

London Borough of Hillingdon Cuckooing Local Protocol (July 2024)

London Borough of Hillingdon – Cuckooing Local Protocol	
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1. Introduction

This guidance is aimed at frontline staff who work with vulnerable adults. It can also be used as a source of information and advice to support individuals, families, carers, and members of the public.

The purpose of this guidance is to raise awareness of the issue of cuckooing and provide a framework for agencies to work to when dealing with such cases. It seeks to promote a consistent approach and to ensure there is an effective multi-agency response which supports victims, alongside action to prevent, disrupt and reduce cuckooing in Hillingdon.

2. Key Definitions

Cuckooing

Cuckooing (also known as “forced home invasion”) is a tactic used by criminals, typically drug dealers, to take over the homes of vulnerable individuals, such as care leavers or those with addiction, physical or mental health issues, and use the property as a base for criminal activity. This is a common characteristic of the county lines business model and can occur in a range of settings such as rental and private properties, student accommodation, prisons, and commercial properties¹.

The most common form of cuckooing is where drug dealers take over a person’s home and use it to store or distribute drugs.

It occurs when professional criminals target the homes of vulnerable adults so they can use the property for drug dealing often referred to as a ‘Trap house’, or other criminal activity. These criminals are very selective about who they target as a cuckoo victim and are very entrepreneurial in their approach.

Cuckooing can take on many forms.

For example, an older person who may live alone and have no family or friends or support network. They feel lonely and look for friendships in any form, becoming targets to those that have picked up on their vulnerability. They believe they have gained a friend allowing the person to stay with them at their home without realising they are being taken advantage of.

There are also cases where a female has been used to befriend a vulnerable male with the idea that they are their girlfriend, the girlfriend is likely to be a victim of exploitation herself almost becoming the gang’s ‘bait’.

¹ Source: [Criminal exploitation of children and vulnerable adults: county lines \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614443/Criminal_exploitation_of_children_and_vulnerable_adults_county_lines_accessible_version.pdf)

County Lines

County lines is the name given to drug dealing where organised criminal groups (OCGs) use phone lines to move and supply drugs, usually from cities into smaller towns and rural areas.

They exploit vulnerable people, including children and those with mental health or addiction issues, by recruiting them to distribute the drugs. This is often referred to as 'drug running'. Criminals may also use a vulnerable person's home as their base of operations².

Criminal Exploitation

Criminal exploitation of children, young people and vulnerable adults is not only in relation to drugs but can include other forms of criminal activity such as violence, storing weapons, and holding money.

One of the key factors found in most cases is the presence of exchange. This is where the victim is offered, promised or given something they need or want. The exchange can be something intangible such as status, protection or perceived friendship. It can be something tangible, such as money, drugs or other gifts.

Other forms of abuse

Victims can often be exposed to other forms of abuse which can include:

- modern slavery and trafficking
- physical abuse
- neglect (including self-neglect)
- domestic abuse
- psychological abuse
- emotional abuse
- sexual abuse (including exploitation)
- financial abuse

The Challenge:

Cuckooing is a process of exploitation as opposed to a defined crime presenting a complex issue for law enforcement agencies and others. Sometimes victims may be complicit in criminal activity if they have allowed illegal activity to take place in their property. In turn this acts as a barrier to them seeking support and missed opportunities to identify their vulnerabilities.

Victims may not always recognise that they are being exploited but may also be reluctant to seek help for fear of repercussion.

Many agencies do not routinely collect intelligence on cuckooing which in turn creates a situation where partners are unaware of the true extent of the cuckooing challenge locally.

This policy seeks to help address some of these challenges.

² Source: [County lines | Metropolitan Police](#)

3. A profile of those at risk of exploitation through cuckooing

Criminals are selective about who they target. But there are a number of common vulnerability factors that make individuals more likely to be at risk of cuckooing. Individuals or families who show signs of cuckooing, should be considered at the greatest risk where they:

- have previously or are currently experiencing neglect, physical and/or sexual abuse.
- have a lack of a stable home environment (now or in the past, for example through homelessness, domestic abuse, parental substance misuse, mental health issues or criminality)
- are socially isolated, lonely or experience social difficulties.
- are economically vulnerable (such as having debt, experiencing poverty, or are poor at financial management)
- have a physical disability, autism, or learning disability.
- have mental health issues.
- have substance misuse issues (Class A dependent drug users)
- are or have been in care.
- have connections with other people involved in gangs.
- have dementia.
- live in an area of social deprivation which is also exposed to violent crime and gang-related activity.
- are known to the police/ have a criminal record.
- unaccompanied minors

Some local examples we have seen in Hillingdon include:

- The male victim, suffering from severe head injuries leading to long-term health issues, became increasingly isolated in his home. With few visitors, he sought companionship by befriending individuals and inviting them to his address under the belief of friendship. Consequently, his home became a site for drug use and alcohol abuse, with visitors inviting others to partake in these activities.
- A female victim, previously homeless and placed in a leasehold home, was befriended by perpetrators who would request food and money from her. Exploiting her vulnerability, the gang provided her with alcohol, aware of her addiction, and subsequently took over the house for drug dealing. The victim, under duress, complied with the perpetrators' demands and lived in constant fear of physical harm if she refused.
- Concerns of anti-social behaviour were raised by residents at the victim's home. The home is in an area of social deprivation and exposed to crime and gang related activity. Upon agencies visiting the home, two unknown males were found inside, both intoxicated. The house was in a severe state of disrepair. When agencies finally managed to speak to the victim, he indicated that his nephew was using the house, potentially as a trap house. Despite the situation, the victim is unwilling to leave his home and wanted to stay as his friends and family were there.
- A package of care was suddenly stopped for a service user due to an unexpected increase in debt, specifically thousands of pounds in rent arrears, despite income being sufficient to cover expenses. The perpetrators were taking the victim's money and they were unable to tell anyone due to being under duress.

4. An outline of the signs of cuckooing

Frontline workers are best placed to identify the signs of cuckooing and to intervene to prevent or disrupt it. There are several signs that may indicate an individual could be subject to cuckooing.

Below, is a list of signs that someone maybe cuckooed, the more signs present, the greater level of risk:

<ul style="list-style-type: none"> ▪ people entering the property who would not normally be associated with the tenant ▪ increase in the number of general comings and goings/unidentified people at the property at frequent/unusual times ▪ unknown people pressing buzzers to gain access to the building ▪ neighbours reporting nuisance, fights, noise, or saying there is dealing at the address or drug users regularly at the address ▪ tenant seeming in fear or controlled by the visitors ▪ tenant leaving home for long periods of time or turning up at other places to bed down, or tenant seen begging on the streets ▪ new vehicles, hire cars or bikes outside the property ▪ damage to the door/the door propped open ▪ need for repairs or replacement locks ▪ increased attendance of ambulance services ▪ significant changes in physical health or emotional well-being of the tenant 	<ul style="list-style-type: none"> ▪ tenant carrying weapons ▪ tenant withdrawal from social networks ▪ family concerns for tenant ▪ suspicion of physical assault/unexplained injuries on the tenant ▪ unexplained acquisition or gifts of money, new clothes, or new mobile phones ▪ increase in rubbish, bins overflowing or increased quantities of takeaway food containers ▪ abandoned and broken bikes left outside property/in communal areas ▪ makeshift beds in the property ▪ property appearing almost sparse of personal possessions ▪ lack of food in the fridge ▪ kitchen appearing unused ▪ evidence of packaging or drugs being packed, wraps, large number of needles etc ▪ curtains being kept closed ▪ tenant's disengagement with support services ▪ tenant accompanied by unknown people when attending appointments, and these people answering on the tenant's behalf
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Frontline workers need to look out for signs that the resident has lost control over their home. They should also be equipped to look out for warning signs, the rationale being that an 'all-eyes' approach can expose cuckooing cases a lot earlier.

As intelligence on cuckooing cases can come from a variety of sources such as neighbours, partner agencies, contractors and the wider public, it is important that frontline staff apply professional curiosity to explore and understand what is happening, rather than making assumptions or accepting things at face value.

It is essential that appropriate referrals are made if there are suspicions, as this will help to build up the full picture of what's happening and ultimately help to safeguard the victim and the wider community, with this said, the London Borough of Hillingdon have also used two types of Risk

Assessment Tools to accurately identify signs of risk, these include the Adult Exploitation Risk Assessment Checklist Tool and the Victim Risk Assessment Matrix (See Appendix A and B).

5. London Borough of Hillingdon – Local Protocol for Cuckooing

Based on best practice and examples from elsewhere, below is the pathway developed, for practitioners to follow when there are concerns that vulnerable person is victim to cuckooing.

Stage 1A. The identification of concerns regarding a victim being cuckooed and the primary response from the Professional/Agency

- Professionals identifies incidents of cuckooing taking place via Risk Assessment Tools (RAT) such as the Adult Social Care Cuckooing RAT or ASB Victim Matrix RAT (See Appendix A and B) views of the victim are taken and advises that a referral is to be made to the relevant agency such as Housing, Police Adult/Childrens Social Services.
- Where the victim has dementia, learning difficulty or another condition affecting cognition, a capacity assessment should be considered.
- Where Children and unaccompanied minors are identified as being at risk, referral is mandatory to the Stronger families hub: <https://www.hillingdon.gov.uk/stronger-families-professionals>
- The professional should agree the most appropriate way of making contact and where best to meet. By agreeing contact method and meeting point it will enable professionals to contact the victim quickly.
- A referral to the Community MARAC should be made using the Hillingdon Cuckooing Referral Form (See Appendix F)
- If there is an immediate risk to life or serious injury at the time, then the professional should dial 999 so that the police can respond.
- If there is a potential risk to life or serious injury with the offender returning, then the professional should dial 101 so that the police can respond.
- Subsequently, the police will carry out their own internal risk assessment, such as using the THRIVE³ tool to assess the situation and circumstances, considering whether the person subject to cuckooing is a willing participant or not and how best to safeguard the victim if necessary.

