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Preface

North Ayrshire Child and Public Protection Chief Officers Group and Children's Services Strategic Partnership are delighted to endorse this multi- agency guidance to support staff in ***Getting it right for vulnerable children and young people in North Ayrshire.***

Having agreed prevention and early intervention as a key priority, we have led a programme of change developing strengthened mechanisms for the early identification of factors which may impact on the well-being of our children and young people; an improved response to alleviating these factors; and a collaborative preventive approach to promoting children's well-being from pre-birth into adulthood.

Critical to promoting children's well-being and ensuring they become successful learners, confident individuals, effective contributors and responsible citizens is providing an effective response, whether this is single agency or multi-agency, to any concern about a child which may contribute to them becoming vulnerable

We commend this practitioner's guidance as a useful resource to help staff across our services work together in a considered, consistent way that puts the needs of children and young people at the forefront of our work and provides the best platform for achieving the best possible outcomes for the families of our communities.

Elma Murray
North Ayrshire Council
Chief Executive

John Burns
NHS Ayrshire & Arran
Chief Executive

Gillian McDonald
Police Scotland
Divisional Commander

Iona Colvin
Chair, Children's Services
Strategic Partnership

Who is this guidance for?

This guidance is designed primarily to support those practitioners across the multi -agency workforce who are involved in the *Getting it right for every child* approach in North Ayrshire and who come into contact with children and/or their parents and carers in the course of their day to day work. This will include colleagues in social services, health, education, housing, police and the voluntary sector.

Purpose of Guidance

The purpose of this document is to assist those that come into contact with children or parents and carers in the course of their everyday work to identify vulnerability at the earliest possible stage and to respond in the appropriate way when a child or young person's needs and rights require be protected and supported.

How to use this guidance

This document is a practice guide and will assist you in knowing what steps to take when you become concerned that a child may be vulnerable and that this vulnerability may be impacting on the child's well-being, (as defined by the eight wellbeing indicators). It will help you make an initial assessment of your concern and guide your response. For some concerns it will provide additional guidance, drawn from research and practice experience to help inform your intervention. This Guide will help you to recognise when to share your concerns with others and jointly plan next steps.

It is important that as soon as a concern or need is identified that it is responded to in the right way, using the right procedures, involving the right people and providing a proportionate response working in partnership with families.

This document gives direct guidance for some vulnerabilities. For others it briefly describes the vulnerability and signposts to existing multi-agency guidance. We have categorised these vulnerabilities into themes based on the presenting issues, risk or behaviour of the child/young person.

For any intervention in a child or young person's life the child/young person's named person and the child/young person's lead professional (if there is one) should always be involved.

All multi-agency guidance developed in North Ayrshire is designed to complement the policies and procedures in place in every organisation. Thus, this guidance is designed to be used alongside your own organisations policies, providing additional support to staff in responding to highly complex issues.

At times, a concern you have about a vulnerable child or young person may indicate they might be at risk of significant harm. These types of concerns are responded to using child protection procedures.



Throughout this document you will see this symbol. This signifies that you have to consider Child Protection procedures and initiate action as required.

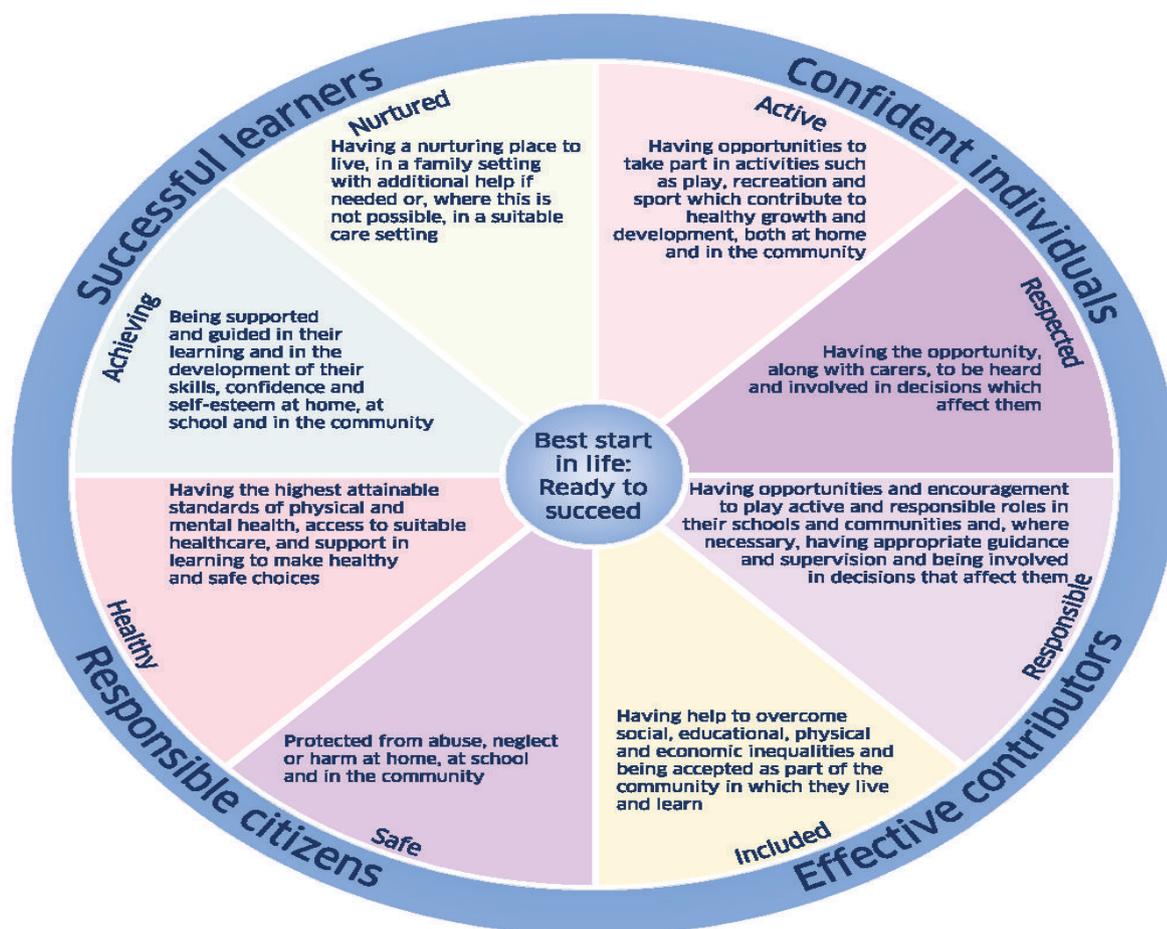
This document will include guidance on when such concerns are apparent and clarify the relationship between GIRFEC and child protection.

Overarching Principles and Legislation

Every child and young person in Scotland is on a journey through life: experiencing rapid development and change as they make the transition from childhood through adolescence and into adulthood.

As they progress, some may have temporary difficulties, some may live with challenges that distract them on their journey and some may experience more complex issues. No matter where they live or whatever their needs, children and families should know where they can find help, what support might be available and whether that help is right for them.

We all want our children and young people to be fully supported as they grow and develop to be:



These eight wellbeing indicators, sometimes known as SHANARRI, will help all those that come into contact with children to identify a child's needs, potential and areas of concern or vulnerability.

All services should ensure that they have a shared understanding of the eight well-being indicators.

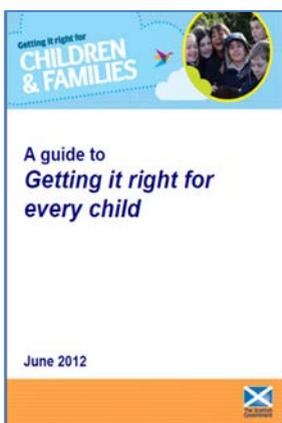
Getting it right for every child means that all practitioners who come into contact with children and/or parents and carers in the course of their work need to cooperate together to meet children and young people's needs.

To assist practitioners to do this, a common set of principles and values has been developed which apply across all aspects of working with children and young people. Developed from knowledge, research and experience, they reflect the rights of children expressed in the 'United Nations Convention on the Rights of the Child' (1989) and build on the Scottish 'Children's Charter' (2004). They are reflected in legislation, standards, procedures and professional expertise. The Principles and values can be found in the GIRFEC Guide below. Click on the image or follow the url in the footnote.

The principles of Getting it Right for every child should be followed whenever any support is being given to any child or young person and everything should be done to ensure that we seek the views of those children and young people; their carers or parents; and that we share information with the child's named person and lead professional. The [GIRFEC Practice model](#) should be used to provide the appropriate proportionate support at the right time; by the right person with the appropriate skills and resources. For more information please see the North Ayrshire GIRFEC Website at www.girfecna.co.uk.

The Children and Young People Act (Scotland) Act 2014, highlights the need for a 'named person' for every child, and a single 'Child's Plan' for every child that needs one.

GIRFEC Guide :-



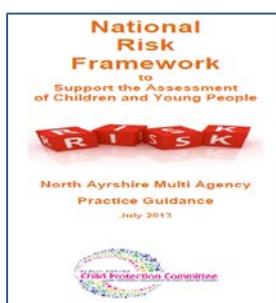
¹ <http://www.girfecna.co.uk/admin/uploads/downloads/GIRFEC%20Guide%202012.pdf>

Assessing the Needs of Children and Young People

Staff across North Ayrshire have become increasingly familiar and adept at utilising the GIRFEC Practice Model ([Appendix 1](#)) over recent years. This continues to be the core framework to be utilised in assessing and responding to concerns about children and young people.

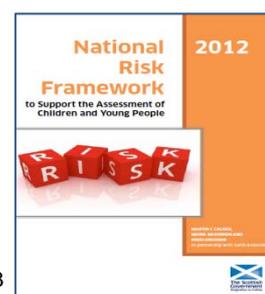
The critical importance of robust assessment and analysis has been widely recognised, and in order to provide further support to practitioners engaged in this activity, more work has been carried out to build upon the GIRFEC Practice Model.

In December 2012, the Scottish Government published the *National Risk Framework to Support the Assessment of Children and Young People*. The National Risk Framework (NRF) is based on the GIRFEC Practice Model and as such it encompasses the Wellbeing Wheel, the My World Triangle and the Resilience Matrix. It also includes sets of risk indicators to guide staff in the collection and analysis of information, some supporting tools, and it facilitates a structured approach to risk assessment, analysis and planning. North Ayrshire NRF practice guidance and the National Risk Framework can be found by clicking on the documents below:-



2

Local Practice Guidance



3

National Framework

The NRF is the framework to be utilised by all staff in North Ayrshire when applying the GIRFEC Practice Model in assessing the risks and needs of children.

Levels of familiarity and experience with both the GIRFEC Practice Model and the NRF and associated tools will vary considerably across staff groups. This should not cause anxiety. Every staff member involved with a family will be able to contribute to an assessment. Staff who may undertake the particular roles of a “Named Person” and/or a “Lead Professional” are expected to access the available training and support necessary to equip themselves with the knowledge and skills to lead in undertaking an assessment using the NRF.

² <http://www.childprotectionnorthayrshire.info/download/1272>

³ <http://www.girfecna.co.uk/admin/uploads/downloads/National%20Risk%20Assessment%20Framework%202012.pdf>

These staff will support colleagues contributing to assessments by being clear about information required to aid assessment and on-going dialogue and discussion to analyse the information provided.

The full National Risk Framework and the North Ayrshire Practice Guidance can be accessed at the GIRFEC and Child Protection Committee websites below or by clicking on the images on the previous page.

www.girfecna.co.uk

www.childprotectionnorthayrshire.info

Staff in some services will have specialised assessment tools (for example, parenting capacity assessments or drug use screening test). These should continue to be used according to your organisation's guidelines and such specialist assessments can inform the Child's Plan.

Child's Plan

Any child with an identified need/risk, regardless of the route by which such needs/risks are identified, will have a plan which details how the need/risk will be addressed, what the roles and responsibilities are of all involved and what the anticipated outcomes are for the child.

In North Ayrshire, the document which contains this information is generally called, the Child Assessment and Plan (CAP). In some processes, such as child protection, looked after and accommodated and problematic sexual behaviour, the wording may be slightly different but all essentially refer to a **Child's Plan**. This replaces previous terminology which referred to a "care plan".

The Child's Plan is the vehicle through which support and intervention aimed at improving outcomes for the child or young person is delivered.

All Child's Plans should be designed in a SMART way, with specific outcomes for the child, (derived from the well-being indicators) and based on the assessment of need and risk.

As assessment is an on-going dynamic process, the Child's Plan should be regularly reviewed to ensure progress is being made towards achieving the outcomes for the child, to amend the support and intervention if necessary and to address any barriers to progress. Reviewing the Child's Plan is a critical process and it is vital that all involved contribute to this review.

The Child's Plan can be developed, delivered and reviewed through a variety of forums, both single and multi-agency. Multi-agency forums include child protection, partnership forums, looked after and accommodated (LAAC), vulnerable young person's meetings and risk management processes.

Partnership Forums

The Partnership Forums are multi-agency practitioner groups who usually meet once a month to discuss individual children and their needs. The main aim of the partnership forums is to support decision making and resource allocation across specific locality areas; ensuring children get support in a timely and appropriate manner by co-ordinating supports and resources.

They carry out this work in two ways:-

- 1) Providing advice and guidance where practitioners need direction on what supports/interventions are needed.
- 2) Making decisions regarding the use of external resources, taking account of the assessment of need, the availability of resources, and the available budget to meet the cost identified: The Partnership Forum has to be satisfied that the use of internal resource provision has been exhausted before agreeing to additional resources being used.

There are 4 locality based Forums:

- 1) Irvine, Kilwinning and Dreghorn
- 2) 3 Towns
- 3) Garnock Valley and Largs
- 4) Arran.

Each area (with the exception of Arran) has 2 forums. One for children aged 0-8 years of age and the other 8-16 years of age.

Requests for assistance being made to the Partnership Forum should be completed by the Lead Professional if there are two or more agencies actively working with the child, or the Named Person where there is no other agency involvement. However, if it is clearly indicated on the Child's Plan that all practitioners involved with the child agree with the request, it can be submitted by any practitioner.

A request to the appropriate Partnership Forum should be discussed with a line Manager and if you are a Lead Professional, other members of the 'team' around the child to ensure all views are taken into account.

If you are clear what support or resources are required this must be clearly stated on the Child's Plan. If you are seeking advice, please state clearly in the recommendation that you are looking for the Forum to assist in identifying the most appropriate support for the child. **All requests should be submitted to the Partnership Forum either through AYRshare⁴ or by emailing partnershipforum@north-ayrshire.gsx.gov.uk**

⁴ AYRshare is an information sharing tool developed by the three Ayrshire Local Authorities and NHS Ayrshire and Arran and is accessible to selected teams in Health, Education and Social Services.

Vulnerable Young Person's Meetings

Vulnerable young person's meetings are multi agency meetings chaired by Senior Officers within Social Services Policy and Practice Team. Any practitioner can request a meeting but this should be discussed with Social Services before any application is made. There are no specific triggers for this meeting as it will depend on the personal circumstances of the young person and based on the professional opinion that the child may be vulnerable and requires multi-agency support.

The purpose of these meetings is to:

- Assist professionals to identify vulnerability at the earliest opportunity and minimise risk of significant harm.
- Identify areas of strength that can be used to reduce the young person's vulnerability.
- Share information in relation to the areas of vulnerability.
- Devise a risk management plan.
- Clarify respective roles, tasks and responsibilities.

Typically meetings will cover:

- Family history
- Previous contact
- Previous concerns
- Young Person's Needs
- Previous abuse of young person/implications for other children
- Risk to young person from other adults
- Risk young person may pose
- Risk in the community to young person
- Current Supervision Arrangements
- Need to share information
- Referral to Reporter
- Supports currently provided
- Supports required Specific actions – by whom, when
- Date of review

The Child's Plan will be agreed and reviewed at these meetings to ensure the needs of the vulnerable young person are being met.

Your role and responsibilities

Your role and responsibilities will be guided by your organisations policies and procedures and by the remit of the post you hold.

All child and adult services share responsibility for promoting children's well-being and for identifying and responding to any concerns about a child or young person's well-being.

All services that work with children and/or their carers are expected to identify and consider the child's needs, share information with other agencies and work collaboratively with the child, their family and other services. Services and agencies that may previously have seen their role as being to "pass on" concerns are now expected to take a proactive approach to identifying and responding to potential risks, irrespective of whether the child in question is their "client", "patient" or "service user". Equally, services that work with adults who may pose a risk to children and young people have a responsibility to take action when risks to children or young people are identified.



Where concerns about a child's wellbeing come to a service's attention, staff will need to determine both the nature of the concern and also what the child may need. Any immediate risk should be considered at the outset. When immediate risk is identified child protection procedures must be instigated immediately. Where immediate risk is not identified, practitioners should ask the GIRFEC 5 questions highlighted below.

1. What is getting in the way of this child or young person's wellbeing?
2. Do I have all the information I need to help this child or young person?
3. What can I do *now* to help this child or young person?
4. What can my agency do to help this child or young person?
5. What additional help, if any, may be needed from others?

Regardless of your job, you have a responsibility to:

1. Become familiar with the eight well-being indicators
2. Raise your awareness of indicators of concern about children so that you could recognise these in practice
3. Ensure you are aware of, and make proportionate⁵ enquiries about, any children within a household where you are providing a service. This holds whether or not you are providing a service to children
4. Follow your organisations procedure for responding to concerns about children, including your organisations child protection procedures
5. When concerned about a child, ask yourself the GIRFEC 5 questions –
 - What is getting in the way of this child or young person's wellbeing?
 - Do I have all the information I need to help this child or young person?

⁵ proportionate enquiries – your level of enquiry will depend on your job role, the type of service you are providing and your degree of involvement with the child and family. No staff member should make enquiries beyond the boundaries of their professional role and responsibilities. If in doubt, consult your line manager.

