NHS

Cambridgeshire and Peterborough
Clinical Commissioning Group

# Safeguarding Children and Young People. Information Resource Pack*

*for GPs and practice staff

V0.1 March 2018

## Contents

## How to use this resource pack

This resource pack provides a quick point of reference for anyone working within primary care. It is designed to:

- Help you make decisions about what to do when you have concerns about a child.
- Give you the information you need to review the safeguarding arrangements in your practice, identify gaps and take action to improve where necessary.
- Help you navigate through the child protection process.
- Sign-post you to sources of local information, help and support.

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 children and young people.

The CCG Safeguarding Children team hope that this information is a useful and practical guide to assist you in dealing with safeguarding problems. We are always happy to be **Error! Reference source not found.** to discuss cases or issues you have encountered.

Note: Underlined **writing in bold** cross references to another item within this pack.

## Key Practice/Policy Documents

There are several key documents, some of which are written specifically for doctors and General Practice which we will refer to in this guide.

- Working Together to Safeguard Children 2015.

> "No single professional can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action. "

- What to do if you are worried a child is being abused 2015
- NICE When to Suspect Child Maltreatment 2013
- NICE Abuse and Neglect 2017
- Safeguarding Children Toolkit for General Practice 2014 (Royal College of General Practitioners & NSPCC).
- Protecting children and young people. The responsibilities of all doctors. July 2012. (GMC)

## What is Safeguarding?

In England, safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or disability
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

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

**Childrens Act 1989**

- Child's Welfare is paramount
- Parental responsibility and Children's Rights
- Children should stay with family wherever possible
- Child in Need' services
- Partnership with parents
- Ascertain the views of the child

**UN Convention on the Rights of the Child**

***Every child has basic fundamental rights***

- The right to life
- The right to his or her own name and identity
- The right to be protected from abuse or exploitation
- The right to an education
- The right to having their privacy protected
- To be raised by, or have a relationship with, their parents
- The right to express their opinions and have these listened to and, where appropriate, acted upon
- The right to play and enjoy culture and art in safety

# Who is Responsible for Safeguarding?

Safeguarding Children is about protecting them from harm as well as helping to ensure that they meet their potential, and grow up in a safe, caring environment.

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

The Local Safeguarding Children Boards (LSCB) in Cambridge and Peterborough are responsible for developing local procedures and ensuring multi-agency training is available. They have a role in scrutinising the safeguarding arrangements of statutory agencies and promoting effective working together**.**

It is the responsibility of children's social care to investigate cases of **child protection** in conjunction, and with the participation of, other agencies. They also lead the **Child in Need** process.

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

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

## The Responsibilities of all Doctors

This GMC guidance aims to help doctors to protect children and young people who are living with their families or living away from home (e.g. children in care). It covers some areas which can be difficult and challenging for any practitioner encountering safeguarding concerns. These include,

- communicating with children and young people
- working jointly with other agencies
- confidentiality, consent and sharing information
- record keeping
- child protection examinations
- giving evidence in court.

The BMA toolkit aims to help doctors identify the key factors that need to be taken into account when facing ethical dilemmas and other complex decisions regarding children including,

- assessing competence & mental capacity
- parental responsibility
- best interests & disputes
- consent and refusal
- sexual activity
- child protection
- use of restraint
- compulsory treatment for mental disorder.

## GP Practice Safeguarding Leads

Role Description

- To act as a first point of contact for colleagues with safeguarding concerns.
- To act as local champion for children and safeguarding best practice.
- To alert the CCG Safeguarding Team of local barriers to effective working together.
- To disseminate relevant information to the practice, provided by the CCG Safeguarding Team.

You do not need to have lots of experience in child protection to be the Practice Safeguarding Lead, just an active interest and willingness to learn.

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 to Children's Social Care.

Contact the **Error! Reference source not found.** for further information

## Reviewing Your Practice Safeguarding Arrangements

Effective safeguarding arrangements help ensure that patients are protected from abuse and that staff understand their safeguarding responsibilities and know what to do when they have a safeguarding concern.

There are several ways you can review your practice safeguarding arrangements.

### Toolkit for General Practice

The RCGP toolkit suggests 11 steps to help you prioritise tasks based on self-audit and/or risk assessment. It includes information on many of the areas key to establishing effective arrangements, including an audit tool and templates for reviewing significant events.

These 11 steps are:

| Step | Resources |
|---|---|
| 1. be aware of, understand and recognise child abuse | Level 1 & 2 training |
| 2. develop and maintain a culture of openness and awareness | Resource Pack |
| 3. identify and manage the risks and dangers to children and young people in your practice and activities | Health & Safety Executive |
| 4. develop a child protection policy | RCGP Toolkit for GP's, p10-21 |
| 5. create clear boundaries, for example, with the limits to confidentiality | Resource Pack<br>BMA Toolkit, p28-32 |
| 6. follow safe recruitment practice including obtaining references for all team members | Resource Pack |
| 7. support and supervise staff and volunteers | Resource Pack |
| 8. ensure there is a clear procedure for addressing concerns | Resource Pack |
| 9. know your legal responsibilities | Resource Pack, p<br>RCGP Toolkit for GP's, p5-8<br>GMC Guide, p6-12 |
| 10. have a practice policy which welcomes and encourages children and young people to participate in your practice | "Involving children and young people in health services". NHS Confederation & RCPCH 2011. |
| 11. provide safeguarding education and training to all members of the team | Resource Pack |

## Check your refresher training requirements

Adapted from "Safeguarding Children and Young people: roles and competences for health care staff. Intercollegiate Document" Third Edition (2014). Royal College of Paediatrics and Child Health.

| Staff Groups | Level One | Level Two | Level Three | Level Four | Level Five | How Often 1PA = 4hrs |
|---|---|---|---|---|---|---|
| Induction for All staff in a health care setting (Clinical and Non Clinical) | ✓ | | | | | **Within 6 weeks of taking up post.** |
| All non-clinical staff in a health care setting. | ✓ | | | | | **0.5 PA every 3 years** |
| All clinical staff who may have contact with children, young people and/or parents/carers (such as practice-based nurses). | | ✓ | | | | **0.75 PA – 1PA every 3 years** |
| All staff who will have regular contact with children young people and parents/carers (such as GPs, some practice-based nurses) and those who manage these staff (e.g. Practice Managers). | | | ✓ | | | **1 ½ PAs over 3-year period Recommended - 0.5 PA annually** |

**Level One and Two**
The following e-learning training packages are appropriate for all non-clinical staff in general and health care practices:

1. www.safeguardingchildrenincambs.nhs.uk. Login code is NHSC for Cambridgeshire and NHSP for Peterborough.
2. NSPCC

**Level Three**
Cambridgeshire and Peterborough LSCB delivers Level 3 training. They reference their courses by groups of staff (1-5) rather than levels (as per intercollegiate guidance). Anything advertised for staff groups 3-5 will be pitched at Level 3 or above.

RCPCH offers Level 1, 2, 3 on-line modules. Child Protection in Practice costs £250 per person for the full programme (through ALSG).

It is recommended that all GPs and staff working with children, young people and/or their parents/carers and who could contribute to assessing/ planning, intervening and evaluating the needs of a child or young person (and parenting capacity where there are safeguarding concerns) should achieve Level 3 training.

All local training is entered onto the epione site.

An annual update is offered via a quarterly bulletin emailed to Safeguarding Leads at each GP practice for all staff to read and discuss at their practice meetings.

There is an experiential learning template available via South West's GP appraisal website which would be useful for recording your learning evidence.

## CQC Guidance

Outcome 7 of the essential standards relates to safeguarding patients (children and adults) from abuse. Staff should be in a position to identify abuse and act appropriately in cases of alleged or suspected abuse.

