

Cambridge City Community Safety Partnership

- 1 October 2024
- Closed session for CSP Board and Members: 10:00 - 10:25
- Meeting open to the public from 10:25 - 12:30
- Conference Room 2, Parkside Place Community Fire Station, Cambridge CB1 1JF with a hybrid option for CCSP Members
- The public can submit pre-advised questions before 10am on Monday 30 September to email address: Community.safety@cambridge.gov.uk

AGENDA

No.	Item	Lead Officer(s)	Time (Mins)
1	Closed session for CSP Board and Members Welcome, housekeeping / introductions and apologies	Samantha Shimmon (Chair)	10
2	Closed session for CSP Board and Members Domestic Homicide Review Report for Diya	Cherryl Henry-Leach (Independent Chair)	15
3	Meeting open to the public Welcome, housekeeping / introductions and apologies Update on collaborating on providing specialist training on identifying, understanding, and increasing access to safety in the lives of Black and racialised survivors in Cambridge	Chair Dr Mirna Guha (Anglia Ruskin University)	10
4	Minutes of 16 July 2024 meeting: Agreement	Board / members	5
5	Action points: Review	Board / members	5
6	Pre-advised questions from the general public	Chair	5
7	Update from the Office of the Police and Crime Commissioner including Serious Violence Duty, Cambridgeshire Countywide High Harms Board	Shona McKenzie (Office of the Police and Crime Commissioner (OPCC))	10
8	Cambridgeshire and Peterborough Against Scams Partnership Scams awareness raising week 21-27 October	Scott Liddle (Cambridgeshire County Council)	10
	Comfort break		10

9	Update on CCSP Strategic Priority 2023-2025: Reducing Violence in our city centre Home Office Safer Streets Round 5	Keryn Jalli (City Council) / Chair / Board / members	15
10	Update on CCSP deep dive topics for 2024/25	Michael Yates (Policy and Insight Team Cambridgeshire County Council)	10
11	Domestic Homicide Reviews Update	Keryn Jalli (City Council)	10
12	Attendance at the CCSP by someone with lived experience from Probation	Neil Walters (Probation Service)	10
13	Update from Cambridgeshire and Peterborough Integrated Care System (ICS) A&E Discharge Pathway for Children with a Serious Violence Related Injury	Diane Lane / Rebecca Cooke (Cambridgeshire & Peterborough Integrated Care System (ICS))	10
14	Any other business	Chair / Board / members	5
	<i>Written reports circulated</i>		
15	County Domestic Abuse and Sexual Violence Report Q1 2024/25 – To note	County DASV Partnership	<i>Written report</i>
	<i>Verbal information to be noted</i>		
16	National Hate Crime Awareness Week 12 -19 October Free online event open to the public, booking required: Let's talk about Hate Crime and what that means Tickets, Tue 15 Oct 2024 at 13:00 Eventbrite	Chair / Board / members	5
17	Date of next Cambridge CSP meeting	25 February 2025	145

Information for the general public and media representatives

Public attendance

You are welcome to attend this meeting as an observer, and to ask questions or make statements during the relevant item on the agenda. It may be necessary, however, to request that you leave the room during the discussion of matters that are classed as confidential.

Public questions

1. Questions are invited towards the beginning of the meeting.
2. You are requested to restrict questions or statements to matters set out in the meeting's agenda. If you wish to raise a question or make a statement concerning a matter that is on the agenda, then please notify your intention to speak with the Community Safety Partnership Support Officer before the start of the meeting.
3. If you wish to raise a question or make a statement on a matter that is not on the agenda, then please ensure that notice of the question or subject matter is given to the Community Safety Partnership Support Officer on 01223 457808 or via e-mail (community.safety@cambridge.gov.uk) by 10am on the working day preceding the meeting.
4. Questions and statements should be directed to the Chair in all cases; the Chair will then either respond directly or request that the appropriate member of the Partnership respond.
5. Please be brief and keep to the question or statement, as advised.
6. Please be aware that you may not get a verbal response to your question, especially if the question is detailed; a written response will be offered in such cases.
7. If your question raises issues that should be correctly addressed in a request under the Freedom Of Information Act 2000, the Chair will advise you of this.
8. The Chair may refuse to reply to a question and may refuse to refer the question to another member at their discretion. The Chair may also refuse to permit

questions or statements if the matter has already been put or made to a meeting of a Council committee or other body.