³ THRIVE: Threat, harm, risk, investigation, vulnerability and engagement

Stage 1B. The identification of concerns regarding a victim being cuckooed and the primary response from the Police:

- Neighbourhood Inspector / Sergeant to identify and allocate to the most appropriate neighbourhood resource for attendance.
- Police resource deployed, where appropriate with other agency support.
- Use appropriate systems to engage and alert partner agencies including completing a THRIVE risk assessment.
- Make Positive arrests / take action where appropriate.
- Referral to Community MARAC.

Stage 2: Secondary response – Referral to the Community MARAC

The stage two response is jointly led by the Met Police and the London Borough of Hillingdon. They will acknowledge and appropriately address all obligations and responsibilities concerning vulnerability.

The Community MARAC is a forum for sharing information on complex or high-risk cases, assessing risks to victims, potential criminal matters, community impact, and other identified concerns. It considers supportive and enforcement options.

- Cases involving Cuckooing will be referred to the CMARAC Co-ordinator and reviewed by a core group of multidisciplinary professionals chaired by the Community Safety team of the London Borough of Hillingdon and the Inspector of the Hillingdon Met Police.
- As part of partnership engagement, lead professionals will be identified to oversee action plans for supporting victims and enforcement.
- The designated agency must ensure prompt completion of all allocated actions until risks are mitigated or before the next Community MARAC meeting.

6. Actions taken in response to Cuckooing incidents.

When looking at the risks to victim, any criminal matters, community impact and other identified concerns we will consider supportive and enforcement options based on individual and the address itself.

Depending on the outcome of the CMARAC the following options will be considered:

Address based approach:

- Housing provider letter (See Appendix E) to acknowledge there maybe cuckooing taking place in the home.
- Reassurance visits to community, so that they are aware that action is being taken.

- Warrants can be issued to take a specific action, such as searching premises, arresting a person, or seizing property.
- A full closure notice (FCN) is a notice issued by a local authority or the police that prohibits access to a specified premises entirely. This means no person is allowed to enter or remain in the premises for the duration of the closure order.
- A Partial Closure Notice (PCN) restricts access to specified premises, allowing certain individuals access under defined conditions while prohibiting others. Residents or authorised personnel may enter, but specific individuals or categories of individuals are prohibited.
- A Notice of Seeking Possession (NOSP) is a legal notice served by a landlord to a tenant to begin the process of ending a tenancy. It is typically issued when a tenant has breached the terms of their tenancy agreement
- Possession of the home, if tenants continue to breach their tenancy agreement.
- Home visits with the Neighbourhood Housing Team - reassurance visits.
- Police to visit and investigate

Person centred approach:

- Tenant Letters (see Appendix D) to acknowledge there maybe cuckooing taking place in the home.
- Welfare visits from agencies to reassure /check on the victim.
- CBOs (Community Behaviour Orders): Can impose restrictions or requirements on an individual's behaviour, such as prohibiting them from certain activities or requiring them to attend programs aimed at addressing the underlying causes of their behaviour.
- CPW (Closure Protection Warning): A formal notice issued by the police or local authority to warn individuals or property owners that a closure order may be sought for a premises where anti-social behaviour or criminal activity is occurring.
- CPN (Community Protection Notice): A Community Protection Notice is a legal tool available to local authorities to address anti-social behaviour that is having a detrimental effect on the local community's quality of life.
- Injunctions: Require an individual to do or refrain from doing a specific act. In the context of anti-social behaviour, injunctions can be used to prohibit individuals from engaging in certain behaviours or activities that are causing harm or distress to others.
- Befriending through a multi-agency approach
- Anti Social Behaviour contracts can be issued is behaviour doesn't change
- Safeguarding referral/alert will be completed
- Possible management transfer if conditions don't improve.
- Referral to drug and alcohol support
- Anti Social Behaviour Help website
- Positive Action/Arrest strategy
- Possible target hardening, such as fake cameras, memocams, video doorbells.
- Where the victim has dementia, learning difficulty or another condition affecting cognition, a capacity assessment should be considered, plus referral and support.

All principles relating to the cuckooing incident will be based around a holistic and person-centred approach, focusing on safeguarding those involved and understanding the reason an incident has taken place.

7. Time Frames

We acknowledge from our learnings that not all cuckooing incidents are the same and nor should they be treated as such. There is 'no one size fits all' model and depending on the severity or complexity of the case, may also include legal matters and above all else looking at the rights of the victim.

If there is an immediate risk to life or serious injury at the time, then the professional will notify the police by calling 999.

If there is a potential risk to life or serious injury with the offender returning, then the professional should inform the police by calling 101.

Professionals are to complete their own agency assessment and planned response within 48 hours.

A referral/notification should be made to the CMARAC within 5 working days.

The Community MARAC will then seek to assess the complexity of the case and look to review it one month of the case being identified until the risk is mitigated.

Please see Diagram below.