The GPC/BMA guidance, endorsed by the Cambridgeshire LMC states that your practice is likely to be compliant if your practice does the following:

- Ensures that staff have had safeguarding training, if appropriate to their role, so that they can recognise the signs of possible abuse.

- Takes appropriate action to protect patients in the event that any member of staff exploits a vulnerable adult or child in any way. Healthcare professionals at your practice should be reported to the GMC/Nursing Midwifery Council/HPC in cases where they are in possible breach of their professional guidelines. Performers should be reported to the relevant CCG.

- Ensures that patients can raise concerns and make complaints related to abuse. We suggest that you have a mechanism for patients to make comments and a publicised complaints procedure. See "The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009" or NHS Complaints Advocacy

- Shares relevant information with other providers, in accordance with local safeguarding procedures, when there are safeguarding concerns about a patient.

- Complies with the Vetting and Barring Scheme*:

  - Practices that knowingly employ someone who is barred to work with children or vulnerable adults will be breaking the law.
  - Practices that dismiss or remove a member of staff/volunteer from working with children and/or vulnerable adults (in what is legally defined as regulated activity)
  - Practices are under a legal duty to notify the ISA* of relevant information, so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups.

*__NOTE__: Arrangements for vetting and barring have now changed. The Disclosure and Barring Service (DBS) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). See page 8
For further detail visit: https://www.gov.uk/government/organisations/disclosure-and-barring-service

- Your practice has the following:

  - A safeguarding children (child protection) policy. You could base your practice procedures on the BMA's Children and Young People Toolkit or the RCGP's Safeguarding Children and Young People, Safeguarding Children Toolkit for General Practice.
  - A patient information leaflet about abuse, containing information on what patients should do if they have suspicions that another person has been abused and what they might expect to happen under safeguarding procedures, is available in your practice. An extensive range of patient information leaflets can be accessed on the NSPCC website.

# Safer Employment

## Vetting, Barring and Referrals

The Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) functions have now merged to create the Disclosure and Barring Service (DBS).

All GPs applying to join the medical performers list under Performers List Regulations have to provide an enhanced disclosure as part of their application.

General practices also have a responsibility to ensure that they carry out appropriate criminal record checks on applicants for any position within their practice that qualifies for either an enhanced or standard level check. Any requirement for a check, and eligibility for the level of check, is dependent on the roles and responsibilities of the job.

NHS employers also have a legal duty to refer information to the DBS if an employee has harmed, or poses a risk of harm, to vulnerable groups and where they have dismissed them or are considering dismissal. This includes situations where an employee has resigned before a decision to dismiss them has been made.

For further information see the NHS Employers website.

## Safe Recruitment

The LSCB 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.

## Chaperones

All chaperones should have a standard DBS check. Best practice is for them to have had chaperone training. As a guide the training ought to cover the following points: describe the role and requirements of the chaperone, understand what is meant by the term ‘intimate examination’, be aware of the rights, needs and concerns of the patient, understand the issues of consent and confidentiality, apply relevant reporting and recording procedure and policy for untoward incidents and begin to appreciate the complexity of associated issues for the individuals and service concerned, be able to work within policy guidelines to support a patient during intimate examination, identify issues which raise concern and the procedure for reporting, ensure infection control and health and safety procedures are maintained and be able to record accurate accounts of presence of chaperone.

## Dealing with Allegations

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 Area 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 the police and social care if necessary.

After taking any immediate action in line with your practice policy, you should inform the LADO if the staff member has,

- behaved in a way that has harmed, or may have harmed, a child, or
- possibly committed a criminal offence against or related to a child, or
- behaved towards a child/ren in a way that indicates unsuitability to work with children.

LADO Cambridgeshire .....01223 727967 / 01223 727968 / 01223 727969 lado@cambridgeshire.gov.uk

LADO Peterborough.....01733 864038 / email LADO@peterborough.gov.uk

## Whistle Blowing

It is important to build a culture that allows practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague's behaviour.

## Staff Behaviour and Professional Boundaries

The practice should have clear expectations for staff behaviour e.g. attitude, respecting privacy, use of internet/mobile technology, confidentiality.

If you have concerns about a professional who may be abusing a child/ren or young person then you have a duty to refer this. Please see the LADO information above.

# Lucy Faithful 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 http://lucyfaithfull.org/

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 Faithful 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. We work with organisations, individual professionals and those who work with children and families as well as members of the public.

## Recognising Risk

### When a vulnerable child registers at your surgery

When presented with a vulnerable child, or young person, you will need to assess the pathway that should be followed. Each pathway has read-coding and specific multiagency forms. The child's pathway can be discussed with your practice safeguarding lead or with the designated professionals (contact details p27).

**GP Screening Tool for Vulnerable Children and Young** People

| **It is the responsibility of ALL staff coming into contact with children and young people to report and follow through concerns of children or young people who may be vulnerable. This tool has been designed to raise awareness and improve assessment and documentation.** | | |
|---|---|---|
| • Parents with a history of substance misuse.<br>• Children living in household with domestic violence.<br>• Parents; where their mental health or learning disability is a concern.<br>• Poor general presentation, dirty, persistent head lice, dental caries (particularly under 3 years) underweight/failure to thrive, missed developmental milestones.<br>• Poor parent/child interaction/relationship. | No ☐ | Yes ☐ |
| Does the child/family have a social worker? Is the child subject to a Child Protection plan/legal order? | No ☐ | Yes ☐ |
| Is there evidence of bruising in a non–mobile baby (<6 months) | No ☐ | Yes ☐ |
| If there is an injury – are the symptoms consistent with the given history? | No ☐ | Yes ☐ |
| Was there a delay between the time of injury and seeking medical advice? | No ☐ | Yes ☐ |
| Does the child attend surgery or out of hours' services frequently? (2 or more attendances a month) | No ☐ | Yes ☐ |

One tick in a coloured box triggers a review/discussion **with** another health colleague, or the CCG Safeguarding Team where one of the following decisions will be made:

☐ **Treat as not suspicious:**
Record consultation and contact Practice Safeguarding Lead.
Consider CAF initiation and action plan to support family.

☐ **Treat as suspicious or a safeguarding concern:**
Referral to social care; complete joint agency referral form.

| CAMBRIDGESHIRE | PETERBOROUGH |
|---|---|
| *Professionals number*: 0345 045 1362 | 01733 864170 |

| Out of hours: 01733 234 724 |
| --- |
| Record concerns on child's record/Safeguarding Template with appropriate coding |
| **It is the responsibility of ALL staff coming into contact with children or young people to report and follow through concerns about potential child abuse. This is a guide to help you through that process.** |

Children in need of Support

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**Safeguarding Looked After Children (LAC)**

When the child/young person deregisters from the surgery you need to notify other professionals. This can be done by letter (**Appendix** A).