9. The Chair's decision is final.

10. The use of audio and visual recording equipment is permitted.

Emergency evacuation

1. In the event of a fire or other emergency, you will hear a continuous ringing alarm. You should leave the building by the nearest exit and proceed to the assembly point on Parkers Piece.

Cambridge Community Safety Partnership

- 16 July 2024
- 10:00-13:00
- Hybrid at Parkside Place Community Fire Station, Cambridge CB1 1JF

Draft Minutes

Board

Samantha Shimmon (Chair)	Cambridge City Council (Communities)
Scott Fretwell (Vice Chair)	Cambridgeshire Fire and Rescue Service
Kelly Gilders	Cambridgeshire and Peterborough Integrated Care System (ICS)
Councillor Cameron Holloway	Cambridge City Council
Scott Liddle	Cambridgeshire County Council
Inspector Edward McNeill	Cambridgeshire Constabulary
Neil Walters	Probation Service – Cambridgeshire & Peterborough Probation Delivery Unit (PDU)

Members

Hannah Hancock	Cambridge Business Against Crime (CAMBAC)
Keryn Jalli	Cambridge City Council (Communities)
Michelle Reynolds	University of Cambridge
Susie Talbot	Cambridgeshire County Council Public Health Commissioning
Louise Walker (Minutes)	Cambridge City Council (Community Safety Team)
Michael Yates	Cambridgeshire County Council (Policy and Insight Team)

Guests

Rebecca Cooke	Integrated Care System (ICS) (Health Lead - Serious Violence Duty)
Vickie Crompton	County Domestic Abuse and Sexual Violence (DASV) Partnership
Dr Mirna Guha	Anglia Ruskin University (Race Equality Lead - Faculty of Arts, Humanities, Education and Social Sciences)
Jayne Kniebe	Cambridge City Council Specialist Housing Worker (Domestic Abuse)
Wendy Masawi	Cambridge City Council (Anti Social Behaviour Team)
Shona McKenzie	Office of Police and Crime Commissioner (OPCC)
Alexandra Miles	Cambridgeshire County Council (Policy and Insight Team)
Rachel Speechley	Cambridgeshire County Council (Missing and Exploitation Team)

1. Welcome, housekeeping, introductions, and apologies

- 1.1 Chair, Samantha Shimmon, welcomed everyone to the Cambridge Community Safety Partnership (CCSP) meeting and thanked Scott Fretwell for hosting the meeting at the Fire Station. There were no attending members of the public.
- 1.2 Apologies were received from Board Member, Mark Freeman (Cambridge Council For Voluntary Service (CCVS)), Maggie Page (Cambridgeshire and Peterborough NHS Foundation Trust), from Members; Freddie Mendes (Cambridge University Hospitals NHS Foundation Trust), Joe Mills (British Transport Police), and Nick Morris (Anglia Ruskin University). Also, from George Bateman (Department of Work and Pensions (DWP)) and Ryan Kelsall (Headteachers Cluster Behaviour And Inclusion Group).
- 1.3 It was noted that Councillor Cameron Holloway replaced Alice Gilderdale (Cambridge City Council), who was thanked for her valuable contributions. Also, that Edward McNeill represented Mike Jackman (Cambridgeshire Constabulary), and Kelly Gilders represented Diane Lane (Cambridgeshire and Peterborough Integrated System (ICS)).