- What can I do now to help this child or young person?
 - What can my agency do to help this child or young person?
 - What additional help, if any, may be needed from others?
6. Contribute to an assessment of a child's needs and risks by sharing relevant information and helping to analyse information
 7. Contribute to decision making in respect of children when asked to do so
 8. Contribute to a Child's Plan, when the assessment highlights a need that your service could help to address
 9. Contribute to reviewing the Child's Plan to ensure outcomes are being achieved
 10. Remain alert to any changes in circumstances that may indicate an increase in vulnerability or increase in risk to the child and respond immediately by alerting social services or the police

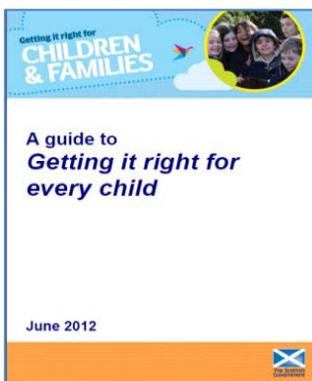
Staff have additional responsibilities determined by their role and remit. Within the GIRFEC approach, two roles are specifically defined and designated with particular responsibilities.

These are:

Named Person – *Every* Child will have a Named Person (pre-birth – 10 days, Midwife), (10 days – start Primary school, Health Visitor), (Start Primary -- leave School, usually Head teacher, Depute Head in Primary schools, Depute Head, Guidance or Pupil Support in Secondary schools /Extended Outreach)

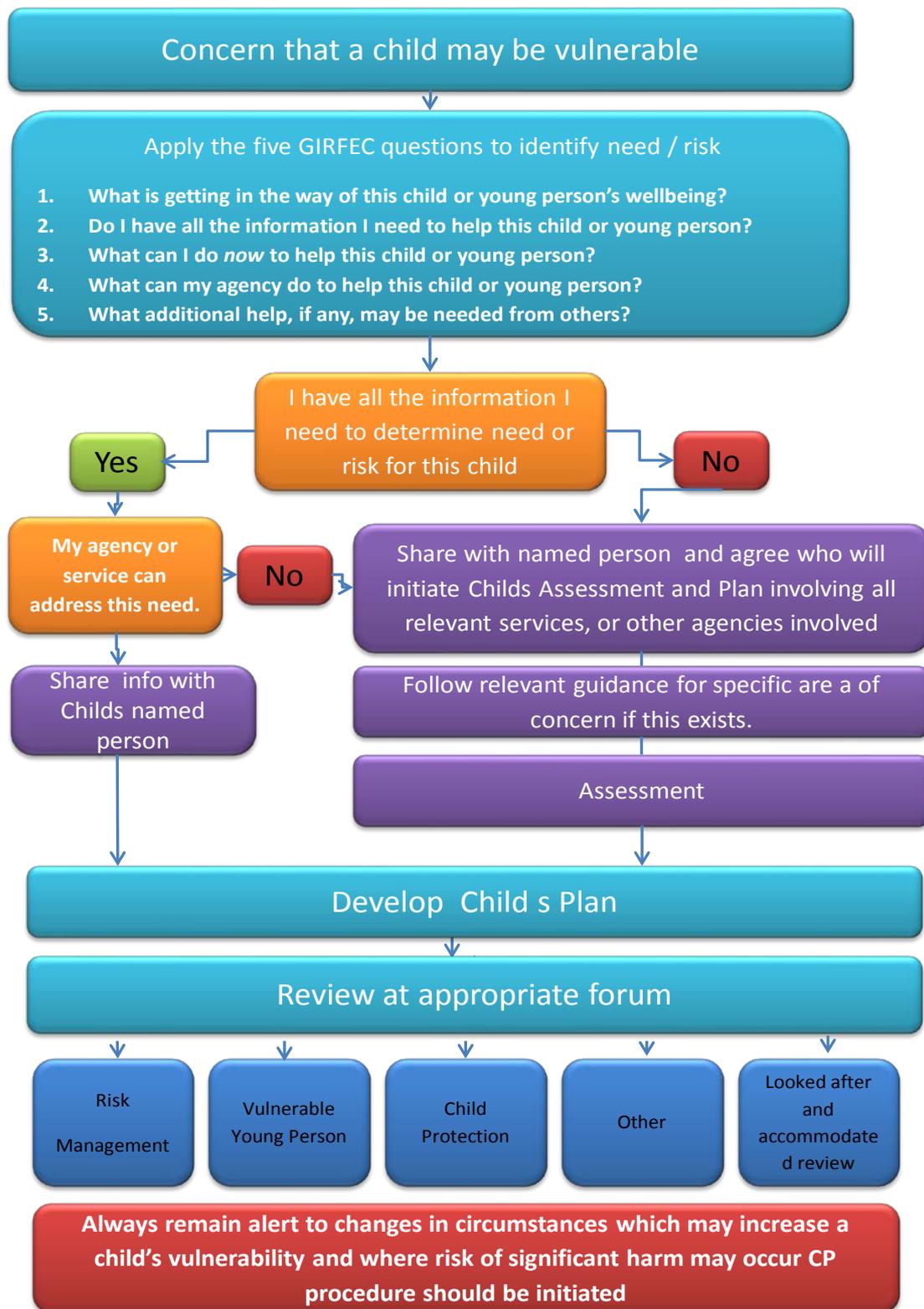
Lead Professional – Whenever two or more agencies are working together to provide support or to construct a Child's Plan there will be a Lead Professional. Practitioners will decide themselves who this should be.

More detail in relation to these roles and respective responsibilities can be found in the GIRFEC guide. Click on the image below⁶



⁶ <http://www.girfecna.co.uk/admin/uploads/downloads/GIRFEC%20Guide%202012.pdf>

Concern a child may be vulnerable – What to do - Flowchart



Adult Support and Protection

The Adult Support and Protection (Scotland) Act 2007 was introduced in 2008. The Act covers all adults (anyone over the age of sixteen years) who are at risk of harm and who, because of a mental or physical infirmity, are unable to safeguard themselves against harm. All types of harm are covered by the Act, including neglect and self-harm.

Everyone deserves to live a life free from harm, and protecting adults covered by the Act who are at risk of harm, is the responsibility of all workers.

The Act states:

“Where a public body or office-holder knows or believes

(a) That a person is an adult at risk, and

(b) That action needs to be taken in order to protect that person from harm, the public body or office-holder must report the facts and circumstances of the case to the council for the area in which it considers the person to be.”

Staff need to be particularly alert when working with vulnerable young people that consideration is given to planning for their well-being after they reach the age of sixteen.

If staff becomes aware that a young person over the age of sixteen may be vulnerable or at risk of harm, they should make an Adult Support and Protection Referral to Social Services.

Further information on Adult Support and Protection, including how to make a referral, is available at:

<http://www.north-ayrshire.gov.uk/resident/health-and-social-care/adults-and-older-people/adult-support-and-protection.aspx>

Vulnerabilities

This section provides some guidance in relation to specific vulnerabilities, which research has identified as potentially impacting adversely on a child's well-being. Where there is more detailed multi-agency guidance for North Ayrshire staff in relation to a particular vulnerability, this has been signposted. Where no other guidance is signposted, staff should view the guidance in this document as the key guidance for responding to that particular vulnerability. Staff should ensure they continue to adhere to their own organisations policies and procedures when applying this guidance.

Section 1 - Principle Guidance

Children and young people who run away or go missing.

Definition

Running away is difficult to define due to the many views of individuals depending on their own experiences. One definition of a young runaway is "a child or young person under the age of 18 who spends one night or more away from the family home or substitute care without permission or who has been forced to leave by their parents or carers."⁷

Outwith this definition children and young people may abscond or be missing for smaller periods of time.

Overview of Key Issues

The level of risk for an individual child is dependent on the needs, vulnerability and resilience of that child or young person.

The welfare of the child or young person must be the primary consideration for practitioners and in some cases concerns may be raised about the safety of the child or young person after a shorter absence than outlined in the previous definition.

Running away may be an indicator of emotional upset and turmoil in the young person and the stimulus for this behaviour can lie in a number of areas such as:-

- Family Disputes
- School Issues
- Peer Group Issues
- Physical Abuse
- Sexual Abuse
- Neglect
- Emotional Abuse

⁷ Vulnerable Children and Young People - Scotland www.scotland.gov.uk/Resource/Doc/1141/0034405.pdf accessed on 5/02/2014.

Research conducted by the Children's Society⁸ highlights that young people who runaway or go missing are at a higher risk of being exposed to:

Substance Misuse
Offending
Negative associations.
Sexual Assault

Children and young people may be drawn towards inappropriate activities that they find attractive and exciting. This in itself will expose young people to a range of risks and practitioners must assess the potential level of harm they could pose to young people.

How to respond

An assessment of the child or young person's behaviour must be carried out while taking into account a range of factors such as the child's age and stage of development, circumstances which may have led to the child's flight, a chronology of events and/or concerns in the child's life and other factors which may lead to vulnerability and risks such as associations with others who may pose a risk to the child or young person.

Multiagency assessment of the needs of the child using the GIRFEC national practice model and National Risk Framework will assist in the identification of needs and risks and may help to give a clearer understanding of the antecedents leading to the child or young person's behaviour.

Single or Multi Agency Chronologies may also provide information in relation to the stimulus for their behaviour but will also be invaluable in assisting practitioners to identify patterns in this behaviour.

Practitioners may want to consider the use of the Child's Plan specifically focusing on safety for the young person which provide details of the steps that each agency is required to take, including key contacts, information which is required to be shared, and agreed timescales for reporting.

Good practice would dictate that these plans are shared with the child or young person as a means to identify the risk that their behaviour may present to themselves.

Where appropriate the use of a return interview when the child returns to a safe environment should take place to attempt to ascertain where the child or young person has been and other information including who they have been associating with etc. Identifying third parties, venues or locations that the child or young person is known to frequent can help practitioners to understand risk factors and put into place plans to mitigate the risk to the child or young person.

⁸ Gwyther Rees, Still Running 3, The Children's Society, (2011)



Where the collective judgement of the multiagency team identifies that the behaviour of the child/young person poses a potential or actual risk of significant harm to themselves or others child protection procedures should be initiated.



Any disclosure of sexual abuse, physical abuse, emotional abuse or neglect should be managed through North Ayrshires Child Protection Procedures.

Where there is suggestion of criminal activity practitioners should liaise closely with police and determine how to progress in the best interests of the child.

Section 36 of The Children (Scotland) Act 1995 established that an offence has been committed if a person:-

- (a) Knowingly assists or induces a child to abscond in circumstances which render the child liable to arrest as described above
 - (b) Knowingly and persistently attempt to induce the child to abscond
 - (c) Knowingly harbours or conceals a child who has so absconded or
 - (d) Knowingly prevents a child from returning to a place/person as described above
- shall be guilty of an offence and liable to prosecution.

There is additional legislation in place for children who runaway whilst subject to a place of safety order, compulsory supervision or a Parental Responsibilities Order.

Children who abscond from a place of safety, a residential establishment or from someone who has care and control of them by virtue of compulsory supervision, may be arrested without warrant in any part of the UK and taken to the place of safety or relevant place.

A court which is satisfied that there are reasonable grounds for believing that a child, subject to the above circumstances, is within any premises may, where there is power of arrest, grant a warrant authorising a police constable to enter those premises and search for the child using reasonable force if necessary.

Any adult who harbours or conceals a child who has run away may be liable to prosecution, depending on the circumstances.

In general sixteen and seventeen year old runaways are in a different legal position to younger runaways.

Sixteen and seventeen year olds can legally live independently and can access housing in their own right. They have access to some financial benefits and do not have to take part in compulsory education. Those leaving care are also eligible for support to help them live independently if that is their wish.

The multi-agency assessment team should also consider the range of legal instruments at their disposal via the Children's Hearing System and Children's Scotland Act that may provide further compulsion and protection for the child or young person.

Children and young people who are trafficked in the UK



Child trafficking is first and foremost a child protection issue. If you have any concerns at all that a child or young person may have been trafficked you should follow your organisation's child protection procedures and contact social services and the police without delay. In these circumstances **it is critical not to alert the child, young person or their carer of your concerns** as, in cases where the child may be trafficked, it is possible that their carer is involved in the trafficking or exploitation and seeking their consent could put the child at further risk or lead to their being moved elsewhere.

Definition

The formal definition of child trafficking is contained within the international document referred to as the Palermo Protocol:

“the recruitment, transportation, transfer, harbouring or receipt of a child for the purposes of exploitation”.

The Palermo Protocol establishes children as a special case and any child found to have been moved for exploitation is considered to be a victim of trafficking, whether or not they have been deceived, because it is not considered possible for children to give informed consent.

Trafficking can affect children of all ages, although research indicates that the majority of victims in the UK are 12 years or older at the point of discovery.

There is sometimes confusion between trafficking and people smuggling. However, there is a clear distinction. Smuggling involves the movement of people from one place to another – sometimes for a large fee – but the relationship between the person and the smuggler ends on arrival at their destination. Moreover, smuggling always crosses international borders whereas trafficking can occur within one country. Trafficking does involve the movement of people, but crucially with the intention to exploit them.

In practice, the distinction between trafficking and smuggling can become blurred. For instance, there are documented cases of children and young people being abused on their journey to Scotland after paying smugglers.

The United Kingdom is considered a high risk destination country for victims of human trafficking and a number of case studies and data collection exercises have documented the existence of potential child trafficking cases into and out of the country.

Overview of key issues

Agencies and individuals should bear in mind that it is essential to take timely and decisive action where child trafficking is suspected because of the risk of the child being **moved**. Agencies and / or individuals should not wait until a child discloses, agrees or perceives they have been trafficked to initiate procedures. Research to date indicates children, apart from being threatened to remain silent, often are **not aware** they are victims of trafficking.

Traffickers recruit children by false promises of work and by exploiting children and their families' desire for a better life. Often, families are aware of the initial arrangements for another adult to look after their child; thereafter they may lose contact with their child and have no knowledge of what has really happened to them.

Traffickers recruiting children will use deception, coercion, violence or may negotiate via a third party.

In the majority of cases, children's families do not know that their children will be exploited but believe that their child will be offered a better life. While they might be aware of some of the risks, parents or elders see it as a survival strategy which offers the promise of a better future for both the child and their family.

In some cases the child's parents will have met the traffickers and will have been duped by the apparently genuine offers of employment that are made. In other cases children might act quite independently from their parents; they might want to escape an unhappy situation in the home environment, or may see no future for themselves at home.

On occasion, a child's family is complicit in the trafficking of their child. Some families have been known to sell their children and children have reported the involvement of a family member who knowingly passes them onto someone else to abuse or exploit them. Therefore, the role of the family must be established before any attempt is made to reunite a child with them.

Many children who are trafficked are brought into the UK from other countries, both legally and illegally. There are also children who are UK citizens who are trafficked within the country. This means that children who are moved around the UK for the purposes of exploitation, whether they are children from abroad or citizen children, can be considered a victim of trafficking.

Child trafficking is often associated with unaccompanied asylum seeking children, but case-based evidence and research by ECPAT UK shows a more complex picture. Children are trafficked to the UK from the European Union so no asylum claim is needed and children can also be travelling on a valid visa.

While the common perception of trafficking is of children being brought into the UK from abroad, practitioners must remain alert to "internal trafficking" which involves children and young people being exploited within and across Scotland. These children may be UK citizens or they may originally have come into the country from abroad a number of years previously.

In the UK children are trafficked for sexual exploitation, domestic servitude, forced labour, including restaurant and catering work, manual labour, drug trafficking, begging, petty theft, benefit fraud, cultivation of cannabis and selling counterfeit goods such as DVDs.

There is also evidence of children being brought to the UK for forced marriage and illegal adoption. Fortunately, there is no evidence to date that children are being trafficked into the UK for organ removal, although there are documented cases elsewhere in the world. Children initially trafficked for one type of exploitation may experience other types of exploitation as they are moved around.

Children find it difficult to break away from the control of their traffickers for numerous reasons; many are fearful of what will happen to them if they escape and believe that they or their families will come to further harm.

Traffickers actively instill fear in their victims as this enables them to have psychological control of the child. Other methods of control most commonly used include physical and sexual violence as well as emotional abuse and neglect. Some children, especially girls brought to the UK for the purposes of sexual exploitation, are likely to be raped as part of an initiation rite or made to watch other children being beaten or assaulted. Frequently children are kept isolated, not able to speak to anyone in their native language, as well as being kept in neglectful conditions, such as in a cupboard under the stairs or in a shed.

Other children will be told that they can leave as soon as they have repaid their debt (money paid by the family to the trafficker to give their child “a better life”) but this debt never diminishes. Passport and other identifying documents are often removed with threats that they will be in a great deal of trouble if they are found in this country without identification.

Impact

The effect of trafficking on children is wide-reaching; many will experience significant harm as a result of their situation, and outcomes for them may be extremely poor as a result of lack of proper care or access to universal services such as health and education as traffickers seek to avoid contact with the authorities. Trafficking can have long-lasting and devastating effects. Trafficked children will have experienced multiple forms of abuse and neglect. Physical, sexual and emotional violence are often used to control victims of trafficking and a trafficked child is likely to be physically and emotionally neglected.

Children may have been separated from their families, friends, communities and cultures causing distress and alienation. They will often have had no access to education or opportunity for social and emotional development.

The form of exploitation will also impact on a child's physical and mental health. Children trafficked for sexual exploitation are subject to prolonged periods of sexual violence, at very high risk of sexually transmitted infections and, for girls, multiple pregnancies. Domestic servitude and forced labour can lead to physical and developmental injuries.

If a trafficker persuaded a family that taking their child was an opportunity for a better life, the child may not want to return to their family due to shame or a sense of failure.

Children who have been trafficked are extremely vulnerable. If trafficked externally, they are in a foreign country where they may not speak the language and have no one to turn to for support and protection. Moreover, they are unlikely to understand the welfare system and may be suspicious of any form of adult intervention, having been betrayed and abused by adults in the past. Further, in some countries the authorities, such as the police, immigration, school teachers or government officials, are corrupt and cannot be trusted so the child has no reason to believe it will be any different in the UK.