## Barriers to 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.

**If you encounter any barriers it is important to act to resolve them, either through discussion within the team or by seeking advice. The CCG Safeguarding Team can help you. For example, *escalating* cases with Children's Social Care, tackling systemic problems or helping you to address a practice issue.**

## GP Screening Tool for Vulnerable Children and Young People

**It is the responsibility of ALL staff coming into contact with children and young people to report and follow through concerns of children or young people who may be vulnerable. This tool has been designed to raise awareness and improve assessment and documentation.**

| | | |
|---|---|---|
| • Parents with a history of substance misuse.<br>• Children living in household with domestic violence.<br>• Parents; where their mental health or learning disability is a concern.<br>• Poor general presentation, dirty, persistent head lice, dental caries (particularly under 3 years) underweight/failure to thrive, missed developmental milestones.<br>• Poor parent/child interaction/relationship. | No ☐ | Yes ☐ |
| Does the child/family have a social worker? Is the child subject to a Child Protection plan/legal order? | No ☐ | Yes ☐ |
| Is there evidence of bruising in a non–mobile baby (<6 months) | No ☐ | Yes ☐ |
| If there is an injury – are the symptoms consistent with the given history? | No ☐ | Yes ☐ |
| Was there a delay between the time of injury and seeking medical advice? | No ☐ | Yes ☐ |
| Does the child attend surgery or out of hours' services frequently? (2 or more attendances a month) | No ☐ | Yes ☐ |

One tick in a coloured box triggers a review/discussion **with** another health colleague, or the CCG Safeguarding Team where one of the following decisions will be made:

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Referral to social care; complete joint agency referral form.

| CAMBRIDGESHIRE | PETERBOROUGH |
|---|---|
| *Professionals number*: 0345 045 1362 | 01733 864170 |
| Out of hours: 01733 234 724 | |

Record concerns on child's record/Safeguarding Template with appropriate coding

**It is the responsibility of ALL staff coming into contact with children or young people to report and follow through concerns about potential child abuse. This is a guide to help you through that process.**

## Children in need of Support

### The Integrated Front Door: MASH and EHH

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.

- 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. To help you to determine levels of need when making your own assessment, please refer to Cambridgeshire or Peterborough Threshold Document which can be found on the LSCB website.

You should always get the consent of the parents or carers, except where a child is considered to be at risk of harm and you believe that seeking parental consent may increase this risk.

### Safeguarding referrals for MASH

Made using the Joint Peterborough and Cambridgeshire Referral Form and can be emailed to:
MASH.C&F@cambridgeshire.gcsx.gov.uk or
PDCSC@peterborough.gcsx.gov.uk

Alternatively, you can contact MASH on:

| CAMBRIDGESHIRE | PETERBOROUGH |
|---|---|
| *Professionals number*: 0345 045 1362 | 01733 864170 |
| **Out of hours**: 01733 234 724 | |

You must follow up your telephone call by sending a completed Joint Peterborough and Cambridgeshire Referral Form to MASH within 24 hours, as above.

Once a fuller picture has been established by MASH, the MASH Manager will decide on the most appropriate action to take.
You will be notified in writing as to the outcome of the referral within 24 hours.

## Request for Early Help

Early Help Assessments (EHA's) 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 1989 – 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.

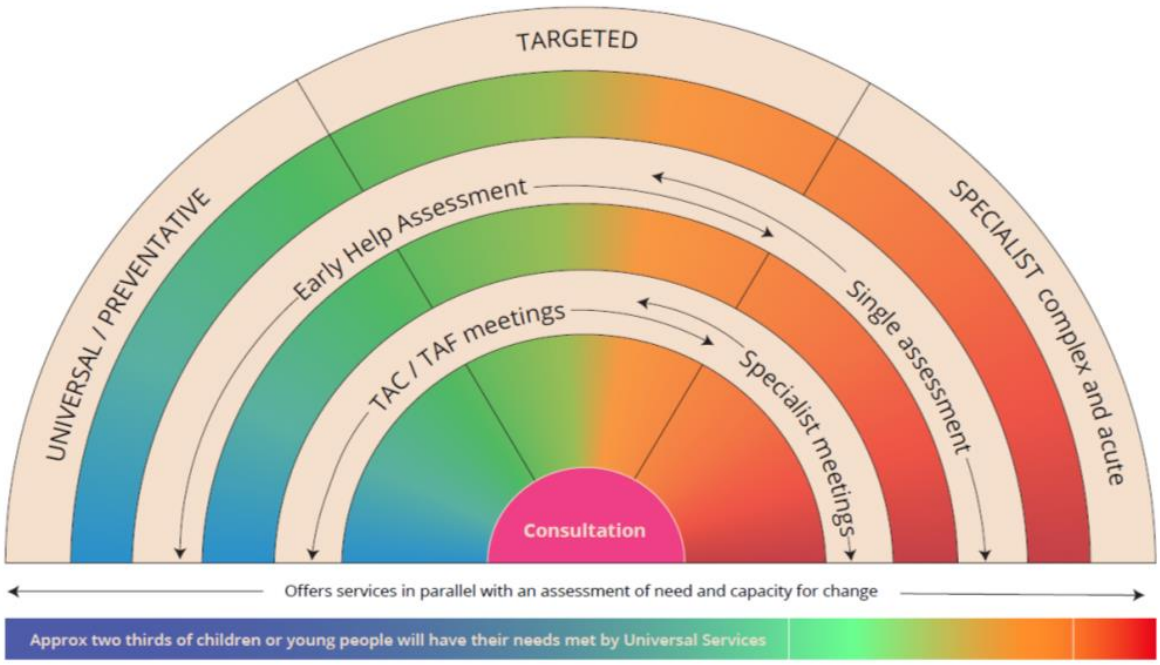
Requests for Early Help in Cambridgeshire are made using the Early Help Assessment and emailed to Early.helphub@cambridgeshire.gcsx.gov.uk. Information in Peterborough can be found on their website.

The Early Help Hub will review the EHA and make a decision to do one of the following:

a) Pass the case to the Multi Agency Safeguarding Hub as on review it appears that social care services are 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

**Continuum of Need**

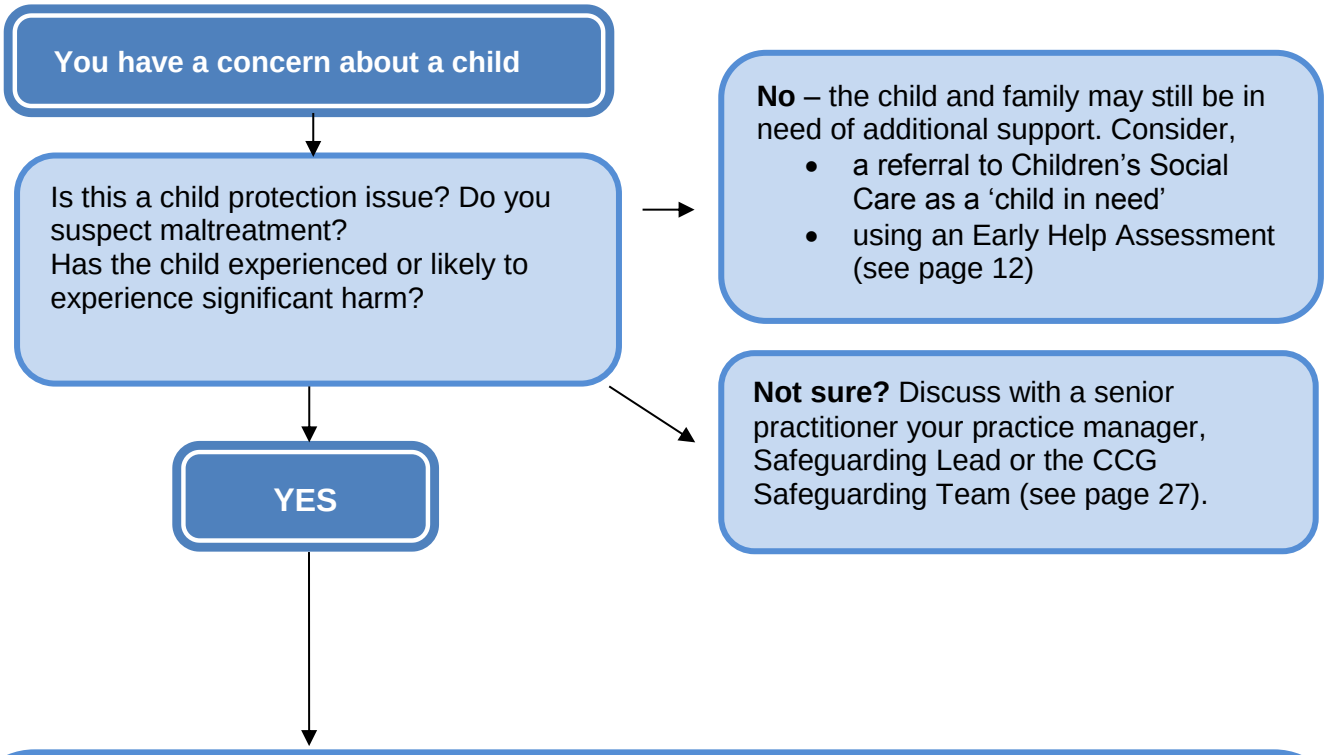
The Continuum of Need is a common approach to describing the levels of need and the intervention that may be required by children, young people and their families.