2. Presentation: Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence (DASV) Strategy 2024-27

- 2.1 Vickie Crompton spoke to the strategy which is available at [Cambridgeshire County Council DASV Partnership - Strategic Documents \(cambsdasv.org.uk\)](https://cambsdasv.org.uk). She explained that an action plan is being developed with cross cutting themes for different agencies and the county districts. A meeting would be arranged with Cambridge City Council to discuss this action plan. Action point 07/01
- 2.2 Keryn Jalli asked about demographic data being recorded as without this it would be difficult to identify need. Vickie Crompton responded that the County DASV Partnership will be discussing this with providers such as those in the police, housing, and health, to bring together information.

3. County Domestic Abuse and Sexual Violence Report Q4 2023/24

- 3.1 The County Domestic Abuse and Sexual Violence Report for Q4 2023/24 was noted. As there were no questions, the Chair thanked Vickie Crompton for her presentation.

4. Domestic Homicide Reviews Update

- 4.1 Keryn Jalli provided an update about the four Domestic Homicide Reviews (DHRs), three who had died by suicide having experienced domestic abuse. One of the DHRs, which was presented at the last CCSP meeting, had been

submitted to the Home Office and will be reviewed by the Home Office Q&A Panel in August. One DHR is awaiting the final report. One DHR is waiting for the final report following a meeting with the family. For the other DHR, procurement for the Independent Chair is in progress and should be able to start soon. Keryn Jalli is on the Panel for each DHR and the DHR Chairs will be invited to bring the reviews and action plans to the CCSP when these are available.

- 4.2 Keryn Jalli asked for comments about the CCSP's draft response to the Home Office Domestic Homicide Review (DHR) Statutory Guidance Consultation. Vickie Crompton commented that the proposed CCSP response was like the response provided by the County DASV Partnership. The draft response was agreed to be submitted before the deadline of 29 July. Action point 07/02

5. Collaborating on providing specialist training on identifying, understanding, and increasing access to safety in the lives of Black and racialised survivors in Cambridge

- 5.1 Dr Mirna Guha provided a presentation explaining an offer to provide specialist training aimed at senior leaders who have a say in agency culture and the way services are developed to be most effective. The training would be free, funded by Anglia Ruskin University, and to be delivered in the next couple of months. Following discussion, it was agreed that a poll would be circulated to establish a convenient date for senior leaders to be able to attend. The Chair thanked Dr Guha for her presentation highlighting the need for cultural competency in agencies and training offer. Action point 07/03

6. Minutes of 13 February 2024 meeting: Agreement

- 6.1 The Minutes of 13 February 2024 were agreed and would go forward for publication.

7. Action Points: Review

- 7.1 The action points from the previous meeting were closed apart from 02/01 (E-scooter charger / battery Co-ordinating Group), and 02/05 (licence for the CCSP County Lines video) which would be carried forward to the next meeting. Action points 07/04 and 07/05

8. Pre-advised questions from the general public

- 8.1 There were no pre-advised questions received from the public.

9. Update on CCSP Strategic Priority 2023-2025: Reducing Violence in our city centre and Home Office Safer Streets Round 5

- 9.1 Keryn Jalli provided an update the activity around the CCSP Strategic Priority: Reducing Violence in our city centre and the work funded by Home Office Safer Streets Round 5. She said that more agencies had been able to deliver on

actions due to the additional funding from the Serious Duty and Home Office Safer Streets 5, and that the CCSP will need to consider how to continue funding this work in the future. It was agreed to discuss funding activity at the CCSP Development Session in December. Action point 07/06

It was noted that partnership work had been undertaken with licensed premises in preparation for England playing in the Final of the Euros Football Tournament on 14 July, such as additional taxi marshals.