After being abused by multiple adults, trafficked children are often fearful of all adults. They may also be afraid of official agencies because they do not know that they are victims who will be protected in the UK. A victim of child trafficking may consider themselves as complicit, especially if they have been groomed. A victim of grooming can even feel loyalty or love for their abuser, unaware that they are being exploited. This can make providing services and treatment to trafficked children especially difficult.

How to respond



Professionals who are likely to come into contact with trafficked children need to know the signs a child may have been trafficked, be able to apply this knowledge to situations they may come across and know how to respond to a trafficked child and to instigate child protection procedures.

It is very difficult to identify a child who has been trafficked. By its nature, trafficking is an activity that is hidden. In addition, there are many different ways that children may be trafficked, and these can look very different.

There are, nevertheless, some indicators that should lead you to suspect that a child may have been trafficked.

There will be different indicators at different points along a child's journey.

For example, at the port of entry to the UK, they may have no passport, or false documentation.

Once resident, they may have health concerns such as being malnourished, or having signs of physical abuse. They may not be registered with a GP. They may be absent from school for long periods of time, or not be enrolled in a school. They may possess money or items such as phones they cannot account for. They may go missing from local authority care.

Sometimes the concerns are very difficult to evidence, for example a child who is treated differently from other children in the household, or who appears to be unduly controlled or influenced by the adults caring for them.

It is important to remember that children are trafficked within the UK as well as from overseas.

An indicator matrix for child trafficking is contained within [Appendix 2](#).

Procedure



Any person who has concerns a child may have been trafficked must initiate child protection procedures immediately. The trafficking indicator matrix can be used to share relevant information at the outset of the investigation.

The child protection investigation should be jointly conducted by social services and police, and should incorporate a Child Trafficking Assessment (CTA). The CTA should be completed by social work / police for all suspected child trafficking victims, in conjunction with the UKBA where asylum / immigration issues are also apparent.

The Child Trafficking Assessment (CTA) has been developed by Glasgow Child Protection Committee (also in [Appendix 2](#)) following their involvement in a UK wide pilot exercise and based on their practice experience.

Where a child protection investigation establishes there is concern that a child or young person may have been trafficked, a referral will be made to the National Referral Mechanism (NRM). This formal procedure for assessing and recording all trafficking cases, including children, became operational on 1 April 2009. From this date new arrangements came into force to allow all cases of human trafficking to be referred by frontline agencies for assessment by designated Competent Authorities. In the UK the competent authorities are a central UK Human Trafficking Centre (UKHTC) and a linked authority within UKBA for cases of immigration and asylum.

A referral to the NRM does not require a criminal level of 'evidence' as a reasonable grounds decision by the competent authority can be made where there are suspicions and reasonable grounds to believe that a child has been trafficked. A conclusive decision is made when it is believed that on the 'balance of probabilities' a child has been trafficked.

Social workers, as the lead professional in child protection cases, are responsible for co-ordinating both the completion of the CTA and a NRM referral report where appropriate. They must liaise with Senior Manager Children & Families (Fieldwork) and the police vice and anti-trafficking unit to undertake this. Support is available from the Child Protection Lead Officer for North Ayrshire Child Protection Committee.

A child protection case discussion should be convened in order to consider the Child Trafficking Assessment even where information appears quite sparse. (International agencies and organisations may need to be consulted during the assessment stage).

The case discussion should consider on-going risks, agree broad protection actions, and consider the need for a multi-agency response.

The case discussion will also agree if the case requires to be referred to the Competent Authority and the Senior Manager Children & Families (Fieldwork) will support the social worker in completing the necessary forms. Support is available from the Child Protection Lead Officer for North Ayrshire Child Protection Committee.

Referrals can be made immediately to the Competent Authority if it is clear that children have been trafficked, before the CTA is completed or a case discussion called. Again, the Senior Manager Children & Families (Fieldwork) will support the worker in completing any paperwork. Referrals can then be followed up with a full assessment and case meetings.

The Competent Authority will contact the worker and Senior Manager Children & Families (Fieldwork) with a decision. It may be that the Competent Authority requires additional information and / or further discussion before reaching a decision.

The Child Protection Lead Officer for North Ayrshire Child Protection Committee should be informed of all NRM referrals and their outcomes.

Where children are not assessed as being trafficked by the Competent Authority there may still be child protection concerns. The possibility of trafficking should not be dismissed at this point as it may be that further information becomes apparent in the succeeding months.

All usual child protection procedures should follow an NRM referral and the trafficking assessment does not replace a full child protection assessment, including a full assessment of a child's needs via the GIRFEC Practice Model and National Risk Framework.

Guidance and Legislation

Children who have been trafficked from abroad have the same right to protection and support as citizen children. This is enshrined in both international law and British law.

UK legislation and policy makes it clear that trafficking is both a crime and a violation of human rights, and the strategy focuses both on the disruption and reduction of trafficking and providing support for adult and child victims.

The focus for national and international developments is prevention, protection and prosecution.

UK strategy recognises that children who have been trafficked are particularly vulnerable and will have very specific needs, and that their care, protection and

support will be crucial in enabling them to recover from their experiences and return to a normal life. All trafficked children are entitled to the same level of care and protection and to have their welfare safeguarded and promoted as those normally resident in the UK, regardless of their immigration status.

The UK Government ratified the Council of Europe Convention on Action against Trafficking in Human Beings in December 2008 which came into force on 1st April 2009. The convention establishes a number of key principles which aim to ensure that children are given specialist care and protection.

First is the introduction of the reasonable grounds threshold, which is based on the idea that one should act immediately to protect the child, often before a full identification process has been completed. In law, the reasonable grounds test is based on the principle that “I suspect but cannot prove,” which means that protection measures for children who may have been trafficked should be initiated at the earliest possible opportunity.

Article 10 of the convention enshrines the concept of ‘benefit of the doubt’ on age. It states that ‘When the age of the victim is uncertain and there are reasons to believe that the victim is a child, he or she shall be presumed to be a child and shall be accorded special protection measures pending verification of his/her age’. This applies to all authorities including police, immigration and Children’s Social Services. This means that when there are concerns about trafficking and the child states that they are under 18 they must be given the benefit of the doubt and receive services as a child until age can be proved.

The Council of Europe Convention on Action Against Trafficking in Human Beings ensures that each signatory country has mechanisms in place – The National Referral Mechanism (NRM) – for identifying and recording cases of child trafficking. This formal procedure for assessing and recording all trafficking cases, including children, became operational on 1 April 2009. From this date new arrangements came into force to allow all cases of human trafficking to be referred by frontline agencies for assessment by designated Competent Authorities. In the UK the competent authorities are a central UK Human Trafficking Centre (UKHTC) and a linked authority within UKBA for cases of immigration and asylum.

NSPCC Child Trafficking Advice Line - 0808 800 5000(Lines open during office hours)

Children and young people whose parents are in prison

The material in this section has been drawn from the work of Families Outside and Barnardos.

Definition

In every community and school there will, at some point, be a child or young person with a parent in prison. Imprisonment affects an estimated 27,000 children in Scotland annually and, in many cases, the school and other organisations concerned with the child may not even know that a parent is in prison.

- 7% of children live through the imprisonment of a parent during their time at school.
- There are 2½ times as many children of prisoners as there are children in care.
- More children in Scotland each year experience a parent's imprisonment than a parent's divorce. (Families Outside 2009)
- 60% of all women in prison have children.

Many of these children will experience an impact upon their health and well-being, both in the short term and, sometimes in the longer term. It is critical staff share responsibility for responding to the needs of these vulnerable children by being aware of the particular issues for children with a parent in prison and responding to these in a sensitive manner.

Overview of key issues

Effects of a family member's imprisonment on children parallel children's experiences of bereavement. This includes deterioration in behaviour, in physical and mental health, and in social and financial circumstances. Imprisonment can also impact children's housing and care arrangements, schooling, victimisation, substance misuse, and risk of future offending.

This guidance will highlight some of the key impacts for children with a parent in prison and some of the key messages from practice about what may help families in such circumstances. Where staff are working directly with a child who has a parent in prison, it is strongly recommended that further reading is undertaken.

The potential impact on a child/young person may be:-

- Separation and loss
- Stigma
- Numerous emotions – sadness, grief, shame, embarrassment, worry, relief, guilt
- Reconciling their view of their parent with knowing they have “done a bad thing”
- Change (e.g. family dynamics, address, school)
- Trauma (e.g. witnessing arrest)
- Renegotiating relationships with peers and others such as teachers – who knows about the parent in prison and how does this affect their relationship with the child
- Child's self-concept/view of themselves

Some Key Factors Affecting Impact on Child

Obviously, not all children affected by imprisonment will face the same difficulties and challenges. Also, children of different ages and developmental stages will be affected in different ways. In assessing the needs of a child or young person affected by a parent's imprisonment, these are some of the key factors to take into account:

- Whether the child/young person was witness to the arrest of their parent and whether the arrest was forceful
- Whether the child/young person was living with the parent prior to imprisonment
- Whether the child/young person has experienced a change in carer(s) as a result of the imprisonment
- Any changes in material living circumstances
- Any changes in emotional living circumstances
- Changes of roles within the family, including whether the child/young person now has a caring role
- Nature of crime and any societal reaction to the crime
- The child or young person's level of comprehension of the crime
- Whether the child/young person (or other local children) were the victim of the crime
- The presence of other factors such as parental alcohol and/or drug misuse, parental mental health issues, domestic abuse and antisocial behaviour.

Additional Complexities

Not all crimes are the same in terms of the impact of parental imprisonment. Sex and serious violent crimes add to the complexity of the work with the children of prisoners. Although many children and families affected by imprisonment will experience the same difficulties and disadvantages, the characteristics of the offence can add increased complexity, confusion and stigma. Sexual offences of the father abusing an older child in the family or abusing children living locally have particular implications for the child of the prisoner. For child protection reasons, the imprisonment of the father is typically accompanied by restrictions on the child seeing him. The child in these circumstances is therefore likely to be experiencing a double loss, where even visiting the parent in prison is not possible.

This may leave children in this situation not only dealing with loss but also not comprehending the nature of the crime or understanding why contact has been terminated with the father. The pressure on the remaining parent about what to tell the child in these situations can be very extreme. This pressure may be compounded by neighbourhood stigma as a result of publicity about the crime and possibly the breakdown of wider family relationships.

What children need

- Someone to talk to them directly about the imprisonment, it's impact upon them and answer any questions they have
- An age-appropriate explanation of imprisonment and the criminal justice system
- Certainty, where it is possible to provide this (e.g. to know when they will next see their parent)

Whether the information comes from the worker or the parent, depending on age and development, the child will need information and reassurance on a number of key issues.

Amongst the most important will be:

- What is happening to the parent in prison?
- Where are they, what is prison like?
- How long will they be in prison?
- Will it be possible to see them or talk to them on the phone in prison; how often will they be able to see them?
- How should the child handle talking with friends?
- Will the school know?

Children and young people can be helped to rehearse possible answers to questions from peers or others and supported in developing coping strategies in different settings.

Staff can help to mitigate some of the impact of having a parent in prison by building on the child's resilience. Particular resilience factors in these circumstances include:

- someone in the child's immediate world in whom the child is able to confide and who is able to talk directly about imprisonment;
- networks of support in the child's wider family and professionals who have contact with the child (particularly teachers); and
- understanding the impact of imprisonment and having the confidence to talk about it.

What parents and carers need

- Support in talking directly to their children about imprisonment
- Emotional support for themselves to process what has happened
- Support in renegotiating their parenting role (e.g. if previously both parents were jointly caring for the child, the parent at home may need support in taking on roles and tasks the other parent may traditionally have held)
- Help in separating their own needs from their children's needs in terms of relationships with the imprisoned parent
- Practical help with finances, housing, prison visiting

What families need

- When a parent is imprisoned, the family require support and intervention early in order to prevent difficulties escalating. If imprisonment is anticipated, this can provide some opportunity for early intervention in terms of both emotional and practical support.
- Involving extended family members (particularly grandparents) can be exceptionally helpful.
- Liaising directly with the child/young person's school is important.

In summary, the main practice messages identified by Barnardos services are:

1. A response that can combine practical assistance (around visiting benefits etc.) with more work around feelings and relationships is particularly valued.
2. There is a need wherever possible for a prompt (that is, at the point of imprisonment) response to the family affected by imprisonment.
3. Talking directly to children about prison and its impact is crucial.
4. Parents often need help and support to talk to their children about imprisonment.
5. Parents at home may struggle with separating their own needs from their children's in terms of the relationships with the imprisoned parent.
6. Not all crimes are the same in terms of the impact of parental imprisonment. Sex and serious violent crimes add many layers of complexity to the work with the children of prisoners.
7. Workers with children of prisoners need to engage with wider family networks – particularly grandparents.
8. It will often be necessary to liaise closely with schools to support the child affected by parental imprisonment.

Further Guidance

Families Outside has produced two booklets aimed at children and young people, explaining what happens when a relative is sent to prison. *Honest?* Aimed at 4-11 year olds and *What's the Story?*⁹ Aimed at young people aged 12 years and over.¹⁰



[Action for Prisons Families](#) This website contains lots of useful information including publications suitable for all age groups.

⁹ <http://www.familiesoutside.org.uk/content/uploads/2012/03/HonestMar2012web.pdf>

¹⁰ <http://www.familiesoutside.org.uk/content/uploads/2012/03/WhatsTheStoryMar2012web.pdf>

Section 2 – Brief Guidance and Signposting

Children and young people who may be seeking refuge or asylum.

Definition

The definition of those seeking refuge is the same whether a child or young person is seeking refuge within their own country because of abuse and neglect or coming from overseas. The common denominator is that the child or young person is seeking and is being offered protection from those influences causing them harm.

*'An asylum seeker is a person who has asked for protection who is from outside the UK but has not received a decision on their application to become a refugee, or is waiting for the outcome of an appeal.'*¹¹

Brief Overview

Children or young people may seek refuge in response to many different problems including family conflict, abuse or neglect. They may already be living away from home in accommodation provided by a local authority. They may be troubled by difficulties at school, problems with drugs or alcohol, pregnancy or offending. Local processes should be followed when attempting to identify and confirm a place of refuge.

Section 38 of the Children (Scotland) Act 1995 enables local authorities to provide short-term refuge in designated or approved establishments and households for children who appear to be at risk of harm and who can request refuge.

A refuge does not need to be a Children's Unit. It can be a foster carers or other local authority accommodation.

The aim is to provide somewhere safe to stay and to gain access to advice and help for a short period in order to resolve the crisis.

Guidance and Legislation

The legal status of children in short –term refuge does not change. They are not looked after by the local authority unless they are already subject to compulsory supervision.

Refuge may be provided for a period of up to 7 days or, in exceptional and limited circumstances, for a maximum of 14 days in order to reconcile the child with family or carers or to divert the child or young person to other suitable services or accommodation.

When a child has been provided with refuge the local authority must notify a responsible person in relation to the child. If the responsible person holds parental responsibilities and rights and does not wish the child to remain in a place of refuge and the child does not wish to return home, the local authority may decide to pursue alternative legal measures to safeguard the child.

¹¹ [Good practice in social care with refugees and asylum seekers \(2010\) reviewed 2013 Social care institute for excellence](#)
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Police Scotland should also be informed that the child has sought refuge and be provided with relevant information. This will ensure that time is not wasted in searching should the child be reported missing.

Consideration should be given to holding a meeting with the child and family within a period of 3 days. This meeting should consider the assessment of risk and confirm future arrangements through the child's plan. Early consideration will be given to informing the Children's Reporter of the circumstances in the event that other statutory measures may be required.

Children and young people who are affected by their own misuse of alcohol and/or drugs

Definition

Problematic alcohol and/or drug use is defined in Getting our Priorities Right (GOPR) as: *when the use of drugs or alcohol is having a harmful effect on a person's life, or those around them.*¹²

Brief overview of issues:

Children and young people who misuse alcohol and/ or drugs and their families are often known to social services, health and criminal justice services prior to their drug/alcohol use. There are clear links between poverty, deprivation, widening inequalities and alcohol/drug use and crime.¹³ It has been highlighted by Neale (2002)¹⁴ that drug misuse is more prevalent among those who have been in care and/or excluded from school and those in contact with the criminal justice system or mental health services.

The misuse of drugs and/or alcohol by young people can result in a number of negative outcomes, such as:

- Family disruption/ breakdown
- Involvement in anti-social and criminal activities
- Physical harm – organ damage, damage to brain development and memory, stunted growth
- Psychological harm – mental health implications, increased vulnerability possibly leading to unsafe situations
- Poor attendance at school/ underachieving at school

Problematic drug and/or alcohol use in children and young people is often symptomatic of a range of other underlying difficulties in their lives such as:

- Parenting capacity
- Parents/carers mental health
- Young person's mental health
- Domestic abuse
- Offending
- Educational difficulties
- Parental drug/ alcohol misuse
- Child abuse and neglect

Furthermore, research shows that the earlier a child starts drinking, the higher their chances of developing alcohol abuse or dependence in their teenage years and adult life – children who drink before the age of 15 are most susceptible to alcohol misuse in later life¹⁵.

¹² *Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use* (Scottish Government: April 2013)

¹³ Shaw, A, Egan, J & Gillespie, M (2007) Scottish Drugs Forum; Drugs and poverty: A literature review

¹⁴ Neale, J., (2002) *Drug Users in Society*. Basingstoke: Palgrave

¹⁵ Donaldson, Sir L. (2009) *Guidance on the consumption of alcohol by children and young people*, Department of Health

How to respond

When considering how a child or young person can be supported to 'recover' from problematic alcohol and/or drug use, assessments such as the DUST (Drug Use Screening Tool) can be utilised to identify a range of both risk and protective factors that can impede and support recovery respectively. The DUST is used as a brief intervention in itself, allowing the young person and worker to consider a multitude of factors from: their drug/ alcohol use, their social situation (school/ training/ accommodation/ supportive relationships), psychological health and physical health. It is recognised that identifying any protective factors can indicate a level of support and resilience for the young person.