This is never a static process, situations change and as a result so does the level of need and risk. Practitioners need to understand this and to understand that children and young people may move along this continuum and require more or less specialist intervention as needs and risk changes.

## Safeguarding Children Flowchart

In this section there is information about what to do if you are concerned about a child, and the wide range of issues that should cause concern.




A referral must be made to Children's Social Care. Delay should be avoided. Referrals can be made by phone but must be followed up in writing within 48 hours using the joint referral form available from social care or the LSCB websites (see contacts page).

**Professionals number**: 03450451362
**Public number**: 03450455203
**Out of hours**: 01733 234724

NB: It is good practice to discuss your concerns with the parents at this stage unless there is a good reason for not doing so. Research shows that parents will find it easier to work with

It is the responsibility of social care to 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.

Note: If you have a disagreement with another agency (e.g. Children's Social Care), consider ***escalating*** your concerns. The CCG Safeguarding Team will help you with this if necessary. There is an established 'Escalation Policy" in both Cambridgeshire and Peterborough. See www.cambslscb.org.uk or www.peterboroughlscb.org.uk.

## Safeguarding Looked After Children (LAC)

It is well documented that Looked After Children and young people share the same health risks and problems as their peers, but often to a greater degree due to the impact of poverty, abuse and neglect. Looked after children are among societies most vulnerable, in terms of safeguarding[11].

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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 LAC child as a registered patient seeking the urgent transfer of the medical records if the child is placed over three months.
- Act as advocates for the child, contribute and provide summaries of the health history of a child who is LAC, including their family history where relevant and appropriate.
- Ensure that referrals to specialist services are timely, taking into account the needs and high mobility of children who are looked after.
- Ensure the clinical records make the 'looked after' 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.

## Communication with Health and Other Agencies

### Information Sharing

Keeping children and young people safe from harm requires professionals and others to share information about their health and development and exposure to possible harm. Often, it is only when information from a number of sources has been shared and pulled together that it becomes clear that there are concerns a child is in need of protection or services.

Section 10 of the Children Act 2004 places a duty on key people and bodies to cooperate to improve the wellbeing of children and young people. This includes the proportionate sharing of information, where appropriate, to make the best decisions for children and young people at risk.

Information can be shared in a multi-agency arena with consent from the parents if they are under section 17 of the Children's Act 2004, this covers children in need. If the family are in a child protection arena (section 47 of the Children's Act 2004) then Professionals have a statutory duty to share information in order to safeguard the welfare of the child. If you are unsure about sharing information but are clear that you are acting in the best interest of the child, then you are protecting the child and the GMC/NMC protects you and you should clearly document your rationale for sharing. If you are still not clear please contact the Designated Team for advice.

It is important of course to keep a balance between the need to maintain confidentiality and the need to share information to protect others. Decisions to share information must always be based on professional judgement about the safety and wellbeing of the individual and in accordance with legal, ethical and professional obligations. Information sharing: Guidance for practitioners and managers. Available at: www.gov.uk

## Consent

Consent is the key to successful information sharing. For all assessment, it is important that consent is obtained where it is sensible, in the child's best interest, and practical. Even where the Data Protection Act does not demand it, operating with consent is good practice.

To give informed consent, a child/young person and/or their parent/carer must be entirely clear about the purpose of the information; how it will be used; who it may be shared with and how it will be shared; how long it will be held and in what form. This must include making them aware of circumstances where information may be shared without consent and where confidentiality cannot be maintained.

Consent can be withdrawn at any time: 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 and/or their parent/carer should be informed that they can withdraw consent at any time.

Consent has been gained by Social Care from the family in cases that are under the Section 17 (Child in Need) threshold. Consent is not required if it is under Section 47 (Child Protection) and agencies have a statutory obligation to share, however in most cases consent is gained in order to facilitate a positive working relationship. A record of the discussion containing pertinent health information is also then maintained on the Social Care and Police record. There is both information sharing framework and agreement that cover information sharing in this context, as well as systm1 information sharing policies.

## Serious Case Reviews

Working Together 2015 is clear that 'professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why, so that important lessons can be learnt and services improved to reduce the risk of future harm to children.

There are explicit requirements and responsibilities for Local Safeguarding Children Boards (LSCBs) in this regard, including undertaking reviews of serious cases in specified circumstances. A serious case is one where:

(a) Abuse or neglect of a child is known or suspected; and
(b) Either (I) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

GPs will be supported in writing these by the designated team and NHS England. In the instance where there are multiple GP surgeries involved an overview writer may be appointed. However, if a case involves just one GP practice they will be expected to write a review of their management of the case, with advice from the designate team.

## Child Death Overview Process (CDOP) - Unexpected and Expected Deaths

**Background**

The Child Death Overview Panel (CDOP) is a multi-agency group which reviews all child deaths up to the age of 18 years. It is a sub-committee of the Local Safeguarding Children's Board (LSCB).

Anonymous data is collected on all child deaths including expected deaths. The information collected needs to be as complete as possible (particularly when the death was unexpected) in order to ascertain whether there are any modifiable factors. The CDOP makes recommendations when there are lessons to be learned, and informs local planning on how best to safeguard and promote the welfare of children in their area. The panel is also responsible for ensuring that follow-up and support for families is in place.

**Unexpected Deaths**

When a child dies unexpectedly (i.e. the death was not anticipated as a possibility 24 hrs before the death or the event that preceded the death), there is an immediate information sharing and planning discussion between the lead agencies (Health, Police and Social Care) and usually there will be a joint home visit between a police officer and a senior health professional (Rapid Response Team) to take a detailed history from the family and also to keep the family informed about the next steps.

This visit is made as soon as possible within working hours and the information is passed onto the pathologist when a post mortem is to be held.

A multi-agency professionals meeting is then held, usually within a few days of the death, involving relevant agencies (e.g. primary health care, midwives, coroner's officer, police, paediatrician, education). Often this will be held at the GP surgery to enable the General Practitioner to attend. The purpose of this meeting is to share information, to raise concerns about

whether there is a possibility of abuse or neglect having contributed to the child's death and to ensure that the family are supported.

If it is evident that a Serious Case Review (SCR) may be initiated, then CDOP / Rapid Response processes cease and SCR processes will take over.

A final case discussion is held at about twelve weeks after the child has died unexpectedly, which is usually when the post mortem results are known. This may not always be necessary. The purpose is to share any new information and to ensure that bereavement support for the family is in place.

