardingcambspeterborough.org.uk/children-board/children-and-young-people/> - safeguarding for children and young people

<http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/>
safeguarding for professionals

<http://www.safeguardingcambspeterborough.org.uk/children-board/parents-carers/>
safeguarding for parents

Tools / Resources

Child Neglect Tools

Graded Care Profile Tool <http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/child-neglect/>

Quality of Care Tool <http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/child-neglect/>

Safeguarding children from Neglect leaflet for professionals and neglect resource materials / training
<http://www.safeguardingcambspeterborough.org.uk/children-board/about/resources/>

Child Sexual Abuse

Brooke traffic light tool - http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/06/Brook_Traffic_Light_Tool.pdf

Pants Underwear Rule

www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/

Self-Harm and Suicide

Self- Harm and Suicide strategy for schools <http://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/08/Supporting-Schools-in-responding-to-Suicides-in-Teenagers.pdf>

Child Sexual Exploitation

Resources for professionals

<http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/child-sexual-exploitation/>

Domestic Abuse / Violence

Domestic Violence Risk Identification Matrix Tool

http://www.safeguardingcambspeterborough.org.uk/wpcontent/uploads/2019/03/Barnardos_DV_RIM.pdf

Online Safety and Tools

<http://www.safeguardingcambspeterborough.org.uk/children-board/professionals/onlinesafety/>

Resources for Professionals

- Including Training Slides, Briefings and useful information

<http://www.safeguardingcambspeterborough.org.uk/children-board/resources-for-practitioners/>

SCPB Briefings

<http://www.safeguardingcambspeterborough.org.uk/children-board/resources-for-practitioners/>

- Sonia
- Voice of the Practitioner
- Themes and Lessons learned
- Eleanor
- Rachel's Story

Partner Agencies - Do not forget the resources available within your own agency!

Websites

- ❖ For the 'My World Triangle' and additional associated resources for discussions with children, young people and families;

<http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle>

- ❖ A Cambridgeshire young people's website for advice and support in a number of areas (school / health/ bullying / online safety etc);

Youthoria. <http://www.youthoria.org/>

- ❖ A confidential online service to support young people with their mental health and emotional wellbeing;

Kooth <https://kooth.com/>

- ❖ A hub with links and Apps to help young people cope with the pressures of life. (includes links to Bullying websites)

Keep Your Head. <http://www.keep-your-head.com/>

NSPCC <http://nspcc.org.uk> – research fact sheets / resources for working with young people and areas for young people

Centre 33 <http://centre33.org.uk> free confidential help for those aged 25 and under. Sexual health, family problems, mental health, accommodation, money, benefits

NYAS (National Youth Advocacy Service) NYAS – free independent advocacy service for young people (looked after, care leavers and those subject to child protection in Cambridgeshire, and looked after, care leavers only in Peterborough)

Helpline 0808 808 1001; help@nyas.net and www.nyas.net

CAFCASS (National Service - Children and Family Court Advisory and Support Service). Have supportive materials available to engage with children and young people <https://www.cafcass.gov.uk/grown-ups/professionals/resources-for-professionals/>

Cambridgeshire and Peterborough Domestic Abuse and Domestic Violence Partnership

<https://www.cambsdasv.org.uk/website>

Calm Zone <https://www.childline.org.uk/toolbox/calm-zone/>

Me first is an education and training resource that helps health and social care professionals to develop their knowledge, skills and confidence in communicating with children and young people <https://www.mefirst.org.uk/>