Hillingdon Cuckooing Protocol

Agencies involved could include:

Community Safety Team
 Met Police
 Housing Private / Sector Housing
 Hillingdon Fire & Rescue Service
 Legal Services
 Landlord
 Community Mental Health Team
 GP/Other health professionals
 Hillingdon Adult/Children's Social Services
 Drug & Alcohol Services
 Probation
 Voluntary Sector Services
 Other

LBH led Response / Actions

Address based approach:

Housing provider letter
 Reassurance visits to community
 Warrants
 Closures/Part-closures
 NOSP
 possession

Person centred approach:

Tenant Letters
 Welfare visits
 CBOs, CPW/CPN, Injunctions
 Befriending
 ABC - visitors
 Safeguarding referrals
 Management transfer
 referral to drug and alcohol support
 ASB Help

Professional has been informed / identified an incident of cuckooing

If immediate risk to life call 999
 If concern perpetrator will return 101

Stage one response (48 hours)

If no immediate risk, speak with the victim alone and in a safe space.

- Consider that the victim may be under duress,
- Complete a Cuckooing, Vulnerability Risk Assessment Tool
- Take time to understand the victim's concerns
- Seek consent for engagement with wider police and professional agencies
- Where Children are exposed, referral is mandatory to Children Social Services
- Take appropriate action/response within LBH powers

Stage two response (5 working days)

Incident is referred to the Community Risk MARAC

- Assess the risks to victims, any criminal matters, community impact and other identified concerns and consider supportive and enforcement options
- Identify lead professionals to own any action plans on supporting the victim and enforcement.
- The nominated agency must ensure all allocated actions are carried out as soon as possible until risk is mitigated and/or before the next Community MARAC.

Police Response / Actions

- Neighbourhood Inspector / Sergeant to identify and allocate to the most appropriate neighbourhood resource for attendance.
- Police resource deployed, where appropriate with other agency support.
- Conduct vulnerability assessment.
- Use appropriate systems to engage and alert partner agencies including completing a THRIVE risk assessment
- Make Positive arrests / take action where appropriate
- Referral to Community MARAC

Appendix A: Adult Exploitation Risk Assessment Checklist

Tool

Introduction

This checklist supports an initial assessment of the level or risk of adult exploitation including criminal, sexual and cuckooing. Complete all criteria in each of the sections. The results can be used to indicate vulnerability to exploitation and support you to identify whether an adult is being exploited and a safeguarding and/or criminal justice response is required.

Key Definitions:

Exploitation is typified by a power imbalance which perpetrators use to force, coerce, entice, and/or manipulate victims for material, social or other gain. This offence can be committed by individuals and/or groups. The perpetrator usually, but not always, provides something a victim needs. These needs can include money, clothes, food or be relationship-based including assertions of affection, friendship, and support. The victim is then 'indebted' to the perpetrator and forced, coerced and/or manipulated into harmful situations. Victims often do not realise that they are being exploited and can feel responsible for what is happening.

- Criminal exploitation involves a range of different criminal activity including, forced begging, benefit fraud, drug use and supply, violent offending, storing weapons and money.
- Sexual exploitation is any actual or attempted abuse of a position of vulnerability, power differential, or trust for sexual purposes.
- Cuckooing is the term used to describe a situation where someone's home is taken over, the motivators can include for the purposes of criminal activity, and for financial or other gain. In some cases perpetrators rely solely on the power imbalance using force and fear to control the victim.

The checklist is not a definitive assessment of risk, it provides a structure to inform your professional judgement, analysis and risk management. If indicators of high risk are identified, then immediate action needs to be taken to safeguard the individual(s).

Vulnerability Factors

	Yes	No	Unsure	Detail
1. Isolation, lack of supportive social networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Breakdown of family relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lack of engagement / inconsistent engagement with formal support networks (i.e. often misses/cancels appointments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Friends/peers are victims of exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. History of local authority care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. History of abuse (including as a child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Bereavement or loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Dependency on alleged perpetrator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Having a physical or learning disability/difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Mental health difficulties/illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Substance misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Unstable housing situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Economic vulnerability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Risk Indicators

	Yes	No	Unsure	Detail
15. Forced or coerced into making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Going missing for periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Unexplained increase in possessions or money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Unexplained increase in debt/rent arrears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Reduced contact with family, friends and other support networks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

20. Concerns expressed by family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Use of internet, social media and mobile phone which is causing concern. (e.g. multiple handsets).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Inconsistent use of contraception (risk of STI's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Regular and/or concerning access of sexual health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Self-harming or significant changes in emotional wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Change in presentation, demeanour or appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Forced involvement in crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Funding use of drugs / alcohol / legal highs or tobacco through unknown sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Unexplained contact with hotels / taxis / fast food outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Reported to have been in locations where there are known concerns relating to exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Gang association or isolation from peers or social networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Associating with known perpetrators of exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Unexplained patterns of engagement i.e. disappearing from support systems with no contact or explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Unknown adults in a 'caring' role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. A pattern of care/support being cancelled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35. Reports from neighbours/family concerned about people living in, or visiting, the adult's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Unexplained sudden deterioration in health & wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