Professionals involved in this meeting depend on the age of the child but would always involve primary care. Potential lessons to be learned may be identified by this process and at this stage relevant information is completed (Form C) and sent to the coordinator for the Child Death Overview Panel to inform discussion at the next panel meeting. This information will be anonymised by the CDOP co-ordinator. More details can be obtained from the LSCB website: http://www.cambridgeshire.gov.uk/lscb/info/13/child_death_overview_panel

Further information can be obtained from key contacts for CDOP Coordinator and Designated Doctor for Childhood Deaths (see **Contacts**).

## Recording your concerns

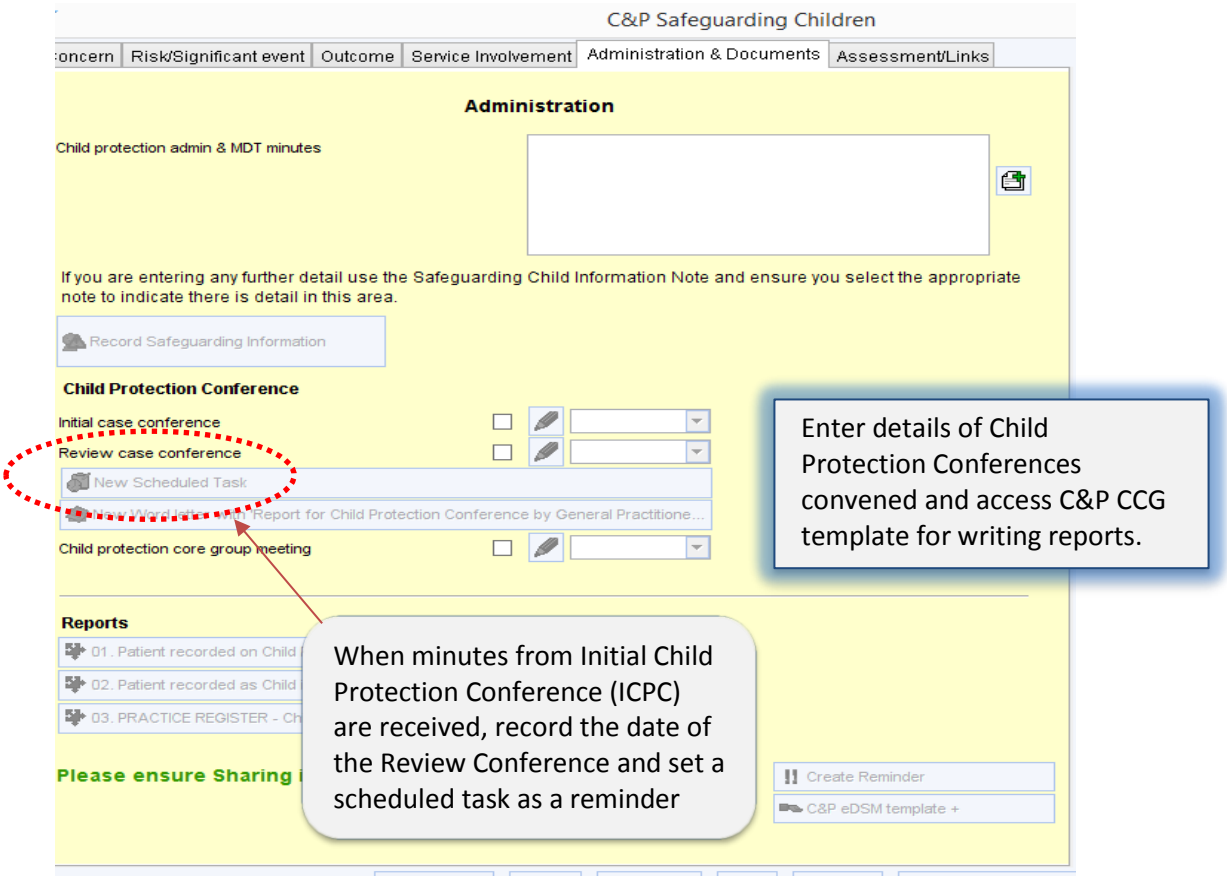
### Safeguarding Children Templates

The C&P CCG Safeguarding Admin Information Pack provides guidance around read codes to use for safeguarding children. It is good practice to use these appropriately when documenting safeguarding concerns. This will facilitate easy gathering of information around safeguarding children and vulnerable families on most modern GP systems. Systm 1 has the C & P safeguarding screen view which pulls information that has been appropriately coded around safeguarding. It can be accessed by choosing the C & P safeguarding data option from the CP clinical and admin template screen. For more information, please contact your primary care systems consultant.

**SystmOne**


Safeguarding children documents come in many different formats, including Case conference notes & summaries, reports to conferences, requests for service, strategy discussions and assessment information. Different items are used in varying formats by local authorities and there is limited consistency of approach. It is difficult to create specific guidance to cover all eventualities, so this section should be seen as core principles and minimum requirements not rules to be rigidly applied.

## Administration Template Page (S1)




### What to scan on to records of child(ren)

The key principle is to scan all documents on to the records of all affected children in the family, not just the child(ren). Systems such as EMIS Document Management can be used to scan the item once and attach to multiple records. If unsure check with your system supplier how to do this. This principle is set to avoid/reduce risk of information being lost when families transfer between practices.

### Other actions

Practices need to ensure appropriate read coding of the records and circulation to the named/usual GP for the family, who will determine if further cascade to other Healthcare Professionals' is required.

### Requests for access to records

Where an individual requests access to their record, these should be processed as normal, **noting the potential for exempting information that can identify third parties or where disclosure could cause significant harm or distress to any individual**.

Concerns have been raised about 'labelling' individuals and affect there may be on them in the future. For example, where a very young child is subject to safeguarding for a relatively short period, but later in life as a young person or an adult requests access to their records. They may not know about the previous events and may have been too young to know at the time. It is this sort of situation where information can be 'redacted' from the record, on the basis it could cause significant harm or distress to any individual', given the affect it may have on relations with parents or others. Whilst such future concerns are valid, they should have very limited impact on current actions if any as such situations can be handled as and when they arise.

**Domestic violence incidents**

Police notify Health services when they have attended a domestic/sexual violence incident in a family where there are children. This will include details of the victim, alleged perpetrator and any children in the family. Multi-Agency Risk Assessment Conferences are run by the police with the aim of reducing repeat harm in the highest risk cases of domestic/sexual violence. Practices will receive letters with information about individuals involved in a MARAC case. The information may solely be about a perpetrator (where they are a registered patient) or may be about the victim, perpetrator and others (where at least two are registered patients, if not all).
Police notifications should be scanned to the victims and any children's file and may be coded using "Police domestic incident report received" 9NDJ (EMIS), Xaaqr (S1) but **must not be scanned to the perpetrators**.

Documents about the perpetrator must not be scanned into health records, but a perpetrator's health record can be coded using the read code for 'confidential data NOS' (9R1Z).
There should also be a free text entry associated with the code including the NHS number of the victim. DO NOT include the victim's name.

**It is important to remember that the 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**.

## Child Protection Conference Reporting

If a child is considered at risk of significant harm, then enquiries may be made under section 47 of the Children Act 1989. It may be necessary to convene a Child Protection Conference which involved health professionals may be invited to.

Professionals and Agencies who are invited to attend should make every effort to do so, but if unable they should submit a written report, wherever possible, a well briefed agency representative should attend to speak to the report (Working Together 2015).
The GMC outlines that to keep a patient safe, doctors must contribute to confidential enquiries and must report to appropriate persons/organisations when a patient is at risk.

A template (available in word format) to assist in the writing of reports is accessible on most GP systems. There is an element of auto-population available for Systm1 users. The report template has been laid out in the manner of the Signs of Safety approach used by Social Services. This is an approach that assists families to understand the concerns of the professionals. It also helps professionals appreciate the family's point of view. There are three sections where you supply your analysis of the family:

- **"What are you worried about?"**
- **"What is working well?"**
- **"What needs to change?"**

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.