- 9.2 The Chair asked if the CCSP is linking into Cambridge City Council consultations around the market square and civic quarter as safety needs to be part of the consideration. Keryn Jalli replied that the Police had provided a detailed report and that she is connecting the consultation team with the Police. It was agreed for the consultations to be shared. Action point 07/07

10. Update from the Office of the Police and Crime Commissioner

- 10.1 Shona McKenzie provided an update from the Office of the Police and Crime Commissioner (OPCC). She said that there had been very good feedback on the OPCC funded interventions. The Commissioner's Crime Plan Survey had been launched and would be shared with the CCSP. Action point 07/08
- 10.2 Shona McKenzie said that there is always positive feedback and engagement by Cambridge City. For example, she said that Chloe Newell, the Cambridge Problem Solving Co-ordinator hosted by Cambridge City Council, has brought businesses together for partnership engagement work, which other CSPs wish to replicate. Shona McKenzie said that the OPCC was looking at extending the Problem Solving Co-ordinator roles for another 12 months to March 2025. In addition, the Safer Communities Fund was reopening with a maximum of £10,000 for each CSP.
- 10.3 Scott Liddle asked for more information about the Youth Funded Projects. Keryn Jalli responded that the OPCC had provide funding to all the districts for after school provision for those at risk of serious violence. In Cambridge, this had been discussed at an agency forum, which agreed that Romsey Mill had the established infrastructure to be able to deliver and link young people to the wider Romsey Mill offer. Also, Keryn Jalli said that a Pledge United Project funded by the OPCC was being led by Cambridge United Foundation to work with young people through sport in schools and due to start in September. Action point 07/09

11. Annual Review 2024: Agreement

- 11.1 Louise Walker spoke to a draft version of the Annual Review, which provides an overview of the work of the partnership, priorities, and projects. The CCSP Board agreed for the Annual Review to be published on the CCSP webpage.

12. Deep dive topics for 2024/25: Agreement for two areas

12.1 Michael Yates, Policy and Research Team, Cambridgeshire County Council, provided a presentation. It was agreed at the meeting to start the first main area of focus on Hate Crime for a deep dive and the second area on lithium-ion battery fires and fire safety.

13. Community Safety Fund 2023/24: End of Year Financial Report: Agreement

13.1 Louise Walker spoke to the report and available funding. The Board agreed the report as presented.

14. Future Cambridge CSP meeting dates: Agreement

14.1 Louise Walker spoke to the report and the timeline of meetings was agreed.

15. Home Office Review Community Safety Partnerships

15.1 Keryn Jalli reported that following the Home Office Review Community Safety Partnerships Phase Two consultation, new guidance for CSPs is being developed. She said that Cambridge CSP had been invited to provide a case study of effective CSP practice. In response, Cambridge CSP had provided two case studies: Work with Education and Schools, and Working with the County Level Group, which had first been approved by the Office of the Police and Crime Commissioner (OPCC). Shona McKenzie (OPCC) thanked the CCSP for highlighting the county's successful partnership working.

16. Any other business

16.1 As part of the awareness raising work by Cambridgeshire and Peterborough Against Scams Partnership, Scott Little had brought hard copies of The Little Book of Big Scams to share with partners. This book is also available online at [The Little Book of Big Scams – 5th Edition \(cambs.police.uk\)](https://www.cambs.police.uk/the-little-book-of-big-scams-5th-edition)

16.2 Rebecca Cooke said that there are 60 Serious Violence Champions within Health. She asked how information can be shared across this platform and it was agreed for there to be a Health update at each CCSP meeting. Also, she mentioned that a recent funding bid for Bleed Packs had been unsuccessful. It was suggested that it would be beneficial for her to discuss this further with Hannah Hancock (CAMBAC) to link with the Purple Flag Group and look at a potential training package for businesses, and other funding. Action point 07/10

16.3 Susie Talbot asked if she could discuss with Hannah Hancock opportunities for training, distribution and availability of naloxone for overdose prevention.

Action point 07/11

16.4 As there was no other business, the Chair thanked the Board and Members for their thoughtful contributions and the meeting was closed at 12:56.