High Risk Indicators

	Yes	No	Unsure	Detail
37. Physical injuries without plausible explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Carrying weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Partner, associate, or family preventing access to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Accompanied by unknown people to attend appointments, these people answering on the adult's behalf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Disclosure of domestic abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42. Forced or coerced into sexual / criminal activity in exchange for basic needs being met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Regularly travelling out of area for unknown reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Making, and then withdrawing, allegations of sexual assault / exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Not able to leave home (forced imprisonment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Multiple pregnancies, miscarriages or terminations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. 'Recruiting' others into sexual / criminal exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Adult seeming to be in fear of/controlled by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
49. Disclosure of sexual assault/ exploitation / criminal exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Analysis

Include any information which you feel is relevant. Consider the adult's situation in relation to factors such as needs for care and support, cultural or language barriers and their willingness to engage with services. Where there is concern that a criminal offence has taken place ensure that this is reported to the police.

What are the primary risks?

Are there any protective factors?		
What are the views of the individual?		
Professional judgement		
What do we need to know more about?		
What needs to happen next?		
	Name	Date
Completed by:		
Authorising Manager:		
Service Manager:		
Agreed Next Steps:		

[Criminal exploitation of children and vulnerable adults: county lines \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672222/Criminal_exploitation_of_children_and_vulnerable_adults_county_lines_accessible_version.pdf)

[Guidance for Working with Adults at Risk of Exploitation: Cuckooing – LLR SAB Multi-Agency Policies & Procedures Resource \(llradultsafeguarding.co.uk\)](https://www.llradultsafeguarding.co.uk/resources/guidance-for-working-with-adults-at-risk-of-exploitation-cuckooing-llr-sab-multi-agency-policies-procedures-resource)

[Tackling-Cuckooing-Multi-Agency-Guidance.pdf \(knowsleysafeguardingadultsboard.co.uk\)](https://www.knowsleysafeguardingadultsboard.co.uk/resources/Tackling-Cuckooing-Multi-Agency-Guidance.pdf)

Appendix B: Victim Risk Assessment Matrix

Name:

Address:

History

1. Other than this occasion - how often do you have problems?	5 3 2 1 0 0	Daily Most days Most weeks Most months Only occasionally Never
2. Do you think the current incident is linked to previous incidents? If so why?	2 0	Yes No
3. Do you think that incidents are happening more often and/or are getting worse?	2 0	Yes No
4. Do you know the offender/ s? How?	2 1 0	They know each other well They are 'known' to each other They do not know each other
5. Does the perpetrator (or their associates) have a history of or reputation for intimidation or harassment?	6 4 2 0	Perpetrator or their associates are currently harassing the complainant Perpetrator or their associates have harassed the complainant in the Past Perpetrator or their associates have not harassed the complainant, but have a history or reputation for harassment or violent behaviour Perpetrator or their associates have no history or reputation for harassment or intimidation
6. Have you informed any other agencies about what has happened? If yes, are you happy for us to discuss this problem with them? Details:	0 1	Yes No

Vulnerability

7. Which of the following do you think that this incident deliberately targeted Specify	4 3 1 0	You Your family Your community None
8. Do you feel that this incident is associated with your faith, nationality, ethnicity, sexuality, gender or disability? Details: (consider hate crime)	3 0	Yes No
9. In addition to what has happened, do you feel that there is anything that is increasing you or your household's personal risk (e.g. because of personal circumstances) Details	3 0	Yes No
10. How affected do you feel by what has happened? Details	0 1 2 3 5	Not at all Affected a little Moderately affected Affected a lot Extremely affected

11. Has yours or anyone's health been affected <u>as a result of</u> this and any previous incidents? Details:	3 3	Physical health Mental health
12. Do you have a social worker, health visitor or any other type of professional support? Can we speak to them about this? Details:	0 1	No Yes
13. Do you have any friends and family to support you?	3 3 1 0	Complainant lives alone and is isolated The complainant is isolated from people who can offer support The complainant has a few people to draw on for support The complainant has a close network of people to draw on for support
14. Apart from any effect on you, do you think anyone else has been affected by what has happened? Details:	3 2 1	Your family Local community Other
TOTAL SCORE:		