Further Guidance

Scottish Executive's Drugs Action Plan: Tackling Drugs in Scotland: Action in Partnership (2000)

Children and young people who are affected by parental drug and/or alcohol misuse

Definition

Problematic alcohol and/or drug use is defined as *when the use of drugs or alcohol is having a harmful effect on a person's life, or those around them*¹⁶.

Brief Overview

Problem drug use can also include the unauthorised use of over-the-counter (and sourced via the internet) drugs and/or prescribed medicines; including new psychoactive substances (also known as legal highs).

Adults can recover from problematic alcohol or drug use while being effective parents and carers for children. However, where parental alcohol and/or drug use becomes a problem this can have significant and damaging consequences for any dependent children.

This can result in risks to their wellbeing and impair an adult's capacity to parent well. Where children are affected as a result, they are entitled to effective help, support and protection, within their own families wherever possible. Parents too will often need strong support from services to tackle and overcome their problems and help them to promote their child's full potential.



Where a child may be at risk of harm due to parental drug and-or alcohol misuse, you must initiate child protection procedures immediately.

When working with parents with problematic alcohol and/or drug use, services should always consider the possible impacts on any dependent children, be alert to their needs and welfare and respond in a co-ordinated way with other services to any emerging problems.

All child and adult services should take account of the Recovery Agenda when addressing problematic alcohol and/or drug use. The recovery process was described in the 2008 National Drugs Strategy (*The Road to Recovery*) as:

“a process through which an individual is enabled to move-on from their problem drug use towards a drug-free life and become an active and contributing member of society.”

In recent years, there has been a growing recognition of the impact of problematic parental alcohol and/or drug use on children and young people's lives. Children's experiences – even within the same family – can be very different and they can display incredible strengths in managing difficult situations, as can their parents.

¹⁶ **Problematic alcohol and/or drug use** as defined in [Getting our Priorities Right: Updated Good Practice Guidance For All Agencies and Practitioners Working With Children, Young People and Families Affected By Problematic Alcohol and/or Drug Use](#) (Scottish Government: April 2013)

Not all parents who use substances experience difficulties with family life, child care or parenting capacity. Equally, not all children exposed to substance use in the home are adversely affected in the short or longer term.

That said, the impacts of parental problematic alcohol and drug use can also have a very detrimental impact on the health and wellbeing of some children. Children can also be at increased risk of experiencing violence and maltreatment when living with parental problematic drug and/or alcohol use.

All services have a part to play in helping to identify children affected by parental problematic alcohol and/or drug use at an early stage. They should gather basic information about the family wherever possible.

Although parental alcohol and/or drug use can have a number of impacts on children and families, it does not necessarily follow that all children will be adversely affected. On the other hand, it is also true that parents and children hide problems – sometimes very serious ones. For example, children are often wary of talking about their needs for fear of losing their parents. Parents may also have concerns about their children being taken into care.

Generally, where substance use is identified, this should act as a prompt for all services – whether in an adult or child care setting – to consider how this might impact on any dependent child.

Adult services will play a vital role in the support and protection of children. While their main role is with the adult service user, they have an important role in the identification of children living with – and being cared for - by adults with problems associated with problematic alcohol and/or drug use.

Adult services should be equipped to provide information and advice to parents about the possible impacts of their problematic alcohol and/or drug use on dependent children, together with other information and advice about alcohol/drugs and their effects.

They should always explore how problematic alcohol and/or drug use may affect an adult's responsibilities for child care.

Further Guidance

A Practitioner's Guide To Getting Our Priorities Right (GOPR): Working with Children, Young People and Families Affected by Problematic Alcohol and/or Drugs Use across North Ayrshire. Available on www.childprotectionnorthayrshire.info and www.naadp.com

Forced Marriage



Forced marriage is first and foremost a child protection issue. If you have any concerns at all that a child or young person may have been forced to marry or is at risk of forced marriage, you should follow your organisation's child protection procedures and contact social services and the police without delay.

Definition

A forced marriage is one in which one or both of the parties do not consent to the marriage and duress is involved. This issue may affect both adults and children.

In cases involving children the practice position should be maintained that they are unable to consent to entering into such an arrangement due to their incapacity to consent to or understand the nature of the marriage.

Brief Overview

Research informs us that victims often encounter prolonged duress such as:

- Physical, psychological, financial, sexual and emotional pressure
- Threatening conduct
- Harassment
- Threat of blackmail
- Use of deception and other means

Duress may be from parents, other family members and the wider community.

The Scottish and UK Governments regard forced marriage as a form of domestic abuse, an abuse of human rights and, *when children and young people are affected, child abuse.*

Perpetrators often justify the practice by asserting that they are:

- protecting their daughters/sons,
- building stronger families
- preserving cultural or religious traditions.
- protecting family honour
- discouraging unwanted behaviour in relation to sexuality, sexual orientation, or gender identity,
- discouraging behaviour such as alcohol, drug use,
- providing financial security,

The following are indicators which may be present:

- **Education** : Truancy, decline in performance or punctuality, low motivation at school, poor exam results, withdrawn from school by those with parental responsibility, not allowed to attend extra-curricular activities.

- **Health:** Self harm, attempted suicide, eating disorders, depression, isolation, substance misuse.
- **Family History:** Siblings forced to marry, pattern of early marriage in siblings, family disputes, running away from home, unreasonable restrictions.
- **Employment:** poor performance, poor attendance, limited career choices, not allowed to work, unable to attend business trips, unreasonable financial control e.g. confiscation of wages.
- **Police involvement:** young people within the family missing or reported missing, reports of domestic abuse, or breaches of peace at the family home, female genital mutilation, the victim is reported for offences such as shop lifting or substance misuse.

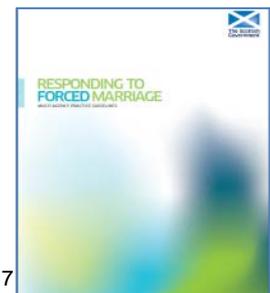
The fact that a child under the age of 16 has participated in a marriage ceremony does not detract from our responsibility to assess the child's needs and take action to protect them.

Further Guidance

Outwith the orders which exist through the Children's Scotland Act, to protect and safeguard the wellbeing of children, there are further legal instruments which can be utilised to protect a victim of forced marriage such as exclusion orders and Forced Marriage Protection Orders.

Comprehensive practice guidance is available from the Scottish Government here:

Responding to Forced Marriage – Multi Agency Guidelines



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Scottish Legislation and Statute can be found here:

[Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)

¹⁷ <http://www.scotland.gov.uk/Resource/0041/00412492.pdf>

Honour based violence



Honour based violence is first and foremost a child protection issue. If you have any concerns at all that a child or young person may have been subject to, or is at risk of, honour based violence, you should follow your organisation's child protection procedures and contact social services and the police without delay.

Definition

'Honour Crime', Honour based violence and 'Izzat' describe crimes of violence where the individual is being punished by their family or community for undermining the family.

Brief Overview

This may include:

- physical abuse
- sexual violence
- forced marriage
- imprisonment
- murder

The family or community may perceive that the individual's behaviour contravenes their 'norm' and that the person does not conform to held/proscribed standards, reflecting poorly on them.

Perpetrators may feel justified to resort to honour crimes to protect and restore the honour of their family and community.

How to Respond

The issues described in this section at times may pose a greater level of complexity than is apparent. The following are good practice perspectives.

- See the victim on their own – even if he / she is accompanied by others
- See them immediately in a secure and private place where you will not be overheard
- Reassure them about confidentiality (in line with your organisation's policy) and
- explain that you will not give information to their family/friends or community
- Accept what they say.
- Explain all the options to them and their possible outcomes
- Recognise and respect their wishes
- Assess the risk she / he faces by conducting a thorough risk assessment
- Contact, as soon as possible, the lead worker responsible for forced marriage
- (If she is under 16, refer to child protection inter-agency guidance; If she is an adult at risk, discuss with your adult support and protection lead and refer to inter-agency guidance)

- Agree a way to contact her / him safely (for example agree a code word)
- Obtain full details to pass on to the lead worker and record these safely
- Give her / him (or help them memorise) your contact details and/or those of a support agency such as Women's Aid
- Consider the need for immediate police involvement, protection and placement away from the family and arrange this if necessary; this includes any action to stop her / him from being removed from the UK
- Do everything you can to keep him / her safe
- Get immediate advice if you are not sure what to do

Further Guidance

Practitioners can seek specialist advice from:

[Shakti Womens Aid](#)

[Hemat Gryffe](#)

Children and young people who are affected by domestic abuse.

Definition

“Domestic abuse (as gender-based abuse), can be perpetrated by partners or ex-partners *of the victim* and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends).”¹⁸

Brief Overview

A child or young person does not have to witness domestic abuse taking place to be affected by it. The environment in which they live, the aftermath of an incident, behaviors of the individual involved including the addition of support services in their lives can all contribute to a child or young person’s functioning either physically or emotionally. ‘The effect of domestic abuse on each individual child may be different depending on their individual circumstances and may be short or long-term. The effects could be described broadly as physical, social and emotional, and behavioral and effects may be combined.



Where a child or young person may be at risk of harm due to domestic abuse, child protection procedures must be initiated.

Children and young people may experience violence themselves, particularly if they intervene to protect their parent or brothers and sisters. Children and young people are naturally likely to be concerned about their family members if an incident of domestic abuse has taken place. They may be worried, anxious and upset. As children and young people feel these effects they may impact on their behaviour, they may ‘act out’ or ‘internalise’ their emotions, withdrawing from relationships. All of these effects are likely to impact on the child or young person’s ability to concentrate and focus in school. Their learning, behaviour and relationships with others in school are likely to be affected.

Domestic abuse is a key factor in relation to homelessness for children and young people. A child or young person may also have frequent changes in their lives, moving homes, losing belongings, leaving pets and friends behind as they move to flee from the perpetrator.¹⁹

Protection and support

In North Ayrshire we have a Multi-Agency Domestic Abuse Response Team (MADART) that is based in Kilmarnock Police Station. Whilst the Domestic Abuse Investigation Unit based there continue to deal with all domestic referrals across Ayrshire, the MADART will deal solely with referrals relating to the North Ayrshire area.

¹⁸ Abuse – Preventing Domestic Abuse, A National Strategy (2003) Scottish Executive *italics added*

¹⁹ The impact of domestic abuse on children and young people, Domestic Abuse resources and Training for schools in Scotland

The team includes Police personnel, Social Workers, a Housing Officer and an administrator. In constructing this core team as a central conduit for partner agencies to come together, this has in essence removed the walls that separated services, and rebuilt them to house a coalition of skills and networks allowing agencies to function as one. This innovative approach to shared services, in addressing one of the most pervasive and damaging issues in North Ayrshire, is the ethos of the MADART.

Responding to Domestic Abuse

When any worker identifies domestic abuse they may ask themselves a number of questions:- 'What's my role?', 'What am I supposed to do?' or 'Should I tell a woman whose partner has hit her to leave?' etc. **Your role in responding to domestic abuse should be limited to:**

- focusing on the their safety and that of their children;
- giving them information and informing relevant agencies;
- making it easy for them to talk about their experiences;
- supporting and reassuring them; and
- being non-judgemental.

You should never assume that someone else will take care of domestic abuse issues – you may be the woman's first and only contact. It is not your role to encourage her to leave her partner, or to take any other particular course of action. This could lead to problems, including increased danger for her and her children.²⁰

As workers we can be in a position to help a woman protect herself from escalating domestic abuse, even if she is not ready to leave her abusive partner. Developing a safety plan with a woman can help her in several ways:

- Help the woman and her children to escape the abuser when she feels ready
- Help the woman and her children to safely visit organisations for advice and support
- Empower the woman with the knowledge that she is taking back control of her life.²¹

Documenting of disclosures and/or injuries should always be carried out.

Every time the police are called to a family home in response to a domestic incident, a report is completed, detailing the circumstances, family composition, whether charges/arrests were made, children present, if alcohol is a factor and so on.

These reports (where children are involved) were previously sent automatically to Scottish Children's Reporters Authority (SCRA) and Social Services for information/assessment/further action as appropriate. Due to the establishment of the MADART this no longer applies.

²⁰ [Responding to domestic abuse: a handbook for health professionals, DOH 2005](#)

²¹ [Good Practice Guidelines – for workers who are supporting women who are living with abusive partners, Greater Glasgow Training Consortium](#)

The MADART screen and initially assess all domestic abuse incidents in the first instance. By having access to a variety of information systems under the one roof (Police, Housing, ASBIT and Social Services), the MADART is able to effectively assess, quickly, what follow-up action, if any, is required.

A range of options are available to MADART. In cases where it is felt that the incident itself or the impact on children is serious enough to potentially require statutory measures of intervention, the children concerned will be referred to SCRA. For all other incidents a variety of responses can be taken: –

- Information shared with Named Person as per the Getting It Right For Every Child approach
- Request to Women's Aid for involvement of advocacy worker or request for a place on the Children Experiencing Domestic Abuse Recovery programme (CEDAR)
- Input from the Housing Officer to look at alternative housing options or home security measures for victims and their children
- Follow up visit and further assessment by the Social Worker
- Request to addictions services where substance misuse is assessed as a contributory risk factor
- Linking in with adult services where victims may have additional vulnerabilities such as mental health issues, learning disabilities etc.

The above list is far from exhaustive and some cases will be supported using a combination of responses dependent on the assessment.

Overall, the MADART team have a suite of responses available to them that ensures that the right response can be made at the right time and that those victims (and their children where they have them) can be assisted to be safe.

The Multi Agency Domestic Abuse Response Team features as a key part of the strategic shift towards earlier identification and intervention. The prevalence of domestic abuse within North Ayrshire remains at levels far higher than comparable local authorities elsewhere. Likewise, the impact of that prevalence upon child protection processes, mental health and addictions services as well as the Criminal Justice system cannot be understated. The service that the MADART is now delivering is designed to reduce, in the longer term, the incidence of domestic abuse in North Ayrshire making it a safer place to live in and ensuring that our children have the best possible start in life.

This is in keeping with the Single Outcome Agreement and National outcomes. It is anticipated that the timely and effective interventions provided by the MADART, and wider partners delivering services beyond the initial response, will reduce longer-term demands on all services.

Further Guidance

Good Practice Guidelines – for workers who are supporting women who are living with abusive partners, Greater Glasgow Training Consortium. Available at www.childprotectionnorthayrshire.info

[National Domestic Abuse Delivery Plan for Children and Young People](#)

Responding to domestic abuse guidelines for Health Care workers in NHS Scotland (2003) Scottish Government

A Partnership Approach to Tackling Violence Against Women in Scotland, Guidance for Multi Agency Partnerships (2009) Scottish Government, COSLA

Domestic Abuse (Scotland) Act 2011

Preventing Domestic Abuse - A National Strategy (2003) Scottish Government

<http://www.cedarnetwork.org.uk/> Children experiencing domestic abuse recovery

Children and young people who are Young Carers

Definition

A Young Carer is 'a child or young person aged under 18 who has a significant role in looking after someone else who is experiencing illness or disability ' (Getting it right for Young Carers, the Young Carers Strategy for Scotland 2010-15 (Care 21 Report Definition)

Brief Overview

Many young people can benefit from providing care to a relative or friend affected by illness, disability or substance misuse. For some, it can provide them with personal skills and an important role in the family, making them feel valued and included. However the demands of caring can also be onerous and can have an adverse impact on young carers' health and well-being. The responsibilities of caring can deny a young person their rights and can compromise their safety. It is therefore important that they are relieved of inappropriate caring roles and are supported to be children and young people first and foremost.

Young Carers as a term encompasses a wide range of types of caring, durations and intensity of caring, and for whom they are caring (e.g. adult or sibling). Many children and young people do not see themselves as 'carers' and there can be difficulties around arrangements for identifying, assessing and supporting Young Carers. GIRFEC's unified approach provides a framework for practitioners to gather and analyse information about a young person's strengths, pressures and support needs. Importantly it also actively involves the young person in assessment and action planning. The approach is advocated by the Scottish Government for Young Carers assessment.

In North Ayrshire we aim to support Young Carers through ensuring they have an assessment of their needs and a Child's Plan. As soon as there is any suggestion a child or young person is Young Carer an assessment and Child's Plan should be initiated.

North Ayrshire Carers Centre provides time-out and support to young carers through the whole of North Ayrshire and provides information, advice and support, individual and group activities dependent on the need of the young person, access to other resources within the community, and PSE lessons to first year Secondary school pupils.

If you think a child or young person you have contact with is a Young Carer contact the Centre at ***northayrshire.carers@unity-enterprise.com***.

Further Guidance

Getting it right for Young Carers, the Young Carers Strategy for Scotland 2010-15 addresses the very specific issues for young carers and recognises that their needs can be different to adult carers with the consequent need for different responses. North Ayrshire is addressing the key points in the national strategy in improving services for young carers.

Children and young people who are homeless and living in temporary accommodation or at risk of sleeping rough.

Definition

A person is homeless or potentially homeless if:

- They have no accommodation which they are entitled to live
- It is unreasonable to continue to stay within their accommodation
- They cannot secure entry to their home
- They are fleeing violence from someone they live with or previously lived with
- They have a movable home but nowhere to moor or place it
- Their home is overcrowded and likely to endanger health

Children can become homeless for a range of reasons either as part of a family household or as a household on their own.

The main reason for homelessness within North Ayrshire is people being asked to leave the family home. However for young people there are other risk factors including;

- Young people leaving care
- Relationship breakdown
- Financial issues
- Domestic abuse

During 2012/13, 92 households with children approached North Ayrshire Council for assistance under homelessness legislation. This represented 14% of all homeless applications and comprised of a total of 188 children. The most common reason for homelessness was domestic abuse.

Households with children are involved with a range of agencies on a daily basis including; health, education, social services, housing, Benefits agencies. If agencies are aware of the risk factors leading to homelessness and are armed with the right advice and information, the opportunity for early intervention and subsequent prevention of homelessness is strengthened.

Brief Overview

Homelessness influences every facet of a child's life — from conception to young adulthood. The experience of homelessness can inhibit the physical, emotional, cognitive, social, and behavioural development of children.