Cambridge Community Safety Partnership

- 16 July 2024

ACTION POINTS

MONTH / NUMBER	ACTION POINT	ACTION
07/01	Louise Walker to arrange a meeting for Vickie Crompton and relevant Cambridge City Council colleagues to discuss the DASV Strategy action plan.	Closed: Meeting held on 22 August.
07/02	Louise Walker to submit the agreed CCSP's response to the Home Office Domestic Homicide Review (DHR) Statutory Guidance Consultation.	Closed: CCSP response was submitted by the deadline of 29 July.
07/03	Louise Walker to circulate a poll of potential dates for the specialist training for senior leaders proposed by Dr Mirna Guha.	Closed: Doodle Poll circulated on 17 July.
07/04	Scott Fretwell to update on the writing of the Terms of Reference for an e-scooter charger / battery Co-ordinating Group, which can deliver as a CCSP subgroup.	Carried over from July 2024 meeting and update to be shared.

07/05	Keryn Jalli to update about the licence for the CCSP County Lines video.	Carried over from July 2024 meeting and update to be shared.
07/06	Louise Walker to add to the CCSP Development Session agenda funding for CCSP Strategic Priority 2023-2025: Reducing Violence in our city centre.	Closed: On CCSP Development Session agenda.
07/07	Louise Walker to share Cambridge City Council Consultations	Closed: Circulated to the CCSP on 16 July 2024.
07/08	Louise Walker to share the Police and Crime Commissioner's Crime Plan Survey with the CCSP.	Closed: Circulated to the CCSP on 16 July 2024. Information available at Police and Crime Plan (cambridgeshire-pcc.gov.uk)
07/09	Louise Walker to share the OPCC Youth Funded Projects with Scott Liddle and Rachel Speechley.	Completed: Information shared and available at Community safety (cambridgeshire-pcc.gov.uk)
07/10	Rebecca Cooke to discuss with Hannah Hancock (CAMBAC) working together on a training package for licensed premises to include additional first aid and bleed packs.	Update to be shared.
07/11	Suzie Talbot to discuss with Hannah Hancock (CAMBAC) opportunities for training, distribution and availability of naloxone (overdose prevention).	Closed: Meeting held in August, which identified areas for joint working and plans are in place.



A&E Discharge Pathway for Children with a Serious Violence Related Injury

A collaboration to prevent and reduce violence

Ratification Process

Lead Author: Rebecca Cooke
Deputy Designated Nurse & Health Serious Violence Coordinator

Collaborating Authors: Adrian Boyle, Jenny Harris, Mandy Park, Katherine Mortimore, Emillie Newell, Louise Marks, Robert Bode, Aleksandra Hosaja, Jonathon Mason, Tom Watt, Chris Leach, Dave Sargent, Sam Perrins, Anne Roberts, Jennifer Lockett, Adam Beeton, Alice Peatling, Anna Jack, Liz Morris, Ifeoma Nwaosu, Paul Nelson, Victoria Gadd, Ian McLaughlin, Modupe Ijasan, Anna-Mai Smith, Paul Rogerson.

Approved by:

Ratified by:

Version: 1

Latest Revision: July 2024

Review Date: July 2025

A&E Youth Serious Violence Discharge Pathway (13 - under 18 years)

Child (13-under 18-years) attends Accident & Emergency (A&E) with a Serious Violence related injury

A&E Reception

- Gain child's A&E attendance reason, Next of Kin or legal guardian details & name & relationship of who is accompanying the child.
- Check personal details are correct, electronically amend any changes.
- Book child into A&E and provide a name band.
- Promptly inform triage nurse.
- If present, gain paramedics and or police handover & document.
- Complete & record mandatory questions (The Cardiff Model of Violence Prevention).