34 HIGH	32 HIGH	28 HIGH	26 HIGH	24 HIGH	22 MEDIUM	20 MEDIUM	18 MEDIUM	16 MEDIUM	8 LOW	4 LOW	0 LOW
High											
<ul style="list-style-type: none"> • Consent from victim to address the reports with the alleged perpetrator. • Complete and agree with victim a case management action plan • Contact OIC if details of an officer are provided or complete a 310 Information Sharing request and submit. • Explore if the police have or can implement special schemes on the address. • Evaluate need for protective intervention (emergency injunction/closure order) and pursue if appropriate • Provide/install appropriate security measures (extra locks, London bar, window alarms & safe room) via repairs. • Explore the need for emergency accommodation (always check if the client has a friend or family member to stay with) Ensure safe areas are explored and explore alternative housing options. • Refer to the daily High-Risk panel or/and CRMARAC • Refer to Safer Neighborhood Policing Team/possibly asking for police patrols. • Hold a multi-agency meeting where necessary. • Refer to relevant supportive agencies e.g. ARCH, Victim Support, Age Concern, MH services, Housing Welfare Support and ASC • Maintain communication and visit in accordance with case management action plan 											
Medium											
<ul style="list-style-type: none"> • Consent from victim to address the reports with the alleged perpetrator. • Complete and agree with victim a case management action plan • Provide/install appropriate security measures via Repairs/Sanctuary. • Refer to Safer Neighborhood Policing Team/possibly asking for police patrols. • Contact OIC if details of an officer are provided or complete a 310 Information Sharing request and submit • Refer to CRMARAC where required • Hold a multi-agency meeting where necessary. • Refer to relevant supportive agencies e.g. ARCH, Victim Support, Age Concern, MH services, Housing Welfare Support and ASC • Maintain communication and visit in accordance with case management action plan 											
Low											
<ul style="list-style-type: none"> • Consent from victim to address the reports with the alleged perpetrator. • Complete and agree with victim a case management action plan • Provide/install appropriate security measures via Repairs/Sanctuary. • Refer to Safer Neighborhood Policing Team/possibly asking for police patrols. • Refer to CRMARAC where required • Hold a multi-agency meeting where necessary. • Refer to relevant supportive agencies e.g. ARCH, Victim Support, Age Concern, MH services, Housing Welfare Support and ASC • Maintain communication and visit in accordance with case management action plan. 											

CONSENT TO INFORMATION SHARING

I consent to agencies obtaining and sharing information as part of the multi-agency work to help and secure my safety and that of my family.

If there are child protection concerns, information will be shared regardless of whether this form is signed.

Signature: _____ Date: _____

PRINT NAME: _____

Appendix C: Community MARAC Template



PLEASE READ AND COMPLETE IN FULL AS YOUR REFERRAL MAY NOT BE ACCEPTED

For cases of cuckooing where you have already completed an agency risk assessment, please submit that with the MARAC referral and do not complete the risk assessment below.

All other cases referred to CMARAC – MUST complete the risk assessment below.

Subject of referral (incl. any aliases)		
Date of Birth		
Gender		
Ethnicity		
Address (& landlord if known)		
Do they have a Disability (Defined by the Disability Discrimination Act (DDA) “a disabled person is someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the subject of referral have any children (under 18s only)		
V/S Pregnant – Yes/ No?		
Perpetrator(s) of abuse - details (if any)		
Name(s) (include any aliases)		
Date(s) Of Birth		
Gender		
Ethnicity		
Do they have a Disability (Defined by the Disability Discrimination Act (DDA) “a disabled person is someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.’)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Relationship to Person Referred		
Address (& landlord if known)		

Information Sharing and Consent	Yes	No
Have you asked the victim if they consent to their information being shared with other agencies to assist in supporting and protecting them?		
Have you explained to the victim that in high-risk cases a multi-agency case summary will be created, and their case will be discussed at a monthly panel meeting to determine actions to support and protect them?		
If consent is not gained from victim, please contact your co-ordinator to request an Information Sharing Without Consent Form		

Signature of referrer	
Date (as signed by caseworker)	
Signature of manager	
Date (as signed by manager)	

What is Hillingdon Community MARAC?

The Hillingdon Community MARAC (Multi-Agency-Risk-Assessment-Conference) is a meeting where information is shared on the highest risk/complex cases between representatives of Safer Communities, Local Police, Mental Health, Child Protection, housing practitioners, Safeguarding Advisors and other specialists from the statutory and voluntary sectors.

After sharing all relevant information, they have about a victim /perpetrator, the representatives discuss options for increasing the safety of any victim and turn these into a co-ordinated action plan.

The main focus of the MARAC is to assist with managing the risk to the vulnerable victim but in doing this it will also consider other persons affected and managing the behaviour of any perpetrator.

The panel will decide on the best approach to managing the overall risk to the victim/the community at large and on effective safety planning strategies.

Information shared at the MARAC is confidential and is only used for the purpose of reducing the risk of harm to those at risk.

The MARAC is not an agency and does not have a case management function.

The responsibility to take appropriate actions rests with individual agencies; it is not transferred to Community MARAC.

Who should be referred?

A victim / perpetrator should be referred to the Hillingdon Community MARAC if they are vulnerable or at risk to either themselves or others. The case may be complex or involve a multi-agency approach. The case may be unusual and doesn't fall under the responsibility of another panel.

	Yes	No
1. Is there a Domestic Abuse element to the case?	Consider DA MARAC	Continue to question 2

The

2. Any safeguarding concerns? Including any family members?	Consider other agencies	Continue to question 3
3. Any concerns regarding Sexual Exploitation?	Consider CSE	Continue to question 4
4. As the referrer, have you explored all possible avenues to resolve the identified issues?	Include details of whom at the end of this form	Not suitable for CR MARAC
5. Upon completion of Risk Assessment Scorecard, does your client meet the threshold for referral to Community MARAC? 6. (25+ for Community MARAC) <i>Consider Multi Agency outside Community MARAC if between 20 - 24 - or consult MARAC coordinator</i>	Please ensure you highlight the score given and indicate with detail the reasons why this score applies.	Not suitable for Community MARAC

responsibility to take appropriate action rests with individual agencies, it is NOT transferred to Hillingdon Community MARAC

This scorecard is designed to help you identify vulnerable victims, witnesses, and complainants. It should be used as a guide, and in combination with your own judgement to help ascertain what support and protection is required in any given situation. All action taken as a result of your assessment should be discussed with the witness to ensure it meets their needs.