# Further support: Safeguarding Children

## Neglect

Neglect is the most common form of child abuse.

However, it is also a complex and often challenging area for practitioners to respond to. The LSCB Neglect Resource Pack contains tools and resources to support all Professionals in Cambridgeshire and Peterborough.

## E-safety – the safe use of internet and mobile devices

There are a range of organisations that offer information about e-safety and several that will act in response to illegal on-line content or concerns about attempted or actual on-line abuse.

NetAware advice and links for young people, parents, teachers, and organisations

Childnet a site designed by young people.

Ceop Child Exploitation and Online Protection. Linked to a Virtual Global Taskforce, enabling police to investigate reported, actual or attempted abuse

IWF the Internet Watch Foundation. The UK's hotline for reporting illegal online content.

digizen information about the safe use of social networking sites.

Thinkuknow Advice for parents and children to protect children from harm online and offline

## Bruising in Pre-Mobile Babies

Bruising is the commonest presenting feature of physical abuse in children. The LSCB has produced a new protocol and guidance in conjunction with Children's Social Care and health safeguarding specialists.

The protocol has been developed for the assessment and management of bruising in pre-mobile babies and the process by which such children should be referred to Children's Social Care and a senior paediatrician for further assessment and investigation of potential child abuse.

Bruising in Pre-mobile Babies Protocol

## Management of Children/Young people where they are Safeguarding concerns

**Examples of concern:**
Repeat attendances
Repeat non-attendance to pre-booked appointments
Injury in child <12 month old
Head Injury/thermal injury
Poor child/parent interaction
Worrying parental behaviour
Genital Injury
Referral from social care/police
Previously/currently known to social care
Domestic abuse
History inconsistent with presenting complaint
Disclosure of abuse
Delay in presentation for treatment

**Suspected sexual abuse:**
Seek advice on call paediatrician for Sexual Assault Referral Centre (SARC) 01223 884160

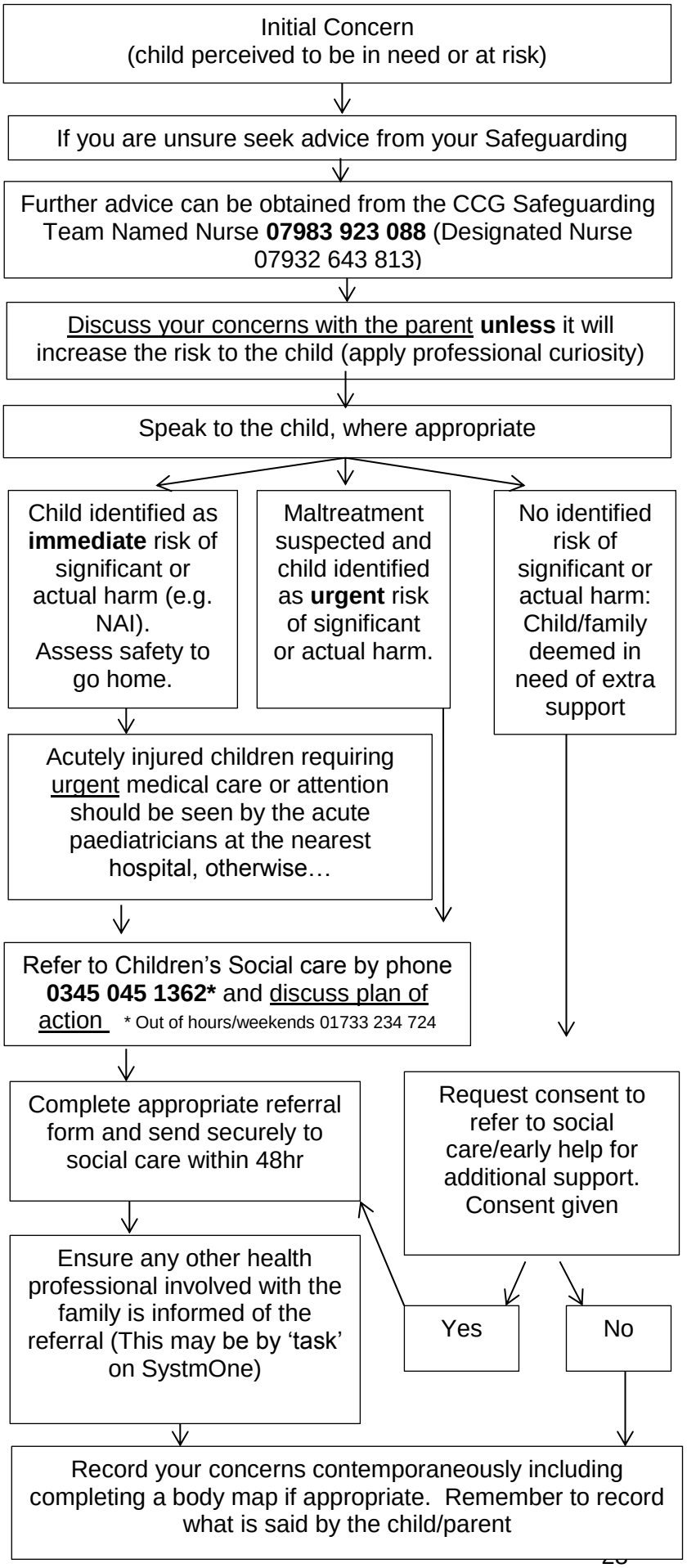
Do not ask leading questions

Do ensure all records are contemporaneous

Do liaise closely with all agencies

Any professional disagreements seek advice from Designated /Named Nurse for safeguarding children*

**All serious cases ensure police are informed**



## Child Sexual Exploitation (CSE)

The recent report by the Children's Commissioner into CSE found that over the past 20 years' evidence has shown that large numbers of children are being sexually exploited in the UK. It called for urgent action to ensure practitioners recognise the many warning signs that children display when being subjected to sexual exploitation at the hands of gangs and groups and that they know how to act.

> "Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity
>
> (a) in exchange for something the victim needs or wants,
> and/or
> (b) for the financial advantage or increased status of the perpetrator or facilitator.
>
> The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact;
> it can also occur through the use of technology."
>
> DoE, February 2017

Locally, the CSE strategy has been led by the LSCBs. They have produced guidance on warning signs, risk assessment and referral pathways.

**Resource packs for professionals**

Resource Packs for professionals have been designed to raise awareness and support practitioners who work with young people who may be at risk of child sexual exploitation.

These packs are available by emailing pscb@peterborough.gov.uk

> **Note:** CSE is a form of sexual abuse. If you are unfamiliar with the risk assessment and referral pathway for CSE, act on your concerns in the same way as you would for other safeguarding concerns by seeking advice and contacting Children's Social Care or the Police.

**Barnardo's definition of child sexual exploitation**.

| | | |
|---|---|---|
| 1 | Inappropriate relationships | Usually involving one perpetrator who has inappropriate power or control over a young person (physical, emotional or financial). One indicator maybe a significant age gap. The young person may believe they are in a loving relationship. |
| 2 | 'Boyfriend' model of exploitation and peer exploitation | The perpetrator befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates. Our services have reported a rise in peer exploitation where young people are forced or coerced into sexual activity by peers and associates. Sometimes this can be associated with gang activity but not always. |
| 3 | Organised/networked sexual exploitation or trafficking | Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced/ coerced into sexual activity with multiple men. Often this occurs at 'sex parties' and young people who are involved may be used as agents to recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by perpetrators. |

## Brook Sexual Behaviour Traffic Light Tool

The tool uses a traffic light system to categorise 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

Available on the Brook website.