Triage Nurse

- Assess & triage child, gaining their wishes and feelings.
- Check & document who has accompanied child to A&E.
- Check if the child is in education, employment or training.
- Make reasonable adjustments for any disabilities & mental health issues
- Contact parent or carer if not present & request they attend A&E.
- Flag if child is open to Children Social Services or Children in Care teams.

Medical Actions

- Medically assess and meet immediate healthcare needs (consider pregnancy for older children).
- Identify if this is a serious violence related injury (see blue box for prompts).
- Assess for any additional social/self-harm concerns (follow Trust safeguarding / mental health policies)
- If Domestic Abuse (DA) is suspected follow Trust DA policy. Be vigilant for National Hand Signal (Help)
- **Make verbal & written children's safeguarding referral** (Emergency Duty Team for out of hours) & in certain circumstances notify the police. Inform child / family unless this creates further risk of harm.
- Inform inhouse safeguarding team and hospital security.
- Provide brief health & safety advice. Separate electronic or paper information should be given.
- Discuss with Children Social Care (CSC) decisions to admit to hospital if required (follow page 4 process).

Safeguarding Actions: Consider Risks

- Type of injury & does it match the history given?
- Location: home/party/public space? Are parents / carer aware?
- Behaviour & language: Aggressive; withdrawn; fearful; secretive / using gang language & street names, sexual maturity.
- Symbols & numbers on clothing; accessories; tattoos; graffiti or 'Tags'
- In possession of weapons, multiple mobile phones, hotel cards, multiple train / bus tickets, excess money or drugs.
- Parents/carers concerns (missing from school/home, changes in behaviour & circle of friends, withdrawal from family life, unexplained gifts, secretive who they are meeting/speaking with).
- Accompanied by who? Consider gang activity/ exploitation/ trafficking.
- Vulnerabilities: learning disability/autism/mental health/ child in care.
- Self-harm or significant changes in emotional well-being.
- Physical assault/unexplained injuries: Consider County Lines, Criminal Exploitation & domestic abuse.
- Check frequency & reasons for past A&E attendances (3 or more in past 12 months classed as frequent attendee).
- Lateral checks with neighbouring hospitals (hospital hopping).
- Check electronic red flags – child protection; missing alerts.
- Are there siblings, consider transferable risks .

The 3 T's

**THINK SAFEGUARDING
THINK FAMILY
Psychological TRAUMA
INFORMED Care**

- Discuss concerns with safeguarding team/on call paediatrician
- Complete safeguarding referral & inform police.

Crisis Team Assessment

- Referral received from A&E Clinician.
- Complete mental health assessment in A&E.
- Feedback any treatment & if safe to discharge home to A&E Clinician.

Examples of Violence-related injuries

- Knife /stab wound with sharp instrument
- Grievous bodily harm (GBH)
- Gun shot wound
- Non-fatal Strangulation
- Blunt Force Trauma
- Burns
- Poisoning
- Injuries from LGBTQ Plus Hate Crime
- Attempted murder
- Domestic & Sexual Violence

Multi-Agency Decision Regarding Discharge

Not Medically Fit for discharge
Admit child to hospital inpatient ward

Not Socially Safe for discharge

- Discharge plan to be agreed in the Strategy Meeting
- Consultant to approve admissions.
- Local Authority to prioritise placement to avoid hospital admission where possible.

Safe to discharge from A&E
Medically and socially assessed

Admit Child to Hospital

- Provide verbal & written handover to accepting ward nurse.
- Confirm safeguarding referral has been made and police notified.
- Communicate any reasonable adjustment requirements.
- Facilitate chaperoned transfer of care from A&E to the ward.
- Ward Nurse to inform Learning Disabilities team if child has a LD and or autism.