In addition, homelessness impacts on children's education, social networks, employment opportunities and access to dental & primary health care.

The stress and disquiet within a family home in the lead up to the occurrence of homelessness has a significant impact on the welfare of children. In addition to this stress,

at the point of homelessness there are high levels of confusion and anxiety for children as they are removed from everything they know and placed into unfamiliar surroundings away from extended family and friends.

There are additional risks for older homeless children leaving the family home. For many they are away from the boundaries, structure and guidance of their wider support networks for the first time. There is a risk of loneliness and isolation leading to wider risk of sexual exploitation including prostitution, exploration of illegal substances and alcohol abuse. Breaking the cycle of homelessness for young people can be very difficult; this is compounded by disengagement from relationships formed prior to homelessness. The need for early identification and intervention is therefore necessary.

There is a need for an integrated prevention approach to minimise the corrosive and damaging effect that homelessness has on children. We need to work in tandem to tackle the causes of homelessness in order to ensure effective and sustainable homeless prevention.

Pro-active and early intervention, based on a well understood knowledge of the local triggers of homelessness, will have more impact than traditional re-active responses to homelessness.

[Appendix 3](#) details the North Ayrshire homelessness triggers and risk factors and the local services available. It also includes sign post information for agencies where they identify any child or family at risk of homelessness.

Children and young people who may be vulnerable as a result of their own or others mental ill health

Definition

Common mental health disorders and difficulties encountered during childhood and the teenage years include: ADHD (attention deficit hyperactivity disorder); anxiety and a range of related anxiety disorders ranging from simple phobias to social anxiety, generalised anxiety disorder and PTSD (post-traumatic stress disorder); autism and Asperger syndrome (the Autism Spectrum Disorders, or ASD); behavioural problems; bullying; depression; eating disorders (including anorexia nervosa and bulimia); obsessive compulsive disorder (OCD); psychotic disorders - and in particular schizophrenia; and substance abuse.

Brief Overview

Child and adolescent mental health disorders are surprisingly common. They affect 10-20% of children and young people - with the most recent UK figure indicating that 10% of 5-16 year olds had a diagnosed mental health disorder (figure from the Office for National Statistics [ONS]), and the current US figure indicating that a mental illness occurs in 20% of US children during any given year (figure from the US Surgeon General)

Children and young people can also be affected by family members or their carers having a mental health need, "An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves. Of the 175,000 young carers identified in the 2001 census, 29 per cent – or just over 50,000 – are estimated to care for a family member with mental health problems. Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50–90 per cent of parents on their caseload have mental health problems, alcohol or substance misuse issues. In a class of 26 primary school children, it is estimated that six or seven children are living with a mother with mental health difficulties".²² Parental mental health problems can adversely affect the development, and in some cases the safety of children.



Where there is a concern that parental mental health issues may present a risk of harm to a child, child protection procedures must be instigated immediately.

Growing up with a mentally ill parent can have a negative impact on a person's adjustment in adulthood, including their transition to parenthood. Children, particularly those with emotional, behavioural or chronic physical difficulties, can precipitate or exacerbate mental ill health in their parents/carers.

²² Think child, think parent, think family: a guide to parental mental health and child welfare (2011) Social Care Institute for excellence

Identifying mental disorders in children can be difficult. Children are different from adults in that they are growing and developing and as such experience physical, mental, and emotional changes. They also are in the process of learning how to cope with, adapt, and relate to others and the world around them.

Each child develops at their own pace, and what is considered "normal" in children falls within a wide range of behavior and abilities. For these reasons, any assessment of a mental disorder must consider how well a child functions at home, within the family, at school, and with peers, as well as the child's age and symptoms.

Children who themselves have mental health disorders and difficulties may experience difficulties in relation to depression, self-harming, become extremely worried, have separation anxiety, Post-traumatic stress disorder, Attention Deficit Hyperactivity, and eating disorders and other behaviours that may indicate that they need support and intervention.

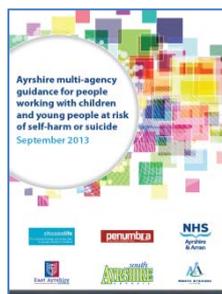
For the right support to be accessed it is important that an assessment of the Child's needs is carried out. Children and young people and their families can be directed to Child and Adolescent Mental Health Service (CAMHS) if it is felt that the child/young person is finding it hard to cope and this may be a significant emotional, behavioural and mental health difficulty. CAMHS may be able to assist. They offer consultation, assessment and treatment when children and young people have emotional, behavioral or mental health difficulties.

Following the assessment, CAMHS staff will say what they think might be causing a child's difficulties. They may identify a few different factors which might be affecting the child/young person's behavior and will decide if they can offer support.

If you are aware of a parent with a mental health issue who is looking after a child it is important that contact is made with Adult Support Services to discuss the potential or actual impact on the child and to develop a Child's Plan if needed.

Further Guidance

The pan Ayrshire Multi Agency self-harm guidelines²³ has been launched with a training package to be developed with each agency to support the individual needs such as STORM, ASSIST, Safe Talk training.



²³ <http://www.girfecna.co.uk/admin/uploads/downloads/Inter%20Agency%20Self%20Harm%20Guidance.pdf>
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Children and young people who may be vulnerable as a result of their own or others disability.

Definition

The Equality Act 2010 defines disability as the person having difficulty in performing day-to-day tasks for a period of twelve months or longer because of a physical or mental impairment. The Scottish Government has commented that information that was previously labelled as 'disability' does not meet the definition of disability outlined in the Equality Act 2010 and is more accurately described as additional support needs. The Scottish Government hope to implement a new disability question by 2015/16.

Brief Overview

'There is clear evidence that disabled children are at higher risk of abuse than non-disabled children, particularly neglect and emotional abuse. This can result from professionals' failure to identify, or report, abuse in disabled children, children's own difficulties reporting abuse, or reports of abuse from disabled children being dismissed. However, the direction of causality, and how far impairments caused by abuse contribute to the association, is not known.

A wide range of factors are likely to contribute to disabled children's increased vulnerability to abuse, although these are not always recognised. Some disabled children may have less awareness or knowledge than non-disabled children about what is acceptable and non-acceptable behaviour from others – or perpetrators may assume that is the case.

Some children may be targeted because they have communication impairments making it hard for them to report abuse, or mobility difficulties making it hard to remove themselves from the abuse. Others will have personal care needs which open up opportunities for abuse. Family-related factors include the stress which can arise from caring for a disabled child, particularly if sufficient support is not available, ambivalent feelings about having a disabled child or the nature of the child/parent attachment, or parents' disciplinary approaches.

Services and systems factors can fail to protect children. Staff may not understand or communicate well with disabled children; disabled children are disproportionately represented in residential settings where risks are known to increase; having multiple carers can cause vulnerability; parents may fear losing support if they raise concerns about possible abuse, while signs of maltreatment and distress can go unrecognised in disabled children. Some professionals appear reluctant to believe that anyone would abuse a disabled child. Useful training materials produced by the [NSPCC](#)²⁴ (2011) cover many of these underlying factors.

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https://www.nspcc.org.uk/Inform/resourcesforprofessionals/children_with_disabilities_nspcc_resources_wda80564.html



Recent research in Scotland (Stalker et al 2010) suggested that, inter alia, standard child protection procedures are not always applied to disabled children, many professionals lack the skills / confidence to communicate with disabled children, different agencies have varying views about acceptable thresholds for parental treatment of disabled children, and there is a need for better collaboration between staff working in child protection and children's disability teams²⁵

Key messages for practice

- Local services need to ensure that systems for collecting information about disabled children are sufficiently robust.
- Assessments for disabled children need to include the ability and capacity of parents/carers to cope with their demands.
- When responding to concerns about a disabled child, expertise in child protection and disability should be brought together.
- Local guidance should set out processes and available support and be sensitive to the particular needs of disabled children during the conduct of child protection investigations.
- Local services need to provide training for those involved in child protection work on the particular vulnerability of disabled children.
- Specialist advice should be sought at an early stage to help inform decision-making.
- Local services should consider the development of transition plans that reflect the complexity of transition from child to adult services.

In 2010 the Scottish Commissioner for Children and Young People completed a national consultation with children and young people and acknowledged the considerable progress that had been achieved to include disabled children, however there still were areas for improvement.

Many parents and siblings demonstrate tremendous resilience and develop a range of effective coping strategies which helps them to respond to the challenges they encounter. "Contact a Family" is the leading UK charity working with families of all disabled children. In recent research "what makes my family stronger", they highlighted the barriers families indicated that prevented them from leading ordinary lives. The key message is that the needs of children must be seen within an empowered family context.

Further Guidance

Charter for Scotland's Disabled Children, fSDC: www.fsd.org.uk/assets/files/fsdc-charter.pdf

[National Guidance for Child Protection in Scotland Guidance for Health Professionals In Scotland \(2010\)](#)

²⁵ National Guidance for Child Protection in Scotland Guidance for Health Professionals In Scotland (2010)

Making Ourselves Heard, Council for Disabled Children, National Children's Bureau: exploring disabled children's participation – Kate Martin, Senior Development Officer (Participation) 2009: <http://www.councilfordisabledchildren.org.uk/resources/cdcs-resources/making-ourselves-heard-exploring-disabled-childrens-participation>

Self-Directed Support – A National Strategy for Scotland – Scottish Government 2010g:²⁶



²⁶ <http://www.scotland.gov.uk/Resource/Doc/329971/0106962.pdf>

Children and young people who are ‘looked after’ or ‘looked after and accommodated’ by a local authority.

Definition

Under the provisions of the Children (Scotland) Act 1995, “Looked After” children are defined as those in the care of their local authority. The majority will either be living at home, being subject to compulsory supervision, or living out of their home and looked after by a Local Authority or Kinship Carer.

Brief Overview

Children and young people come into care for a variety of reasons. Most of them are there for care and protection reasons, resulting from parental neglect, abuse, or because they have complex disabilities. 20% become looked after as a result of offending behaviour, and most of those have had previous referrals to the Children’s Hearing System on care and protection grounds.

The term *Looked After* includes children subject to compulsory supervision via a Children’s Hearing, but living at home with their birth parent(s) or with other family members, as well as children looked after away from home who live with foster or kinship carers, in residential care homes, residential schools or secure units. They may be looked after away from home because a carer or parent has given permission for this to take place, or, the Local Authority believes it is in the best interests of the child or young person and has sought legal measures to look after them.

Guidance and Legislation

Due to the fact that a child/young person is looked after, **the local authority and other partners** have a ‘Corporate Parenting’ responsibility towards them. In the Scottish Government document ‘These are our Bairns, a guide for community planning partnerships on being a good corporate parent’ it says that, ‘Good parents make sure their children are well looked after, making progress at school, healthy, have clear boundaries for their own and others’ safety and wellbeing and are enjoying activities and interests. As they grow older, they encourage them to become independent, and support them if they need it, to become part of the local community and access further or higher education, training or work.’²⁷

In North Ayrshire we have taken this role seriously and in late 2009 North Ayrshire Council developed a Corporate Parenting Strategy and a linked Looked After Children Evaluation and Strategy Framework which was launched in February 2010.

As part of that Framework there was an Action Plan to be implemented and this continues to be monitored and updated resulting in a new Framework covering 2013-15 with Annual Reports each year on progress made.

²⁷ These are our Bairns - a guide for community planning partnerships on being a good corporate parent (2008) Scottish Government
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The process for ensuring that these children and young people's needs are met and are regularly reviewed is contained within the document 'All Together, Better Care'.

Most children and Young People who are looked after will have been referred to a Children's Hearing. The Children's Hearings (Scotland) Act 2011 went live on 24 June 2013 and now means there is now a new single, national Children's Panel for Scotland. The 2011 Act aims to improve the lives, outcomes and opportunities of Scotland's most vulnerable children and young people.

The Children's Hearings System is Scotland's unique care and justice system for children and young people. It aims to ensure the safety and wellbeing of vulnerable children and young people through a decision making lay tribunal called the Children's Panel.

Children and young people who face serious problems in their lives may be asked to go to a meeting called a children's hearing. The Children's Panel makes decisions at a hearing about the help and guidance necessary to support the child or young person. Decisions are made in the best interests of the child or young person to help and protect them.

A number of different agencies work together within the Children's Hearings System to deliver care, protection and support services to the children and young people involved. These include social work, police, education, the Scottish Children's Reporter Administration (SCRA) and Children's Hearings Scotland (CHS).

One of the fundamental principles of the Children's Hearings System is that children and young people who commit offences, and children and young people who need care and protection, are dealt with in the same system – as they are often the same children and young people.

The Scottish Children's Reporter Administration (SCRA) employs Children's Reporters and provides the accommodation in which children's hearings take place.

The Fundamental Principles of the Children's Hearings System

From the start, the Children's Hearings System was based on principles set out in the Kilbrandon Report. Although these principles have developed over time many of them remain the same today.

The key principles of the System are:

- children who offend and children against whom offences are committed should normally be dealt with in the same system - but children who commit very serious offences may be dealt with by the courts
- the system is based on a concern for the welfare of the child not punishment
- while the child's needs are normally the test for intervention this does not mean ignoring deeds

- the gatekeeper to the system, the Children's Reporter, gathers evidence to support specified reasons for referral to the children's hearing and also applies a test of the need for compulsory intervention
- children's hearings are conducted in private but are open to prescribed public scrutiny
- decisions in children's hearings are made by trained lay people, representing a cross-section of the community
- children and parents have the right to accept or deny the grounds for referral and disputed facts are dealt with by a sheriff
- hearings consider the whole child - that is the child in the context of his or her life
- the style and setting of hearings is relatively informal to encourage full and frank discussion while legal procedures are observed
- hearings should attempt to engage the co-operation of families in resolving problems
- parents are usually the best people to bring up their own children and should be encouraged and enabled to do so whenever possible
- hearings must seek, listen to and take account of the views of children and their parents in reaching decisions
- children's hearings can make compulsory supervision orders for the child and these orders encompass protection, treatment, guidance and control
- children should remain in their own community wherever possible and service provision should be integrated.

Legislation: - The Children's Hearings (Scotland) Act 2011

<http://www.legislation.gov.uk/asp/2011/1/contents>

Further Guidance

<http://www.chscotland.gov.uk/the-childrens-hearings-system/>

Private Fostering

Definition

Private fostering is where a parent makes an arrangement to have their child cared for by someone who is not an approved foster or kinship carer or guardian of the child and who is not a close relative of the child (i.e. not a grandparent, brother, sister, uncle or aunt whether by blood or by affinity (i.e. by marriage)), for more than 28 days.

In a private fostering arrangement there will be no statutory order in place, children's services involvement or registered fostering agency involved in placing the child with the other person i.e. the child is not defined as a "Looked After Child".

Private Fostering is often confused with **informal kinship care** which is provided by close relatives of the child (through blood, marriage or civil partnership) who are not required to notify local authorities and not subject to the same checks and monitoring as private fostering.

The definition of **formal kinship care** states that a person who is known to the child and with whom the child has a pre-existing relationship can be approved by a local authority as a kinship carer if the child requires to be looked after. Such formal kinship care arrangements can include carers who are **not** close relatives.

Brief Overview

The number of children privately fostered in Scotland remains mainly unknown and this was highlighted by the then Care Commission (now Care Inspectorate) publication "*Private Fostering – the unknown arrangement?*" (March 2010).

There may be many more un-notified arrangements taking place, and private foster carers may not be aware of their legal obligations to notify the local authority. Of more concern, parents or private foster carers may be deliberately avoiding notifications to local government, perhaps leaving some children in potentially very vulnerable circumstances.

The statutory responsibility for securing and monitoring the welfare of any child in a private fostering arrangement lies with the local authority. It is the duty of every local authority to secure the welfare of children within their area who are foster children.

There is a legal obligation on any parent to inform the relevant local authority if a child is to be cared for in a private fostering arrangement at least two weeks prior to the start of the arrangement.

There is also a duty on the private foster carers to advise the local authority about any private fostering arrangement within the same timescale except in an emergency.

If the child is received in an emergency the private foster carer must notify the authority at the earliest opportunity and no later than 1 week after receiving the child.

The local authority will then be able to carry out its responsibilities to supervise the care and make the necessary checks to ensure the safety of the child (ren).

The relevant local authority is the authority for the area where the child is to reside.

Where a private fostering arrangement is already **in existence but no previous notifications made, or an emergency arrangement is made**, legislation requires the carer and parent to notify the local authority Children's Services within 1 week of receiving the child. A children's services worker should discuss the matter with the child's Named Person, who will be in a position to provide an overview of the child's circumstances and wellbeing, visit at the earliest opportunity and within 2 weeks of the notification being received to see the child, the child's parents (if possible), the carers and other members of the carer's household. An assessment should be carried out and written records kept about the suitability of the arrangements, including the appropriate level of Disclosure checks on all adult residents within the household at the earliest opportunity.



If safety or welfare concerns are identified these should be addressed immediately through appropriate child protection procedures.

Further Guidance

The legislation governing the roles and responsibilities of those involved in the provision of the care for children in private fostering arrangements in Scotland is covered by the Foster Children (Scotland) Act 1984 (as amended) and The Foster Children (Private Fostering) (Scotland) Regulations 1985.

In December 2013, the Scottish Government published *Be Safe Be Sure: Practice Guidelines for Local Authority Children's Services* which is the main guidance document in relation to private fostering in Scotland. This can be accessed by clicking on the image below²⁸



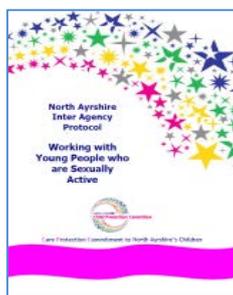
²⁸ <http://www.scotland.gov.uk/Resource/0043/00439291.pdf>

Children and young people who are sexually active

Definition

This section relates to children and young people who are sexually active, with a particular emphasis on young people engaging in sexual activity below the age of consent (16 years), also referred to as under-age sexual activity.