## Gangs

Being part of a friendship group is a normal element of growing up and it can be common for groups of children and young people to gather together in public places to socialise. Although some group gatherings can lead to increased antisocial behaviour and youth offending, these activities should not be confused with the serious violence of a gang.

The attached guidance focuses on safeguarding those children and young people at Level 2, i.e. those on the cusp of/vulnerable to making the transition to gang involvement as well as those already involved in gangs. At the top level (Level 3) are organised criminal gangs, composed principally of adult men. At the bottom level (Level 1) are peer groups. http://cambridgeshirescb.proceduresonline.com/chapters/p_gang_activ.html

The practitioner should not exclude females, LBGT and trans-gender community from gang involvement. Practitioners should consider the risks to young people involved in gangs from violence and weapons, drugs, and sexual exploitation.

## Mental Health

Cambridgeshire Community Child and Adolescent Mental Health Service (CAMHS) is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing.
Local areas have a number of different support services available. These might be from the statutory, voluntary or school-based sector, such as an NHS trust, local authority, school or charitable organisation.
Parents, carers and young people can receive direct support through CAMHS.

Cambridge has recently recruited 8 emotional health and wellbeing workers across the region who will be available to provide advice and information to professionals in the health sector, local government and schools.

Keep your head is a local government and CCG funded website providing support and information for young people, families, professionals and the education sector. It includes referral information and many sources of help and advice. In addition, it has a number of suicide prevention resources aimed at GP, parents and teachers.

The traditional pathways into mental health have changed. At the time of writing, behavioural and neurodevelopment issues ( including autism and ASD ) are now being assessed by referral to Early Help Support (see Request for Early Help). This service screens referrals and will direct them towards the most appropriate support.

**Cambridgeshire Early Help Hub;** Tel;01480 376 666
early.helphub@cambridgeshire.gcsx.gov.uk

**Peterborough Early Help Service**;
Tel: 01733 863649
earlyhelp@peterborough.gov.uk

Counselling services in the area are now mostly supplied by the third sector. This includes:

- Kooth, a web based support and counselling service for young people accessible outside school hours and free at the point of access.

- CHUMS This is a new support and counselling service starting in January 2018.
  It provides face to face counselling and support across the area. Referrals can be made online via their website or by phone and is open to professionals, the young person or family members. All referrals are screened and confidential.

- Centre 33 provides a range of services from free counselling and support to information on sexual health, housing, budgeting and also a young carers' project.

- Young Minds is a charity committed to improving the emotional well-being and mental health of children and young people. They have produced an extremely useful website for young people that features a wealth of information on medications and mental health conditions. They also provide links to helpful podcasts.

Further third sector support is offered for parents specifically by the charities Pinpoint and Family Voice. These two charities offer group and personal support to parents of children with confirmed or suspected ASD and autism but also offer group support for parents whose young people are self-harming.

### Mental health crisis

If a child is in mental health crisis there are several options. In working hours' referrals can be made through the single point of Access:
**01480 428115 accesscamhs@nhs.net.**
However, support is also offered by the First **Response Team for support on 111 (select option 2)**, They provide screening and advice and can arrange onwards referral in and out of hours.
There is also support offered by the **Sanctuary in Cambridge or Peterborough.** The Sanctuary offers a place of safety to anyone in crisis over the age of 16 practical and emotional support between 6pm and 1am. Referral is via 111.

Please be aware that if a child or young person is seriously at risk out of hours then they should be referred to the safest place and this may be accident and emergency.

## Perinatal Mental Health

Up to one in five women and one in ten men are affected by mental health problems during pregnancy and the first year after birth. Unfortunately, only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too. However, this is not inevitable. When problems are diagnosed early and treatment offered promptly, these effects can be mitigated.

The RCGP toolkit is a set of relevant tools to assist members of the primary care team to deliver the highest quality care to women with mental health problems in the perinatal period.

**Additional resources**

| | |
|---|---|
| Support Organisations: | Maternal Mental Health Alliance |
| | http://everyonesbusiness.org.uk/ |
| | Birth Trauma Association |
| Drugs and treatment: | Mind |
| NICE quality standards: | NICE |
| NICE Clinical guidance: | NICE |

## County Lines

County lines is a term used by police when regarding urban gangs supplying drugs other areas and towns. These gangs involve children and vulnerable people to move drugs and money, by force or coercion. The associated violence, drug dealing and exploitation has a devastating impact.

Some of the indicators of involvement and exploitation include:

- Persistently going missing
- Unexplained acquisition of money, clothes or mobile phones
- Relationships with controlling/older individuals or groups
- Suspicion of physical assault/unexplained injuries
- Parental concerns
- Significant decline in school results
- Self-harm or significant change sin emotional well-being

If you are concerned, please discuss with your safeguarding lead and consider information sharing with social care. If a person is at immediate risk of harm, you should contact the police.

## The Elms Sexual Advice and Referral Centre (SARC)

The Elms are a team of friendly professionals that work 24/7 to help people that have been affected by sexual abuse.

Services are provided by a partnership including Cambridgeshire Rape Crisis, Peterborough Rape Crisis, Embrace, Peterborough Women's Aid, Victims Hub, Cambridgeshire Constabulary and Mountain Healthcare Ltd. Officers from the Rape Investigation Team (RIT) are also based in an office at The Elms.

The Elms
Hinchingbrooke Hospital
PE29 6NT
Tel: 0800 193 5434 (9am-5pm)
Out of Hours Help Line: 0800 193 5434
Email Address: theelms.sarc@nhs.net

## Female Genital Mutilation

FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls. Appropriate course of action should be decided on a case by case basis, with the expert input from all agencies involved.

Resources can be accessed on the LSCB website.

One specific consideration when putting in place safeguarding measures against FGM is that the potential risk to a girl born in the UK can usually be identified at birth, because through the ante-natal care and delivery of the child, NHS professionals can and should have identified that the mother has had FGM. However, FGM can be carried out at any age throughout childhood, meaning that identifying FGM at birth can mean that any safeguarding measures adopted may have to be in place for more than 15 years over the course of the girl's childhood. This is a significantly different timescale and profile compared with many of the other forms of harm, against which the safeguarding framework provides protection. This difference in approach should be recognised when putting in place policies and procedures to protect against FGM.

Once concerns have been raised about FGM, there should also be a consideration of potential risk to other girls in the family and practising community. Professionals should be alert to the fact that any one of the girl children amongst these groups could be identified as being at risk of FGM and will need to be responded to as a 'child in need' or a 'child in need of protection'.

There is now a mandatory reporting duty for FGM

## Prevent

The Government's counter-terrorism strategy is known as CONTEST. Prevent is part of CONTEST, and its aim is to stop people becoming terrorists or supporting terrorism.

Healthcare professionals have a key role in Prevent. Prevent focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity. Prevent does not require you to do anything in addition to your normal duties. If you are concerned that a vulnerable individual is being exploited in this way, you can raise these concerns using existing safeguarding procedures for children and adults.

## Drug and Alcohol Services for Children, Young People and Families

**Cambridgeshire**

For young people using or suffering from the use of drugs and alcohol in their family there are several resources including Cambridgeshire Child and Adolescent Substance Use Service (CASUS). They offer specialist treatment, interventions, support and information for all types of substance use. They can see young people at school, home or a variety of community or healthcare settings They also provide support for the families and carers of substance misusing young people, and see young people who are affected by the substance misuse of someone close to them.