Self-Discharge from A&E
Contact police & Social Services

Hospital Safeguarding Team (Monday-Friday 09.00-17.00)

- Review A&E concern form / Children's safeguarding referral.
- Report any concerns regarding decision to discharge with clinician if child is currently in A&E.
- Where possible complete Contextual Safeguarding Tool within 48 hours of A&E attendance & send to Children Social Services.
- Complete lateral checks with own and other local hospitals.
- Attend strategy meeting via speaker phone.
- Maintain clear and timely documentation.
- Place a safeguarding alert on child's electronic hospital records.
- Notify hospital security & Head of Safeguarding (Deputy or Chief Nurse when required).

Hospital Discharge Checklist

- Document if Contextual Safeguarding Screening tool has been completed & shared with Children Social Services.
- Children Safeguarding referral has been made.
- Police have been informed (where required).
- Next of Kin / legal guardian details documented
- Discharge medication provided.
- Referral to GP & any other relevant therapies made.
- Discharge plan agreed between health, CSC, police & family.
- Brief health & safety prevention intervention given.
- Sign posted to Victim & Witness Hub self-referral process – provide support if required.
- Child discharged safely into care of approved adult (checks completed by CSC if required).

Victim Support Assessment

- Referral received with child's consent.
- If required Victim Support can see child prior to discharge (Monday – Friday 9am -5pm)
- Type & frequency of Support agreed with child.
- Victim Support will refer to CSC and report any new concerns identified.

Making a Safeguarding Referral

Cambridgeshire Children Social Services

Telephone: **0345 045 5203** (08.45-17.20 Monday to Thursday and 08.45-16.25 Friday)

01733 234 724 (out of hours)

Peterborough Children Social Services

Telephone: **01733 864170** (9-5 Monday to Friday)

01733 234 724 (out of hours)

Secure online referral

Professionals – Making a Referral | Cambridgeshire and Peterborough Safeguarding Partnership Board
(safeguardingcambspeterborough.org.uk)

For you think a child or adult is in immediate danger, telephone police on 999.

Brief Health & Safety Advice

- Provide physical, emotional & mental health safety advice.
- Give the discharge pack.

Discharge Prompts:

- If a child or adult is in immediate danger, call police on 999.
- Telephone 111 option 2 for Mental Health Support.
- If reporting exploitation police will treat children as 'victims'
- Seek medical advice if you think the wound is infected.

Children Social Services Assessment & Referrals

Integrated Front Door 09.00-17.00 Monday - Friday

- Screen referral & progress to a strategy meeting.
- Invite hospital safeguarding professional to strategy meeting via speaker phone.

Emergency Duty Team (EDT - Out of hours)

- EDT completes actions outside normal working hours.
- Invite Emergency Medicine Consultant in Charge to strategy meeting via telephone.

Outcomes should avoid 'No Further Action'

Professionals Contact Details (Monday-Friday 9am-5pm)

- Cambridge University Hospital (CUH) Safeguarding Team e-mail cuh.paedsafeguarding@nhs.net
- North West Anglia Foundation Trust Hospital (NWAFT) Safeguarding Team e-mail Peh-te.childrensafeguardingteam@nhs.net

Out of Hours

- **CUH** – Paediatric on call Registrar (under 16s only) Switchboard **01223 245151**
- **NWAFT** – ED Registrar Switchboard **01733 678000**

Children 16-under 18 years Speciality Out of Hours Registrar via Switchboard

Strategy Meeting Outcomes

- Section 47 Enquiry -Single or Joint Agency (Child Protection)
- Section 17 Assessment (Child in Need)
- Early Help

Time Frames

- Strategy meetings - 1 day.
- Section 47 enquiries completed in 14 working days.
- Initial Child Protection Conferences (if required) held within 15 working days of the Strategy Meeting.
- Section 17 outcomes - allocated to a social worker within 24 hours & Young Person seen within 5 days.
- Section 17 assessments completed in 45 working days.
- Referrer receives referral outcomes by secure e-mail within 48 hours.