This Risk Assessment Scorecard is adapted from the Risk Assessment Matrix which was published by the Home Office and ACPO in 2014. This version was last updated in December 2015.

History

1. On a scale of 1-5 (with 5 being the worst) what is the frequency of issues arising regarding the individual?	5 3 2 1 0	Daily Most days Most weeks Most months Only occasionally
2. Is this current incident linked to previous incidents	2 0	Yes No
3. Do you think that incidents are happening more often and/or are getting worse?	2 0	Yes No
4. Does the individual know the victim/perpetrator?	2 1 0	They know each other well They are 'known' to each other They do not know each other
5. On a scale of 1-6 (with 6 being the worst) has the individual been involved or been subjected to harassment or intimidation?	6 4 2 0	Perpetrator or their associates are currently harassing the complainant Perpetrator or their associates have harassed the complainant in the past Perpetrator or their associates have not harassed the complainant, but have a history or reputation for harassment or violent behaviour Perpetrator or their associates have no history or reputation for harassment or intimidation
6. Have you been in contact with or informed other agencies about what has happened?	0 1	Yes No

Vulnerability

7. Which of the following do you think that this incident deliberately targeted	4 3 1 0	The individual The individuals family The individuals Community None
8. Do you feel that this incident is associated with the individual's faith, nationality, ethnicity, sexuality, gender or disability?	3 0	Yes No
9. In addition to what has happened, do you feel that there is anything that is increasing the individuals or their household's personal risk (e.g. because of personal circumstances)	3 0	Yes No

What help/assistance do you hope to get from Hillingdon Community MARAC:

Please complete below what other agencies have already been involved with your case and provide names and contact details of all involved

Agency name	Contact Details and Information shared
Police	
ASBET	
Housing - LBH	
Housing / Other Landlord	
Mental Health	
Safeguarding Children	
Adult Social Care	
GP	
ARCH	
Community Health	
Youth Offending Service	

Others (please specify)	
-------------------------	--

Please forward your completed form to the Community MARAC Co-ordinator

CommunityMARAC@hillingdon.gov.uk

Appendix D – Suggested Tenant Information Letter

There is a suggested content for the letter / notice below. This can be tailored to the individual circumstances.

Dear Sir / Madam,

Your premises have been identified as being a possible target for exploitation from drug gangs. This may be from previous information, and/or arrest statistics.

We understand that it is a common tactic for drug gangs to occupy another vulnerable person's premises which they then use as a base for their drugs operation. In so doing, this often implicates the occupier in criminal offence(s), and in some cases leads to their prosecution. Whilst officers may recognise that the user is potentially a victim in such circumstances, little can be done at this stage when offences are revealed.

During this initiative, we hope to work with you, and deter organised drug dealing gangs from seeking occupancy in your home. We seek to achieve this with routine unannounced visits, protecting you and deterring others from targeting you. The Met Police and Hillingdon Council will work with partnership agencies, such as housing, mental health, and drug workers to help provide you with support for any needs that are identified.

This approach will not render you immune from prosecution. We will still take robust enforcement action where consensual involvement is identified. We will share information with housing providers to support any tenancy action they may wish to take.

If you have any questions or comments, please feel free to contact me on the details listed below.

Many thanks for your anticipated co-operation.

Appendix E – Suggested Social Landlords Information Letter

Where the exploitation is taking place in premises provided by housing associations or local authority it may be feasible to make them aware of the ongoing issues and enlist their help and support. Below is suggested content to formulate a letter.

You may wish to add additional information, contact details or amend to suit your situation.

Dear Sir / Madam,

As a local housing provider, I wish to raise your awareness of an ongoing issue affecting Hillingdon and hope that we can work together to protect vulnerable resident's from exploitation by drugs gangs.

It is a common tactic for drug gangs to occupy another vulnerable person's premises which they then use as a base for their drugs operation. Although this occupation may start with the consent of the occupant the imbalance of power soon creates a situation where their presence is unwanted. However, they remain there as a result of violence, intimidation or coercion.

As a result, the occupiers are trapped in a difficult situation as they are afraid to call the police through fear of prosecution or retribution. There is additional community impact caused by the related anti-social behaviour, violence and increased instances of discarded drug paraphernalia in the area.

The London Borough of Hillingdon and the Met Police are determined to tackle drug dealing within our communities and continue to work hard to identify and prosecute offenders. However, we recognise that we must identify vulnerability and safeguard those at risk.