The text below provides a summary position in relation to the guidance in this area. For **current multi-agency guidance for staff responding to young people engaging in sexual activity click below**²⁹:-



Brief Overview

Guidance seeks to strike a balance between assuring the freedom of young people to make decisions about their own lives, and protecting them from activity which could give rise to immediate harm and/or longer term adverse consequences to one or both of them. The law continues to make clear that society does not encourage sexual intercourse in young people under 16, as it can be a cause of concern for their welfare. It does not follow that every case has child protection concerns and it is important to ensure that a proportionate response is made and that only appropriate cases are brought to the attention of social work and the police.

However, even if there are no child protection concerns, the young person may still have worries or be in need of support in relation to their sexual development and relationships, which will require to be addressed either on a single agency or multiagency basis.

When a professional becomes aware that a young person is sexually active, or is likely to become sexually active, the professional has a duty of care to ensure that the young person's health and emotional needs are addressed **and** to assess whether the sexual activity is of an abusive or exploitative nature.

The Scottish Government's strategy for sexual health – *Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health* – places particular emphasis on respectful relationships and encouraging young people to delay engaging in sexual activity.

²⁹ <http://www.childprotectionnorthayrshire.info/download/1137>

The first sexual experiences of young people play a significant part in their future ability to form solid, trusting relationships throughout their lives. While such sexual experiences can be positive, conversely, they can have a harmful effect on a young person's mental and physical health and development. It is important that young people are mature and ready before they engage in sexual activity.

In relation to the second aspect of professional duty, that of assessing whether the sexual activity is of an abusive or exploitative nature, it is essential to consider the dynamics of the actual relationship between those involved and to take into account the wider needs of the young person.

Crucial elements of this assessment relate to the issue of consent (free agreement), the ages and relationship of those involved, the circumstances of the sexual activity and the vulnerability of the young person involved.

To act effectively, practitioners should make a judgement about what information is needed to make this assessment, based on the principles of GIRFEC, and who is best placed to carry it out in full. This might mean them collecting and sharing information from within their service or from other agencies, or passing on information to the service best placed to assess their needs. However, in any situation, an initial assessment of risk has to be made by the practitioner to ensure that the correct processes and people are involved so that the needs of the child and young person are effectively met.



There are certain circumstances where the practitioner **must** share the information with social services in accordance with child protection procedures:

1. Where children aged twelve years old or younger are involved (or were aged twelve years or younger at the time of the sexual activity)
2. Where one of the involved parties may be in a position of trust

Where under-age sexual activity involves children who are 13 or over, a range of issues should be considered before a decision is taken. Practitioners should refer to the guidance referenced above:

Over the age of 16, sexual activity is legal. However, the activity may not have been consensual or the young person might have vulnerabilities and related needs. Furthermore, the Sexual Offences (Scotland) Act 2009 states that young people under the age of 18 could be subject to a 'sexual abuse of trust' – for example, if the young person has had sexual relations with a teacher, hospital staff or a residential care unit worker who has caring responsibilities for the child or for children in the institution in which the child is being cared for or taught and is over the age of 18.

It is also worth noting that in cases where young people are involved in prostitution or pornography, Section 9 of the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 provides that it is an offence for a person to pay for the sexual

services (e.g. prostitution) provided by a child under the age of 18, and sections 10-12 provide that it is an offence to cause, incite, control, arrange or facilitate the provision by a child under the age of 18 of sexual services, or their involvement in the making of pornography.

It is essential that those between 16 and 18 do not fall through the gaps in local services and that the key priority at all stages is to ensure that the young person is provided with support and protection if there is a concern. These circumstances should be taken into account to ensure that the young person gets the support required, either from child or adult protection services.

Further Guidance

Practitioners concerned about possible exploitation of any young person engaged in sexual activity should read the [guidance](#) in the next section in this document.

Children and young people who are at risk of being exposed to sexual exploitation, including online risk.



Child sexual exploitation (CSE) is first and foremost a child protection issue. If you have any concerns at all that a child or young person may have been sexually exploited you should follow your organisation's child protection procedures and contact social services and the police without delay.

Definition

Sexual exploitation is a form of sexual abuse, in which a young person is manipulated or forced into taking part in a sexual act. This could be as part of a seemingly consensual relationship, or in return for attention, affection, money, drugs, alcohol or somewhere to stay. The young person may think that their abuser is their friend, or even their boyfriend or girlfriend but they will put them into dangerous situations, forcing the young person to do things they don't want to do. The abuser may physically or verbally threaten the young person, or be violent towards them. They will control and manipulate them, and try to isolate them from friends and family.

Overview of key issues

Young people from any background can be exploited for sex in this way. Boys and young men are abused as well as girls and young women. The grooming and abuse can happen in person or online and although most abusers are adults, some victims are exploited by their peers.

There are many different pathways and routes into sexual exploitation, many of which involve grooming. Many young people are "groomed" by an abusing adult who befriends the young person and makes them feel special by buying them gifts or giving them lots of attention.

There are some situations that can make young people more vulnerable to exploitation, young people who are having difficulties at home, regularly go missing or who have experienced care may be particularly vulnerable.

Barnardo's have distinguished three **distinct models of abuse** that practitioners may find helpful to better understand how perpetrators operate.

Inappropriate relationships: Usually involves just one abuser who has inappropriate power – physical, emotional or financial – or control over a young person. The young person may believe they have a genuine friendship or loving relationship with their abuser.

Boyfriend: Abuser grooms victim by striking up a normal relationship with them, giving them gifts and meeting in cafés or shopping centres. A seemingly consensual sexual relationship develops but later turns abusive.

Victims are required to attend parties and sleep with multiple men and threatened with violence if they try to seek help.

Organised exploitation and trafficking: Victims are trafficked through criminal networks – often between towns and cities – and forced or coerced into sex with multiple men. They may also be used to recruit new victims. This serious organised activity can involve the buying and selling of young people.

An additional and more recent model is in relation to young people and perpetrators use of new technologies.

Technology: Young people access the internet – at home, public places such as schools, libraries, Apple shop and increasingly mobile phones. The setting itself can add to either risk or protective factors. All young people may be at risk – whether it's due to lack of confidence and experience in the on line world, or high exposure due to increased accessibility.

Technology - where does the risk come from?

Content – children and young people accessing pornographic or unwelcome sexual content.

Contact – being targeted by a stranger who develops a relationship with the intent of sexual exploiting the child/young person

Conduct – creating, uploading or seeking out sexually inappropriate material

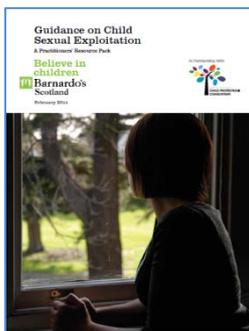
Combinations – content, contact and conduct are intrinsically linked and young people can behave in different roles at different times.

As with many other types of abuse and neglect, children and young people are unlikely to identify themselves as being exploited. Indeed, they may very often vehemently deny this possibility and cite many examples of the behaviour of their exploiter as being evidence of genuine love and affection.

It is therefore critical that staff ensure they are familiar with the indicators of child sexual exploitation, remain vigilant to these indicators and respond promptly when concerned. Indicators for child sexual exploitation can be found in [Appendix 4](#).

Further Guidance

A detailed Practitioner Resource in relation to CSE has been developed by Barnardos in partnership with the West of Scotland Child Protection Consortium, for use across all partners working to meet the needs of these young people. To access the guidance click here³⁰.



A range of legislation can be utilised when addressing child sexual exploitation. This includes legislation to protect children and young people and legislation to disrupt and prosecute child sexual exploitation and offending.

The Children (Scotland) Act 1995

Sexual Offences (Scotland) Act 2009

The Protection of Children and Prevention of Sexual Offences (Scotland) 2005

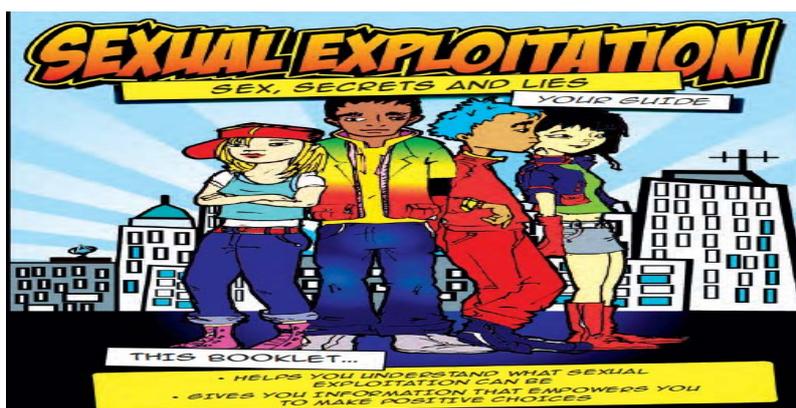
Civic Government (Scotland) Act 1982

Criminal Justice (Scotland) Act 2003

Criminal Justice and Licensing Act 2010

A resource for working directly with young people affected by sexual exploitation:

[Child Sexual Exploitation: Sex, Secrets and Lies Barnardos.pdf](#)³¹



³⁰ <http://www.naadp.com/resources/site1/General/guidance-on-child-sexual-exploitation.pdf>

³¹ http://www.barnardos.org.uk/cc126b-barnados-lft-englishversion-_web__final_version.pdf

Children and young people with problematic sexual behaviour.

Definition

Sexually harmful behaviour includes sexual activity that does not involve mutual consent by the individual involved or where their relationship includes an imbalance of power, for example due to age, intellectual ability, race or physical strength and where the behaviour has the potential to cause physical and or emotional harm.

Brief overview

There are a number of ways that sexually harmful behaviour can manifest itself - from extensive mutual behaviours with siblings, to reactive, inappropriate where the behaviour was not intended to harm, through to abusive behaviours. Promiscuous behaviour can also be understood to be sexually harmful however the needs that the young person may be seeking to meet through this behaviour may be very different and could reflect a high level of vulnerability. There is a growing concern around the use of the internet by children and young people who access, or upload indecent images of children, and the contact that these children/ young people may have with adults through social media and the risk that this poses.

Understanding the pathway into the behaviour and the needs that young people are seeking to meet is essential in getting the interventions correct. The AIMS II assessment enables staff to gain an understanding of pathways, and needs as well as the type of offending and creates an intervention plan to address these issues and manage and reduce risk through safety plans.

How to respond

Where there is a concern about a young person who displays problematic sexual behaviours, then a discussion should be had with the local Social Services area team in the area where the young person resides. You may be required to attend a Risk Management Meeting in regards to the concerns raised and to bring specific concerns of the nature of the behaviours to this meeting to help inform decision making and Risk Management. Further information in the form of Practice Guidance is available - [Risk Management of Young People Displaying Sexually Harmful Behaviours, March 2012.](#)³²

Further Guidance

Children's (Scotland) Act 1995, the Children's Hearing (Scotland) Act 2011 and the Criminal Procedures Scotland act provide the legal framework to protect the public and vulnerable children and young people from such behaviour. The SWIA/HMIE report following the tragic killing of Karen Dewar highlights that effective risk management measures must be put in place. This includes a coordinated approach on the part of Social Services, youth justice, police, education and health.

³² <http://www.north-ayrshire.gov.uk/Documents/SocialServices/PG-RiskMangYoungSexBehaviour.pdf>
Getting It Right For Vulnerable Children and Young People in North Ayrshire DRAFT V1.1 March 2014
Page No:65

In light of North Ayrshire Council's Child Protection Procedures, Risk Management Authorities FRAME document and Getting it Right for Children and Young People who present risk of serious harm, young people involved in sexually problematic behaviour must have a clear, and appropriately monitored inter-agency care plan in place. As a result of the above documents and North Ayrshire Child Protection Committee Multi-Agency Guidance for Children and Young People with Problematic Sexual Behaviours (2011) we have updated Practice Guidance for those working with and responsible for young people who display such behaviours.

Children and young people who are offending

Definition

In Scotland the age of **criminal responsibility** is 8 years old, one of the lowest ages of criminal responsibility in Europe. However, the age of prosecution was raised to 12 in 2010 in The Criminal Justice and Licensing (Scotland) Act 2010. There is a commitment from Scottish Ministers to look again at raising the age of **criminal responsibility** to 12 years old.

The vast majority of children and young people aged 8 – 15 years old who offend are dealt with under the Children (Scotland) Act 1995, and are either diverted through Early and Effective Intervention (EEI) measures or by the Children's Reporter.

Young people aged 16 years old and older (not subject to supervision under the children's hearing), are dealt with under the Criminal Procedures (Scotland) Act 1995 and are within the Criminal Justice system.

It is possible that children and young people under the age of 16 or who are 16 or 17 and subject to compulsory supervision may also be dealt with under the Criminal Procedures (Scotland) Act 1995 where the offence committed, falls within the "Lord Advocate Guidelines". These guidelines provide categories of offences which are of a more serious nature, requiring the offence to be jointly reported to the Procurator Fiscal and Children's Reporter. A discussion is then held and a decision is made as to which system would be most appropriate for the child or young person to be dealt with.

Brief overview

Children and young people who offend are most often known to services as victims of neglect and abuse long before they are known for offending behaviours. There is a clear link between those with welfare needs due to their experiences in early childhood and those who are engaged in offending behaviours.

Research by Bill Whyte and Fergus McNeill has shown that the needs of young victims and young people involved in offending are more often than not the same, requiring a holistic approach to address the risk they present and the needs that they have.

In North Ayrshire, young people who offend are, first and foremost, understood as children and young people who require a welfare approach to address their needs as well as the risks.

There are a minority of children and young people who can cause significant harm in their local community and require a targeted and intensive approach to reduce the risk and support existing strengths towards desistance.

These young people often require a coordinated approach from a number of services, such as housing, health, police, addiction services, education, voluntary sector as well as more specialist services at the local authority's disposal.

Children and young people, who offend, require to be assessed using recognised assessment tools such as the YLS CMI, SAVRY, AIMS II, J-SOAP, etc. to assess the risks and needs.

It has been recognised that outcomes for children and young people who offend and enter the Criminal Justice system are particularly poor, often resulting in short periods of custody or remand.

In 2010 the Scottish government piloted the Whole Systems Approach (WSA) within a number of authorities in Scotland to reduce re-offending by young people (under 18) through appropriate proportionate and timely interventions.

The implementation of the WSA within North Ayrshire came with the establishment of Early Effective Interventions in 2011. This is one of the six elements that makes up the WSA with; diversion from prosecution for 16 & 17 year olds, alternative to secure care and custody, re-integration for young people returning from custody, support for young people within court and risk management being the other elements.

The aim of the WSA is to work with stakeholders to:

- Increase intervention opportunities from formal measures (Children's Hearing and prosecution) targeted at Children and young people and
- Increase opportunities for community alternatives to secure care and custody designed for young people

We acknowledge, however, that in relation to children and young people with welfare needs as well as offending behaviours, the need for statutory involvement and intervention can be necessary and the Children's Hearing continues to have a vital role in ensuring that they are supported to make successful transitions towards positive destinations away from offending.

Further Guidance

Children's (Scotland) Act 1995, the Children's Hearing (Scotland) Act 2011 and the Criminal Procedures Scotland act provide the legal framework to protect the public and vulnerable children and young people from such behaviour.

Criminal Justice and Licensing (Scotland) Act 2010

Preventing Offending by Young People: A Framework for Action 2008, provides the guidance for how we deal with children and young people who offend. North Ayrshire Council, Whole Systems Approach Annual Review 2012 – 2013

North Ayrshire Council, Early and Effective Intervention Review 2012 – 2013

North Ayrshire Council, Practice Guidance for Young People Appearing at Court

Children and young people who are educated at home

Definition

'Home education is a right *to educate a child in their home* conditional upon the parents providing an efficient education suitable to the age, ability and aptitude of the child.'³³

Brief Overview

The Scottish Government document [Home Education Guidance \(2007\)](#),³⁴ states that "*every child has a right to an education, and it is the duty of the parent of every school age child to provide that education, either by sending the child to school or by other means*". One of these other means is by educating the child at home. In order to do so the local authority should be satisfied that a suitable and efficient education is provided.

This education provision must take into account the age and stage of development of the child and must be of a level that prepares a child for life and helps them reach their potential.

No provision is currently made in home school legislation regarding ascertaining the views of the child, nor of ensuring continuing access to school health services, nor of any measures to monitor and promote the child's well-being.

It is recognised that the majority of parents/guardians not only provide suitable education at home, but they also care and protect their children. However we acknowledge the findings of the Serious Case Review into the death of Kyhra Ishaq by Birmingham Safeguarding Children Board (2010). The review body suggest, in their report, that once Kyhra and her sibling were removed from education the children were isolated, not seen, heard or protected. The report further states in Recommendation 14 that the parents' right to home educate outweighed the rights of the child and by doing so left the children unprotected.

Further Guidance

North Ayrshire Child Protection Committee reviewed the findings of the Khyra Ishaq SCR and, in response, developed multi agency guidance which expanded the processes in place for the local authority to assess suitability for home education to include the views of the child, inclusion of the child in his/her community and access to school health service.

<http://www.childprotectionnorthayrshire.info/download/1257>

³³ Home Education Guidance (2007) Scottish Government *italics added*

³⁴ <http://www.scotland.gov.uk/Resource/Doc/207380/0055026.pdf>

Fabricated or Induced Illness



Fabricated or induced illness is first and foremost a child protection issue. If you have any concerns at all that a child or young person may be at risk of, or subject to, fabricated or induced illness you should follow your organisation's child protection procedures and contact social services and the police without delay.

Definition

Fabricated or induced illness in children is not a common form of child abuse, but practitioners should nevertheless be able to understand its significance. Although it can affect children of any age, fabricated and induced illness is most commonly identified in younger children.

Fabricated Illness occurs where a parent or carer feigns, fabricates, induces or otherwise falsely creates illness in a child for whom they are responsible.

Where concerns do exist about the fabrication or induction of illness in a child, practitioners must work together, considering all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illnesses. A careful medical evaluation is always required to consider a range of possible diagnoses and a range of practitioners and disciplines will be required to assess and evaluate the child's needs and family history.