Inclusion drug and alcohol service offer assessment and recovery focused treatment interventions for adults with substance misuse issues. Inclusion is a countywide service that provides a broad range of recovery and support programs which engages individuals to move towards more fulfilling healthier lifestyles. The services provided by inclusion include: advice, information, harm reduction interventions, recovery planning in conjunction with a range of pharmacological, psychosocial and structured treatment programs.

**Peterborough**

Aspire run Change, Grow, Live to provide support for those with substance misuse issues and support for their families and carers within the Peterborough area. Aspire offers- one to one support, medical prescribing, and detoxification as well as structured group work, structured and peer led activities and counselling.
Clients can self-refer by walking in through the front door to be assessed by a duty worker. Professionals can contact us by phone or letter. You can also complete the Aspire referral form and return it to us by post, fax, or email.

#POW (Possibilities, Opportunities, Without taking risk) is a free and confidential service that works with young people and families around their, or their parent's or carer's, substance use. The service is for those up to the age of 18 years with drug and/or alcohol problems and offers one-to-one support, group work, housing and education/employment support.

Other third sector support in this area come from:

- FRANK 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.

- Drinksense is the specialist treatment provider in the city for alcohol intervention of children, young people and adults. They also provide a drug service for young people.
  To discuss a referral with the Drinksense Children, Young People and Families Service. Tel: 01733 555532.

## Domestic Abuse

Domestic abuse can have a devastating impact on children and young people, affecting their health, well-being and development, as well as their educational achievement. The Department of Health (DH) has undertaken significant work to promote awareness, understanding and develop evidence-based practice on domestic violence for health professionals. They have produced a practical toolkit for front-line practitioners: **"Improving Safety, Reducing harm. Children, young people and domestic violence".**

> "Domestic violence is an abuse of human rights and a major public health problem because of the long-term health consequences for people who have experienced it.
>
> Many people experiencing abuse believe that their GP can be trusted with disclosure and GPs can offer practical support to protect people who disclose abuse"
>
> The Royal College of General Practitioners (RCGP)

**Policy**
The RCGP, with IRIS and Safe Lives have produced guidance for general practices to help them respond effectively to patients experiencing domestic abuse. The guidance includes key principles to help you develop your domestic abuse policy.

**Barnado's Domestic Violence Risk Identification Matrix (DVRIM)**

Barnado's have developed a tool for Professional usage to assess the risks to children from male to female domestic violence. The Domestic Violence Risk Assessment Matrix is available to download on the Barnado's website. A user guide is available on the LSCB website which helps to assess the threshold of need.

**Local Resources**

The Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership are responsible for Domestic Abuse services across the county. The Professionals section of their website contains information about local support services, guidance and research for professionals www.cambsdasv.org.uk

IDVA Service
The Independent Domestic Violence Advisory Service (IDVA) supports high risk victims of domestic abuse. A Duty IDVA system operates to provide advice to professionals which can be contacted on 01480 847718.

A Young Person's IDVA supports children aged 13-19 (24 with special needs) who are victims of domestic abuse in their own teenage relationships. Contact can be made via the Duty IDVA (details above)

Domestic Homicide Reviews
When a domestic homicide occurs, it is the responsibility of the relevant Community Safety Partnership (part of the District Council) to undertake a Domestic Homicide Review (DHR). DHRs are a Home Office requirement and GPs can be a key player in these multi-agency reviews. For guidance, please visit https://www.gov.uk/government/collections/domestic-homicide-review

**National and local domestic violence services**

| Service | Description | Contact |
|---|---|---|
| 24 hour National Domestic Violence Helpline | A service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf. It is run in partnership between Women's Aid and Refuge.<br>Callers may first of all hear an answerphone message before speaking to a person | 0808 2000 247 |
| Respect | A confidential helpline for people who are abusive and/or violent towards their partners. Offers information and advice to support perpetrators to stop their violence and change their abusive behaviours.<br>The main focus is to increase the safety of those experiencing domestic violence | 0808 802 4040 |
| Safe Lives | Previously called Caada, charity dedicated to ending domestic abuse. Provides knowledge, training and evidence for professionals and organisations. | 0117 403 3220 |
| Cambridge Women's Aid | Charity operating in Cambridgeshire offering emotional and practical support via outreach services and a women's refuge. Covers Cambridge City, East Cambs and South Cambs. | 01223 361 214 (M to F 10am-5pm)<br>07730 322 098 (Out of hours) |
| Peterborough Women's Aid | Charity operating in Peterborough providing a women's refuge. | 08454 103 123 |
| Galop | National charity providing support for LGBTQ victims and survivors of domestic abuse | 0800 999 5428 |
| Karma Nirvana | National charity providing support to victims and survivors of Honour Based Violence, Forced Marriage and domestic abuse | 0800 5999 247 |

## Contacts

**Cambridgeshire and Peterborough CCG - Safeguarding Team** **26/01/18**

### Children

| | |
|---|---|
| **Julie May**<br>juliemay1@nhs.net | Named Nurse Safeguarding Children Primary Care<br>07983 923 088 |
| **Sarah Hamilton**<br>sarah.hamilton5@nhs.net | Designated Nurse Safeguarding Children<br>07932 643813 |
| **Dr Emilia Wawrzkowicz**<br>emilia.wawrzkowicz@nhs.net | Designated Doctor for Safeguarding Children<br>01733 673090 / 07739 795728 |

### Adults

| | |
|---|---|
| **Linda Coultrup**<br>l.coultrup@nhs.net | Named Nurse Safeguarding Adults Primary Care<br>01733 847356 / 07773 952927 |
| **Carol Davies**<br>carol.davies4@nhs.net | Designated Nurse for Safeguarding Adults<br>01733 776176 / 07773 244404 |
| **Loice Zhanda**<br>loice.zhanda@nhs.net | MCA/DoL's Lead |

### Looked After Children (LAC)

| | |
|---|---|
| **Deborah Spencer**<br>deborahspencer1@nhs.net | Designated Nurse for Looked After Children<br>07980 739171 |
| **Mona Aslam**<br>Mona.Aslam@nhs.net | Designated Doctor for Looked After Children<br>07503 255819 (2 pa's/month) |

### Social Care

| **Cambridgeshire** | **Peterborough** |
|---|---|
| **Children's 0345 04 55 203** | **Children's 01733 86 41 80** |
| **Adult's 0345 04 55 202** | **Adult's 01733 74 74 74** |
| **Early Help Hub 01480 376 666** | **www.peterborough.gov.uk/EarlyHelp** |

Out of office hours and weekends 01733 234724

**Police** **Emergency 999** **Non–emergency 101**

**Other Useful Contacts…**

Dr Richard Brown Designated Doctor for Deaths in Childhood 07957 440 912
Richard.brown@addenbrookes.nhs.uk

Natalie Jones Child Death Overview Manager 01733 847359
capccg.cdop@nhs.net

Zaneta Bushnell Safeguarding Children Administrator 01223 725448
capccg.safeguardingchildren@nhs.net

Claire Swift Safeguarding Adults Administrator 01773 847356
capccg.safeguardingadults@nhs.net

Appendix **A**

[Today's Date.]

## Notification of Vulnerable Child leaving GP List

Dear Colleague

Name:

DOB:

NHS number:

Address:

Next of kin:

School (if known):

We would like to advise you that the patient detailed above was registered at …… Health Centre and is currently subject to a Section 47 Enquiry or Child Protection Plan.

The patient left the Practice list on:

Date:

…….. Health Centre

**Copies to:**

**Social Worker named in Case Conference Minutes**
**Children's Services or area equivalent**

## References

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With thanks to:

Dr C Rebecca Jones, GP Lead for CAMHS Cambridgeshire and Peterborough.
Safeguarding Children team, Cambridge & Peterborough Foundation trust (CPFT)