We have identified an address which has previously been targeted on one or more occasions. Our intention is to work with the individual and other agencies such as yourselves to support these individuals to protect them from further harm.

We would like to do this by conducting a joint visit, with your representative, to discuss what support is available, to provide advice and guidance to prevent further issues and agree regular visits to provide ongoing support.

Local officers will routinely call at the premises. The objective is to make these premises hostile to drug dealers through routine and high visibility presence. Should tenants continue to harbour drug dealers we would seek your support with sanctions such as tenancy conditions, warning letters and evictions.

Many thanks for your anticipated co-operation.

Appendix F – Hillingdon Cuckooing Referral Form



Hillingdon Cuckooing Referral Form

Section 1

Victim	
Name	
Date of Birth	
Address	
Private / Rented <small>(please provide details)</small>	
Gender	
Ethnicity	
Disability / Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details Defined by the Disability Discrimination Act (DDA) <i>"a disabled person is someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities."</i>	

Section 2

Perpetrator/s	
Name <small>(including Nickname / Street Name)</small>	
Date of Birth / Approx Age	
Description	
Details not known	



Section 3

Risk Assessment				
Vulnerability Factors				
	Yes	No	Not Known	Details

Isolation, lack of supportive social networks				
Breakdown in family relationships				
Lack of / inconsistent engagement with professionals				
History of Local Authority Care				
Dependency on alleged perpetrator				
Physical / Learning disability / difficulties				
Mental Health Issues				
Substance Misuse				
Unstable Housing Situation				
Risk Indicators				
	Yes	No	Not Known	Details
Forced or coerced into making decisions				
Going missing for long periods of time				
Unexplained increase in possessions or money				
Unexplained increase in debt				
Reduced contact with family, friends or other support networks				
Concerns expressed by family / friends				
Self-Harming or significant changes in emotional wellbeing				
Change in presentation, demeanour or appearance				
Forced involvement in crime				
Gang association or isolation from peers				
Associating with known perpetrators of exploitation				
Unknown adult in 'caring' role				
Pattern of care / support being cancelled				
Reports from neighbours, concerned about others in victims' home				
Unexplained deterioration in health and wellbeing				
High Risk Indicators				
	Yes	No	Not Known	Details

Physical injuries without plausible explanation				
Carrying weapons				
Accompanied by unknown persons to appointments and answering on behalf of victim				
Disclosure of abuse				
Unable to leave home (forced imprisonment)				
In fear of / controlled by others				
Disclosure of sexual / criminal exploitation				

Section 4

Analysis	
<p>Include any information which you feel is relevant. Consider the adult's situation in relation to factors such as needs for care and support, cultural or language barriers and their willingness to engage with services. Where there is concern that a criminal offence has taken place ensure that this has been reported to police.</p>	
Primary Risks	
Protective Factors	
Are there other vulnerabilities or concerns	
What issues are affecting the victim's personal safety <i>(Select all that apply)</i>	<input type="checkbox"/> Losing control of home <input type="checkbox"/> Risk of homelessness <input type="checkbox"/> Financial Exploitation <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Self neglect <input type="checkbox"/> Other please specify
Previously cuckooed	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details, dates and a short summary	
Subject to Closure Order	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject to Management Transfer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other relevant background information	
Professional Judgement	

Section 5

Partner Agencies		
Is the subject known to or currently receiving support from any other professionals		
Agency	Yes / No	Contact Details
Police		

Adult Social Care		
Mental Health		
ARCH		
Localities		
Other (please specify)		

Section 6

Approval	
Full Name of Referrer	
Referrer's Agency	
Date	
Signed by Manager	
Date	

Please forward your completed form to the Community MARAC Co-ordinator Emma Stark
CommunityMARAC@hillingdon.gov.uk

Useful Links
https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines/criminal-exploitation-of-children-and-vulnerable-adults-county-lines
https://www.llradultsafeguarding.co.uk/guidance-for-working-with-adults-at-risk-of-exploitation-cuckooing/
https://knowsleysafeguardingadultsboard.co.uk/wp-content/uploads/2023/04/Tackling-Cuckooing-Multi-Agency-Guidance.pdf

Appendix G: LBH Multi-Agency Task and Finish Group

This guidance has been produced by the LBH Multi-Agency Task and Finish Group, established to respond to an increasing prevalence of cuckooing cases across Hillingdon areas. It is to raise awareness of the issue of cuckooing and provide a framework for agencies to work to when dealing with such cases.

It seeks to promote a consistent approach and to ensure there is an effective multi-agency response which supports victims, alongside action to prevent, disrupt and reduce cuckooing in our areas.

The Task and Finish Group members included cross service departments from within the London Borough of Hillingdon and The Metropolitan Police.

The Task Force Consisted of the following:

- The Safer Communities and Vulnerability Team
- Metropolitan Police - Hillingdon Neighbourhoods – Partnership and Prevention, West Area BCU
- ASB and Localities
- Adult Social Care and Mental Health
- ARCH
- Children Social Care
- Housing management Services – ASB and Domestic Abuse
- Counter Fraud Service
- Youth Justice & Adolescent Service
- Axis Project