Brief Overview

There are three main ways the carer can fabricate or induce illness in a child. These are not mutually exclusive and include:

- fabrication of signs and symptoms including fabricating the child's past medical history;
- fabrication of signs and symptoms, falsification of hospital charts, records and specimens of bodily fluids. This may also include falsification of letters and documents; and
- induction of illness by a variety of means.

Impact and risks of FII on the health and wellbeing of the child or young person

There are likely to be long-term consequences for the child who has been the subject.

The impact and risks to the child or young person include:

- Children can become confused and anxious about their health to an inappropriate degree
- The risk of suicide is increased
- There is a significant loss of ability to make independent decisions
- There is a risk of significant psychological and emotional harm
- Limited development of appropriate social skills particularly in adolescence if FII remains unaddressed
- Risk of social isolation from peer group
- Risk of severe physical harm

- Risk of death

Fabrication of illness may not necessarily result in the child experiencing physical harm. However, there may still be concern about them suffering emotional harm and a thorough assessment of the child's needs should be carried out.

Educational, Health and Social Work professionals, and other supporting professionals, should be aware of the factors which can indicate that a child may be at risk of harm as a result of FII, they include:

- The parent/carer has a history of seeking disability and medical diagnoses. This may include for instance parent/carer actively promoting sickness in the child or young person by exaggeration or non-treatment of real problems, fabricating or falsifying signs and/or induction of illness (sometimes referred to as "true" FII).
- The parent/carer has a strongly driven self-belief there is something seriously wrong with the child
- The parent/carer refuses treatment for the child to clarify/rule out possible explanations for reported conditions on the part of the parent/carer
- The child presents as normal when not in the presence of the parent/carer
- Evidence of symptom coaching with the child by the parent/carer
- The child participates in the fabrication of symptoms i.e. becomes complicit with the parent
- School non-attendance
- There is a family history of mental health difficulties, problems at birth and family relationship difficulties
- The parent/carer has a style of intimidation and registering complaints if professionals do not comply with their mind-set or when issues are solved or parental claims about illness proved to be unfounded. This may in some cases be associated with depressive illness in the carer
- There is a repeat pattern of non-engagement with professionals when solutions are found
- The child may present unexplained physical symptoms (e.g. salt poisoning)

Multi-Agency Assessment & Intervention

All agencies and practitioners should:

- be alert to potential indicators of illness being fabricated or induced in a child;
- be alert to the risk of harm that individual abusers, or potential abusers, may pose to children in whom illness is being fabricated or induced;
- share, and help to analyse, information so that an informed assessment can be made of the child's needs and circumstances;
- contribute to whatever actions (including the cessation of unnecessary medical tests and treatments) and services are required to safeguard and promote the child's welfare;
- regularly review the outcomes for the child against specific planned outcomes;

- work co-operatively with parents/carers unless to do so would place the child at increased risk of harm; and
- assist in providing relevant evidence in any criminal or civil proceedings, should this course of action be deemed necessary.



Where there are concerns noted by professionals about the possibility of a case involving FII, child protection procedures should be initiated. Arrangements should be agreed for the compilation of a comprehensive integrated chronology as these are particularly useful in such cases.

Interventions should specifically address:

- The developmental needs of the child
- The child's understanding of what has happened to him/her
- The parent/carer's capacity to respond to the child's needs
- The impact of family relationships on the child's health and wellbeing
- The management of any presenting signs, illnesses or reports of symptoms
- Consideration of whether the child's needs can be responded to within his/her family context
- All of the above to be considered within the SHANARRI indicators

In drawing up the Child's Plan, careful distinction must be made between the child's needs and the parent/carer's capacity to parent appropriately and meet the needs of the child. Where there is a situation where the parent/ carer will not engage with professionals or cannot change his/her behaviour sufficiently in order to ensure the child does not continue to suffer significant harm, then careful consideration will need to be given to whether the child's needs would be best met by separation from the parent/carer.

Female Genital Mutilation



Female Genital Mutilation is first and foremost a child protection issue. If you have any concerns at all that a child or young person may be at risk of, or already subject to, female genital mutilation, you should follow your organisation's child protection procedures and contact social services and the police without delay.

Definition

Female Genital Mutilation is the unnecessary alteration or injury of the female genital organs. The World Health Organization identifies four main types. WHO identify that girls from birth to 15 years are particularly at risk. The ages of between 4 -7 emerges as a stage where risks may be increased. Evidence identifies that this harm occurs also in older females.

This procedure will be carried out for non-medical reasons by unqualified people sometimes referred to as 'cutter'. Women and young girls may be trafficked outwith the UK to have the procedure performed. School summer holidays emerge as a particular time of risk as it is thought that the girls and young women will heal and recover for the procedure in time to return to education.

There is also growing evidence that female genital mutilation is also being arranged in Scotland. Children may be internally trafficked to one site to allow the cutting 'procedure' to take place.

Cultural norms are a driving factor for this abuse as it is seen to be the 'right thing' to do as a parent. Patriarchy and discrimination are highly prevalent factors with the procedure being used to discourage young men from being sexually active prior to marriage. Other factors are the mistaken belief that it is a religious requirement, hygiene and cleanliness, increasing sexual pleasure for the male and family honour.

FGM is a violation of the rights of the child. The practice is illegal in the UK and will cause severe physical and psychological trauma to victims both in the short and long term.

Further Guidance

More information regarding Female Genital Mutilation can be found here.

<http://www.forwarduk.org.uk/key-issues/fgm>

Shakti Women's Aid is a Scottish based organisation which will provide information and advice to practitioners

Shakti Women's Aid : 0131 475 2399 <http://www.shaktiedinburgh.co.uk>

Further Support

Learning and development

This guidance is supported by a range of learning and development opportunities available free of charge to all staff working with families in North Ayrshire. These include, but are not limited to:

GIRFEC Training at <http://www.girfecna.co.uk/practitioners>
[North Ayrshire Child Protection Committee Learning and Development](#)

Further reading

GIRFEC

[A guide to Getting it right for every child \(2012\) Scottish Government](#)
[Practice Briefing 1 Role of the named person \(2011\) Scottish Government](#)
[Practice Briefing 2 Lead professional \(2011\) Scottish Government](#)
[Practice-Briefing 3 Identifying concerns \(2011\) Scottish Government](#)
[Practice-Briefing 4 Using the My World Triangle \(2011\) Scottish Government](#)
[Practice-Briefing 5 Resilience matrix \(2011\) Scottish Government](#)
[Practice-Briefing 6 Childs Plan \(2011\) Scottish Government](#)
[Practice-Briefing 7 Children's hearings \(2011\) Scottish Government](#)
[Practice Briefing 8 Chronologies \(2012\) Scottish Government](#)

For further information on:

Child sexual exploitation

[Barnardos Puppet on a String Report.pdf](#)

[Barnardos Tackling Child Sexual Exploitation 2012.pdf](#)

[Barnardos Running from hate to what you think is love: exploring the link between running away and sexual exploitation 2013.pdf](#)

Child trafficking

[Inquiry into Human Trafficking in Scotland 2011.pdf](#)

[CEOP Hidden Children Report 2011.pdf](#)

[Scotland's Commissioner for Children and Young People – Scotland, A Safe Place for Traffickers? 2011.pdf](#)

Children with a parent in prison

[Perspectives of Children and Young People with a parent in prison 2010 SCCYP.pdf](#)

[Supporting Prisoners Families, what can schools do? Families Outside pdf](#)

[Working with children with a parent in prison Barnardos 2013.pdf](#)

Useful websites

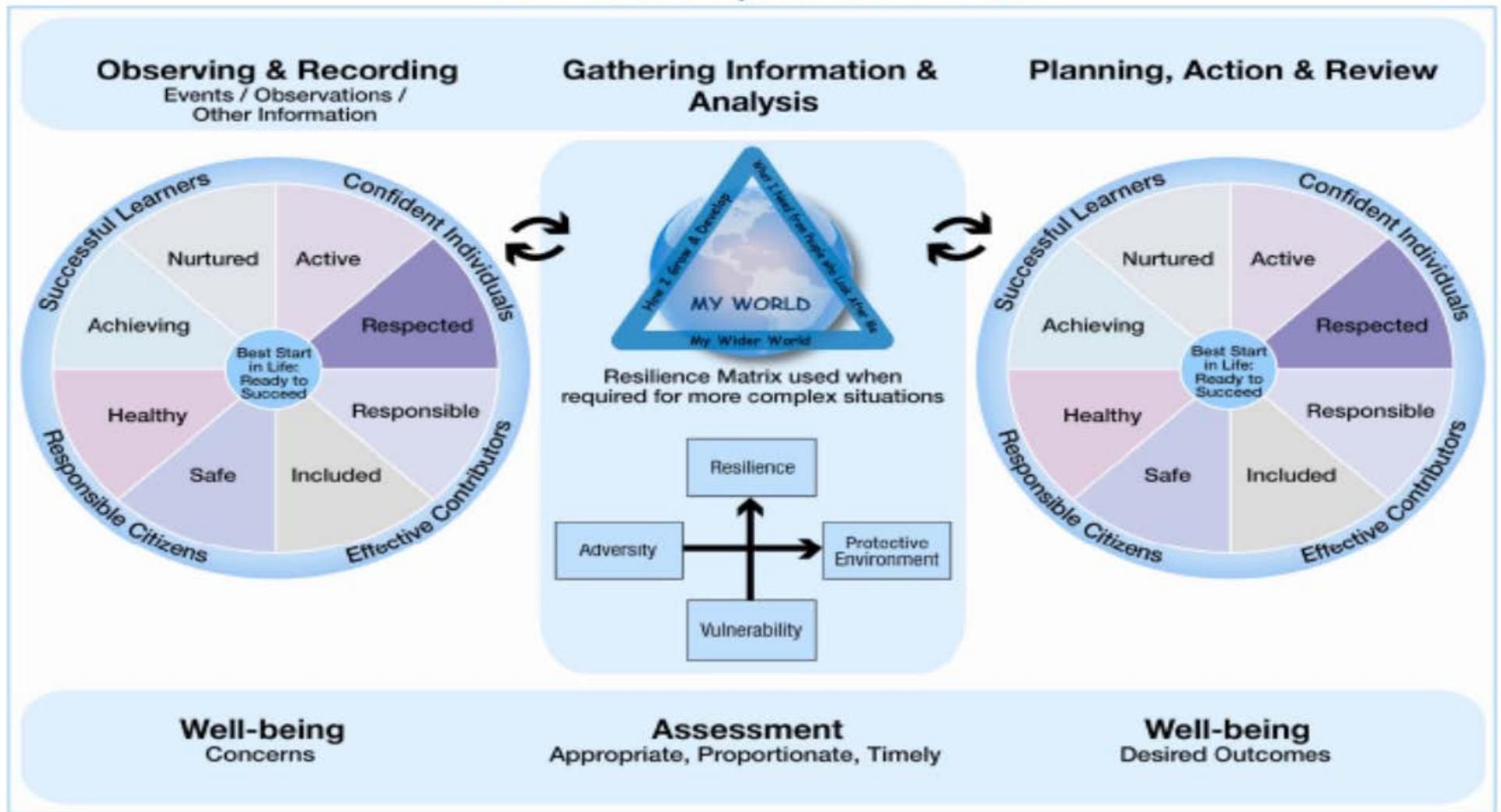
www.girfecna.com

www.childprotectionnorthayrshire.info

www.naadp.com

www.carena.com

The national practice model



Appendix 2 Child Trafficking – Indicator Matrix and Child Trafficking Assessment (CAT)

CHILD TRAFFICKING ASSESSMENT (CTA)

Child's surname:		Known as:		Forenames:	
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Date of birth		Place of birth		Nationality	
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Ethnicity		Language		Religion	
-----------	--	----------	--	----------	--

Carefirst no		Home Office no		ID docs	
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Home address:		Current address:	
---------------	--	------------------	--

Family / household members:		
Name:	Relationship:	Address:

Legal / asylum status:	
Legal status(looked after etc & previous):	Asylum status:

Agencies involved & contact details:

Referrer / Report writer		Date		Agency / Team	
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**All concerns about child trafficking should be discussed with the Senior Manager Children & Families (Fieldwork) and vice and anti trafficking unit.
A copy of this assessment should be forwarded to them.**

Note: each section should encompass the views and accounts of all agencies with relevant information. Please make it clear where you obtained the evidence / information. Guidelines are below.

1. Brief background details (give a pen picture of the young person within their family / country of origin context)

2. Movement (within countries; across borders; across UK; across city; across accommodation. Include details of how travelled; timescales; time at locations etc; entry into trafficking process;- eg sold; passage bought; abducted; escape; present accommodation)

3. Exploitation / abuse (detail evidence and / or suspicions; types of exploitation; locations; length of exploitation; freedom of movement)

4. Trafficker (description; relatives; gender; title; job; names; relationship to child; still in contact etc)

5. Means of control
(how has trafficker controlled child; threats (to child & family); grooming; violence, voodoo, oaths, captivity, debt)

6. Additional risk factors
(likely to be identified from indicator matrix; may include health; other contacts)

7. Agency contact / actions taken (police; social work; UKBA; voluntary; overseas)

8. Views of young person (if appropriate)

9. Analysis / Assessment of Needs and Risks in relation to trafficking
(inc analysis of why believe trafficked / not; present safety; future risk of trafficking)

10 Conclusion & recommendation (VYP/not & reasons, action plan, identify specific outcomes; by whom)

GUIDANCE NOTES FOR COMPLETION

If there are immediate child protection concerns this referral / assessment form is not a substitute for following child protection procedures.

CHILD TRAFFICKING ASSESSMENT

This form should be completed by social workers and police in conjunction with the Senior Manager Children & Families (Fieldwork) and vice and anti-trafficking unit.

The Child Trafficking Assessment is designed to assess potential victims of trafficking and / or future risk of trafficking. It is not a substitute for a comprehensive assessment of risk and needs in terms of a holistic GIRFEC assessment – such an assessment should be completed as per child protection procedures and guidelines. The assessments should complement and inform each other. If initial concerns are about trafficking it is likely that the CTA is completed first; if vulnerable children and young people guidance or child protection procedures are implemented and suspicions about trafficking become apparent the CTA should be completed to focus on trafficking specific concerns.

When the assessment is completed sections 1 to 10 can be copied into section G of the NRM form as evidence if a referral is being made to UKHTC.

It is likely the CTA will be informed by the use of the indicator matrix for trafficking - the matrix is not an exhaustive list of indicators, *or an assessment* of future risk. Other factors may also be present that are not included on the matrix – eg for internal trafficking, movement may be between cities and accommodation rather than countries.

In completing the assessment remember that background information may be available from agencies and organisations outside the UK – eg NGOs working in country of origin; country of origin embassies; social services in countries of origin.

1. Background details

Include social / economic circumstances of the family; why child left the family; continued contact with family; any previous work / employment;

2. Movement

- Trafficking can occur at any stage throughout a child's journey; it is not limited to the final destination.
- UK nationals are also vulnerable to internal trafficking (movement between and

within cities and between people) and may also be trafficked out of UK

- A child may be trafficked through legitimate routes and with legal documents, in addition to covert routes with no documents
- Child may arrive alone or accompanied.
- Once trafficked may be at increased risk for future trafficking
- Are child movements restricted and / or accommodation locked?

3. Exploitation / abuse

What is the nature of the exploitation? Where did it occur? Is it ongoing?

- Trafficking is a process, not a single event.
- Trafficked children may be forced into criminal activity.

4. Trafficker(s)

- Children may remain in contact with the trafficker or the person who brought them into the country.
- Contact may be lost only to be recommenced days / months / years later.
- Children may describe the trafficker as a 'friend' 'boy/girlfriend'.
- Who are the people involved in a child's life

5. Means of control

- Children may be physically threatened
- Children may be controlled psychologically
- Consider threats to family
- Trafficked children may be groomed

6. Other risk factors

- Consider factors that may be concerning, but on their own not indicative / evidence of trafficking
- There are no validated risk assessments for child trafficking
- Children may move in and out of trafficking situations

7. Agency involvement

- Agencies may have been previously involved and not identified trafficking as an issue

8. Views of young person

- Children do not usually say they have been trafficked.
- Children may deny any exploitation / abuse
- Children may not consider their experiences exploitative

9-10. Analysis and conclusions

Trafficking is an extremely complex area of child protection and any analysis and conclusions will be subject to change.

NB Trafficking and its assessment is not a static process - due to the nature of child trafficking it is likely that much of the required information may not be initially available, or sketchy; it is important that the assessment is regularly updated.