Open to CSC or Early Help

- Review or Complete Contextual Safeguarding Screening Tool (CSST) with child.
- CSST triaged through Risks Outside The Home (ROTH) Panel.
- Agree child's plan (Child in Need, Child Protection, Contextual Safeguarding Plan)
- Co-create safety plan with child, family or carer & professionals.
- Consider risk levels & if appropriate refer to Trusted Adult Scheme (TAS) with child's and parent or carer's consent.
- Share relevant risk information with TAS Lead.

TAS Pre-Screening Risk Assessment

All children to be screened by a multi-agency police, health and CSC meeting prior to sign off to ensure potential peer to peer conflict & risks are considered & matched. Police, health & CSC information to be reviewed to inform this screening & risk assessment.

Children must not attend TAS until this has been completed.

Evaluation Survey

- Child completes online survey

Annual Audit Report

- Jointly completed by ICB, Social Care & ARU.
- Review & update pathway.

Child is invited to the Trusted Adult Scheme (TAS).
Child must have a Key Worker

Invitation Accepted

Invitation Declined

Planned Attendance to TAS

Child attends TAS with Key Worker until settled & confident to attend alone

GP Face-to-Face
Follow Up Appointment

Domestic Abuse Quarterly Performance Report 2024-25

Quarter 1: April to June 2024

Q1 Total referral data

	Total Referrals	Engagement	Repeats
IDVA Referrals (Cambridgeshire and Peterborough)	1071	68%	27%

For comparison, in Q1 2023-24 there were 744 referrals to IDVA Service

Q1 2024-25 Data all risk level IDVAs

	Referrals	Engagement	Repeats	Referrals Q1 23-24
City	96	63%	41%	51
East	50	58%	38%	58
Fenland	74	58%	24%	61
Hunts	140	64%	25%	89
South	72	69%	31%	58
Peterborough	205	53%	28%	157
Health Cambs	123	75%	19%	65
Health Peterborough	18	28%	28%	30
CYP Cambs (covers age 13-19, up to 24 where the victim has special needs)	24	67%	29%	26
CYP Peterborough (as above)	5	100%	0%	12
A8 Cambs (victims from Eastern European)	26	58%	42%	26
A8 Peterborough (as above)	30	77%	40%	33
Housing Cambs	51	73%	24%	N/A
Housing Peterborough	27	67%	15%	24
EM IDVA (Ethnic Minority)	55	76%	27%	12
Stalking All	42	88%	31%	35
O OCD - Out of Court Disposals	10	80%	10%	36
Not yet allocated	23			
Total	1071	68%	27%	826*

*Including Medium Risk

Other relevant Q1 data

Agency	Q1 2024/25	Q1 2023/24
Number of Daily MARAC (Multi-Agency Risk Assessment Conference) cases Cambs and Peterborough	270	260
Police DA Incidents Cambs	2073	1969
Police DA Incidents Peterborough	1238	1188
Police DA Crimes Cambs average	80%	84%
Police DA Crimes Peterborough average	76%	78%
Male Victims	47	38
Disability	332	36
LGBT	11	9

Other relevant information:

This quarter saw the highest ever number of referrals to the IDVA Service. This increase has predominately been from medium risk referrals from the police. This has led to slightly lower engagement rates. This is as higher risk victims are more likely to engage and also due to slight delays in receiving medium risk referrals

From 1st April 2024 the IDVA service stopped taking health referrals in Peterborough due to a reduction in funding. Health services in Peterborough are still able to refer if the referral is high risk, young people, A8 or minority ethnic client. Training has been undertaken with health services in Peterborough to ensure they are aware of other referral routes, such as to DASS (Domestic Abuse Support Service) - website: [Domestic Abuse | IMPAKT Housing & Support](#)

The next DASV Champions sessions are in October and will focus on Child to Parent abuse and Supporting Child Victims:

2nd October, 10.00 - 12.00

10th October, 12.00 - 14.00

24th October, 14.00 - 16.00

Booking information at [Cambridgeshire County Council DASV Partnership - DASV Champions \(cambsdasv.org.uk\)](#)