**NATIONAL REFERRAL MECHANISM FOR CHILD VICTIMS OF TRAFFICKING
REPORT TO COMPETENT AUTHORITY FOR DECISION**

When completed, please e-mail this form and matrix of indicators to UKHTC:

<p>Section A - Personal Details</p> <p>Last name: First name(s):</p> <p>Also known as:</p> <p>D.O.B (if known):/...../..... Age (approx. if not known): Sex: Place of birth:</p> <p>Nationality: Language:</p> <p>Any English spoken/interpreter needed:..... Immigration status:</p> <p>Competent Authority referred to: UK Border Agency / UK Human Trafficking Centre</p> <p>Home Office ref: Work Permit ref:</p> <p>Any other reference numbers including NRUC if the child is a UASC:.....</p> <p>UK Home address:</p> <p>.....</p> <p>.....</p>
<p>Section B - Contact details of person making referral</p> <p>Name:</p> <p>Job title:</p> <p>Organisation and Local Authority area:</p> <p>.....</p> <p>Tel: Fax:</p> <p>Mobile:</p> <p>Email:</p> <p>Signature and date:</p>
<p>Date encountered (if relevant) or date of first agency contact:</p> <p>Address encountered or place of first contact with your agency (if different from above):</p> <p>.....</p> <p>.....</p> <p>Date of referral:</p>

Section C – Indicator matrix for child trafficking

Exploitation	Y	S
Claims to have been exploited through sexual exploitation, criminality, labour exploitation, domestic servitude, forced marriage, illegal adoption, and drug dealing by another person.		
Physical symptoms of exploitative abuse (sexual, physical etc)		
Underage marriage		
Physical indications of working (overly tired in school, indications of manual labour – condition of hands/skin, backaches etc)		
Sexually transmitted infection or unwanted pregnancy		
Story very similar to those given by others, perhaps hinting they have been coached		
Movement into / within UK	Y	S
Withdrawn and refuses to talk / appears afraid to talk to a person in authority		
Significantly older boyfriend		
Harbours excessive fears / anxieties (e.g. about an individual, of deportation, disclosing information etc)		
Other risk factors	Y	S
Shows signs of physical neglect – basic care, malnourishment, lack of attention to health needs		
Shows signs of emotional neglect		
Socially isolated – lack of positive, meaningful relationships in child's life		
Behavioural - poor concentration or memory, irritable / unsociable / aggressive behaviour in school or placement		
Psychological – indications of trauma or numbing		
Exhibits self-assurance, maturity and self-confidence not expected in a child of such age		
Evidence of drug, alcohol or substance misuse		
Low self-image, low self-esteem, self-harming behaviour including cutting, overdosing, eating disorder, promiscuity		
Sexually active		
Not registered with or attended a GP practice		
Not enrolled in school		
Has money, expensive clothes, mobile phones or other possessions without plausible explanation		

Exploitation	Y	S
Required to earn a minimum amount of money every day		
Involved in criminality highlighting involvement of adults (e.g. recovered from cannabis farm / factory, street crime, petty theft, pick pocketing, begging etc)		
Performs excessive housework chores and rarely leaves the residence		
Reports from reliable sources suggest likelihood of sexual exploitation, including being seen in places known to be used for sexual exploitation		
Unusual hours / regular patterns of child leaving or returning to placement which indicates probable working		
Accompanied by an adult who may not be the legal guardian and insists on remaining with the child at all times		
Limited freedom of movement		
Movement into / or within the UK	Y	S
Gone missing from local authority care		
Unable to confirm name or address of person meeting them on arrival		
Accompanying adult previously made multiple visa applications for other children / acted as the guarantor for other children's visa applications		
Accompanying adult known to have acted as guarantor on visa applications for other visitors who have not returned to their countries of origin on visa expiry		
History with missing links or unexplained moves		
Pattern of street homelessness		
Other risk factors	Y	S
Unregistered private fostering arrangement		
Cared for by adult/s who are not their parents and quality of relationship is not good		
Placement breakdown		
Persistently missing, staying out overnight or returning late with no plausible explanation		
Truancy / disengagement with education		
Appropriate adult is not an immediate family member (parent / sibling)		
Appropriate adult cannot provide photographic ID for the child		

Exploitation	Y	S
Located / recovered from a place of exploitation (brothel, cannabis farm, involved in criminality etc)		
Deprived of earnings by another person		
Claims to be in debt bondage or 'owes' money to other persons (e.g. for travel costs, before having control over own earnings)		
Receives unexplained / unidentified phone calls whilst in placement / temporary accommodation		
No passport or other means of identity		
Unable or reluctant to give accommodation or other personal details		
False documentation or genuine documentation that has been altered or fraudulently obtained; or the child claims that their details (name, DOB) on the documentation are incorrect		
Movement into or within the UK	Y	S
Entered country illegally		
Journey or visa arranged by someone other than themselves or their family		
Registered at multiple addresses		
Other risk factors	Y	S
Possible inappropriate use of the internet and forming online relationships, particularly with adults		
Accounts of social activities with no plausible explanation of the source of necessary funding		
Entering or leaving vehicles driven by unknown adults		
Adults loitering outside the child's usual place of residence		
Leaving home / care setting in clothing unusual for the individual child (inappropriate for age, borrowing clothing from older people etc)		
Works in various locations		
One among a number of unrelated children found at one address		
Having keys to premises other than those known about		
Going missing and being found in areas where they have no known links		

Section G - Evidence to support reasons for referral (2 pages available)

Please use this section to:

1. expand on the circumstances/details of the encounter or contact and
2. provide supporting evidence for the indicators that you have identified in the matrix
3. provide any other relevant information that you consider may be important and wish to include e.g. details of behaviour, abuse and neglect
4. movements into, within or out of the UK, including dates (if known)
5. name of any adults, exploiter or trafficker (if known)
6. and any action you have taken including referral to other agencies e.g. Police, local authorities, Missing persons, NGOs etc
7. provide any method of entry details where the subject is a foreign national,

(if a separate sheet is required, please indicate that section G is continued and provide with referral)

1. Homelessness Risk Factors and Resilience

Risk Factor	
Personal	Lack of self-care, coping or employability skills
	History of institutional living, e.g. looked after children, care leavers, long term nursing or social care, periods in prison or service in the Armed Forces
	Domestic or sexual abuse in the household or as a child
	As a child, missing school, running away from home or residential care, moving house frequently and/or having a drug, solvent or alcohol problem
	Relationship breakdowns including between partners and between parents and their children
	Social isolation
	Rape or sexual assault as a child or an adult
	Learning disabilities, literacy and numeracy difficulties
	Physical disabilities
	Substance misuse issues
	Physical or mental health problems – especially if health deteriorating
	Death or incapacity of a carer
	Debt issues
	History of anti-social or offending behaviour
	Household with no rights to public assistance losing funding or employment
Housing Instability	Previous homelessness or part of a homeless family as a child;
	Rent or mortgage arrears
	Impending eviction or repossession action
	Tenure insecurity; staying care of; tied tenancy with prospect of unemployment, e.g. Armed Services accommodation;
	Living in accommodation unsuitable for adapting to meet particular needs
	History of/and current neighbour complaints
	Experiencing harassment/feeling unsafe in the area they live

Research has also identified resilience factors, which can mitigate against the risks these include:

- Supportive friends or family;
- Strong social networks;
- Appropriate support services;
- House owned outright or positive equity;
- Savings or access to financial help;
- Competent advice and advocacy;
- In stable employment or with employable skills;
- Personal empowerment;
- Self-esteem and confidence; and
- Positive attitudes.

2 Homelessness Prevention within North Ayrshire

2.1 Early Intervention

There are a range of early intervention projects which identify children and families at risk of homelessness and respond to minimise the escalation towards crisis which could lead to homelessness. They include:

2.1.1 North Ayrshire Education project

In order to maximise early intervention, we have procured the services of the Community Housing Advocacy Project to work in secondary schools across North Ayrshire to raise awareness of the reality of homelessness, the difficulties in accessing housing in both the social and private rented sector and the skills and responsibilities required to managing a tenancy.

The project works with all nine secondary schools in North Ayrshire, providing awareness raising session to fourth year pupils, an extended programme to those individuals following an 'Alternative Curriculum', and Student Accommodation workshops to sixth year pupils.

Total number of young people receiving housing advice and homeless prevention guidance within North Ayrshire schools during 2012 was 2158

2.1.2 Tenancy Support Services

North Ayrshire Council (NAC) recognises that there are a number of vulnerable households resident within social rented housing, who for a variety of reasons are at risk of homelessness. A tenancy support service has been in place since 2004, providing support for tenants who are most at risk of homelessness due to breaches of their tenancy agreement.

On an annual basis this service receives on average 500 referrals for support for tenant's resident within NAC housing whose tenancy is at risk due to impending court action following breaches to the tenancy agreement. The majority of referrals are responded to by the NAC Tenancy Support Service. The remainder are referred on to specialist support provision delivered by partner agencies.

2.1.3 Barnardo's Family support Services

The specific focus of Barnardo's is to support children within families to ensure that the risk of homelessness is minimised, therefore protecting the emotional wellbeing of children. This means that alongside addressing the factors which threaten homelessness, Barnardo's also work with families to improve parenting skills and maximise the outputs of children by working closely with partners within education and health.

During 2012/13, the Barnardo's family support service provided support to 123 vulnerable families that were in danger of losing their tenancy. Referrals into the service come from a variety of sources including; housing, social services, health, registered social landlords as well as self-referrals. The service aims to reduce homelessness by supporting families to remain in their tenancy.

2.2 Pre-crisis intervention

There are a range of targeted services working with households where risk factors impacting of the incidence of homelessness are identified. They are as follows:

2.2.1 Advice and Information

The Council, in partnership with service providers across North Ayrshire delivering housing information and advice, developed an Advice and Information Strategy in 2008/09. Services have worked to ensure the following:

- Improved range and quality of housing advice and information available across North Ayrshire, with key providers being trained to the national standards.
- All three levels of national standards advice and information is available across North Ayrshire with the Council, the NA largest RSL and the specialist type 3 provider delivering accredited services.
- There is a dedicated advice and information website which is well promoted and widely used.
- There is a proactive approach to providing information to people at risk of homelessness including people in mortgage default and households impacted by Welfare Reform.
- Specialist free advice and advocacy is available for owner occupiers in financial difficulty providing assistance in negotiations with mortgage lenders and money advice through to mortgage to rent negotiations and housing options.
- There is a proactive approach to tenants and owner occupiers who have been served with foreclosure notifications by their landlord, bank or building society.

The Council funds the local Community Housing Advocacy project (CHAP) to provide free independent advice and information to households who are either homeless or at risk of homelessness.

The Council has also provided funding to ensure that our support partners are also trained to national standards for advice and information provision in order to minimise the risk of homelessness.

2.2.2 Youth Prevention

Youth prevention work, if appropriate, is undertaken for any single person aged 16-25 who is at risk of homelessness. This will involve a home visit and assessment to ensure access to on-going family support and/or mediation as appropriate to allow young people to remain within the family home while housing options are being explored.

During 2012/13 officers undertook prevention work with 20 young homeless households aged 16-17 and managed to assist 45% to return to the family home. In the same period they assisted 53 single homeless applicants aged 18-25 years, 58% of which returned to the family home or care of friends and family. The repeat presentation figures for this group were 2%.

Sustainability is assisted by the follow on work delivered by the Tenancy Support team, who work with households to maximise housing options and where necessary deliver a package of support to assist sustainability within the family home.

2.2.3 Quarriers Outreach Support

The Quarriers Outreach support service works with young people aged 16-25 who have previously been homeless, are threatened with homelessness or lack the necessary independent living skills to set up and maintain their own tenancy.

The majority of young homeless people involved with the service will have been supported by Quarriers throughout their homelessness whilst resident within a North Ayrshire supported accommodation setting.

2.2.4 Young people leaving care

Housing Services are involved within the pathway planning process for young people leaving care. This approach forms the basis of an integrated care leaver protocol developed between Housing Services and Through Care Services. This aims to reduce the levels of young people becoming homeless at the point of discharge from care, whilst ensuring that they are supported throughout this transitional phase of their life.

Housing work alongside the Through Care Team and the young person in order to identify the most appropriate accommodation type within the area where the young person has the greatest opportunity for sustainability on leaving care. In addition, the support needs and subsequent support provision will be identified and agreed to ensure it is in place at the point of moving onto interim accommodation. Housing Staff work with Through Care to identify a suitable interim placement that allows the young person to develop their independent living skills. Housing Services will source an appropriate permanent housing solution when it is agreed that the young person is ready and willing to take on the full responsibility for a permanent tenancy. This will be allocated from the North Ayrshire Housing Register (a common housing register) where the young person is given enhanced priority for housing.

Housing Services will continue to work with the Through Care Team to ensure the young person is settling well into their tenancy and that it meets their needs, is safe, secure and affordable.

2.2.5 Links with Mental Health

The Homeless Assessment Prevention and Advice service includes a Mental Health Housing Officer post. This post was developed in partnership with the Community Mental Health team and Social Services to respond in a multi-agency way to the needs of people with severe and enduring mental health issues in an effort to minimise the risk of homelessness by maximising the potential for tenancy sustainability.

The officer proactively works with patients with severe and enduring mental health issues being discharged from hospital to ensure they are not homeless at the point of discharge.

2.2.6 Tenants who are victims of domestic abuse, ASB and harassment

Avoiding homelessness is a key concern for the Antisocial Behaviour Investigation Team in any investigation. ASBIT carefully consider the risks to both the complainer and the alleged offender of them becoming homeless as a result of the antisocial behaviour. Both parties to the complaint are interviewed and asked to complete a Victim or Offender Impact Statement, this is a process developed with Social Services to identify vulnerable people and have their support needs properly assessed. This process was developed in response to the Leicester Serious Case Review. Referrals can also be made to Victim Support and/or the Home Security Project.

A partnership approach to dealing with antisocial behaviour also helps ensure that support issues are properly addressed throughout the investigation and this approach helps minimise the need for enforcement action that can result in homelessness. Partners include SCRA, Education, Social Services, Legal Services, Environmental Services, Health, Housing Services and Police Scotland. Enforcement action is only considered when all partner agencies agree that it is necessary. ASBIT are also represented in the Early and Effective Intervention group to help divert young people away from offending behaviour.

Where eviction is required ASBIT also try to minimise the impact on offender's families by using SSSTs, either by converting their own tenancy or offering a SSST in a new home. The SSST allows ASBIT to provide support to address the offending behaviour while still protecting victims from further incidents. As part of the Problem Solving Group ASBIT, working with partner agencies, targets areas identified as asb hotspots. This is a community intervention that has been well received in the target areas and helps people feel safe and secure in their homes, again avoiding the situation where people present as homeless trying to avoid the impact of serious offending behaviour.

2.2.7 Home security project (HSP)

The Home Security Project provides practical security measures such as door chains, locks and alarms, and signposting to other services e.g. Victim Support, for people at risk of or suffering from domestic abuse or serious and persistent antisocial behaviour. The project provides an invaluable service to children, young people and families by providing reassurance and stability, helping them to remain in their home when they might otherwise have had to leave. The HSP Co-ordinator works closely with the Multi Agency Domestic Abuse Response Team (MADART).

Referrals are received from many agencies throughout North Ayrshire including NAC's Housing and Social Services, Police Scotland, Victim Support, Women's Aid etc.

The HSP was cited as an example of good practice in HMIE's inspection of services to protect children and young people in North Ayrshire in 2010.

Project has been running since 2005 and to date has received 3137 referrals which have helped people remain in their properties.

a. Preventing recurring homelessness

The Council has a range of services/initiatives that positively impact on tenancy sustainment within both the Social and Private sector housing, a summary of which is detailed below:

2.3.1 Children

North Ayrshire Council provide funding to Barnardo's to work directly with homeless children to ensure that the impact of homelessness is minimised, therefore protecting the emotional wellbeing of children.

During 2012/13 the Barnardo's family support project worked with 188 children homeless children. The children's integration officers work to minimise the impact of homelessness for children ensuring they can access service's including education, health and social networks. In addition, they are responsible for ensuring temporary accommodation meets the needs of homeless children by way of location, size, type and furniture provision and that children feel safe and have a voice throughout the homelessness process.

2.3.2 Preparation for independent living

In order to prepare homeless people for independent living, reduce the risk of repeat homelessness and alleviate the impact of homelessness, every person accepted as homeless within North Ayrshire, undertakes a support assessment and is offered a package of support tailored to their individual need.

The Council and support partners use a matrix scoring system which grades the level of people's support needs under key support categories. A service user is then offered a package of support determined by both the level of the score and their specific support requirements. The matrix assessment is undertaken on a regular basis in order to determine the success of the support intervention.

At the point of resettlement support staff work to ensure the client can furnish their new home assisting with Social Fund and furnished tenancy grant applications and assisting with access to furnishings.

Housing support is provided to homeless households following resettlement dependant on need and where there are on-going support issues; alternative mainstream support provision will be co-ordinated during the resettlement process.

The above is not an exhaustive list, any agency concerned about a family they are working with where risk factors are prevalent should in the first instance make a referral directly to the Council's Homelessness Assessment Prevention and Advice Service based at Rivergate House Irvine 01294-314700.

Below is a summary of support service availability and useful contacts across North Ayrshire:

Housing Support Providers and useful contact details for services within North Ayrshire

Project	Who they work with	What the service does	How to make contact
Barnardo's Families project	Residents of North Ayrshire with children who are either struggling to manage their tenancy or are at risk of homelessness	An outreach support service providing family and tenancy related support on a range of issues	Either contact your local area housing office or direct dial 01294 550400
Quarriers Outreach Support	Tenants aged 16-25 who are either struggling to manage their tenancy or are at risk of homelessness	An outreach support service providing tenancy related support on a range of issues	Telephone 01294 601723
Tenancy Support Service	North Ayrshire Council tenants who are either struggling to manage their tenancy or are at risk of homelessness	An outreach support service providing tenancy related support on a range of issues	Telephone 01294 601723
Aspire2gether Pan Ayrshire Service	Households with complex needs at risk of sleeping rough	Provide intensive support services linking in with other services as required	Telephone 01294 601723
Anti-Social Behaviour team and Home security project	Residents of North Ayrshire	Provide support and assistance to local residents who are victims of antisocial behaviour, harassment and noise and nuisances. The definitions are set out below.	Telephone 01294 314682
The Scottish Welfare Fund	To be eligible to receive a grant you should be 16 years or over and receive one or more of the following benefits: <ul style="list-style-type: none"> • Income Support • Income-based Jobseeker's Allowance • Employment and Support Allowance (income related) • Pension Credit 	The Fund provides help when you need it most through 2 types of grant: <ol style="list-style-type: none"> 1. Crisis Grants - providing you with a safety net in the event of a disaster or emergency 2. Community Care Grants - helping you to leave care and live on your own, or to continue living in your own home 	Telephone 01294 310 001 to apply to the Scottish Welfare Fund or to get more information
Homeless Assessment Prevention and Advice Service (HAPA)	Any North Ayrshire Household at risk of homelessness or in need of housing options advice and information	Listen to your circumstances and help you to determine your best housing outcome based on your needs. Provide homeless assistance.	Drop into 3 rd Floor Rivergate House Irvine or telephone 01294 314700 to book an appointment Homeless Freephone no. 08000196500
Community Housing Advocacy Project	Anyone in North Ayrshire requiring housing advice, advocacy and information	Provide a free of charge independent housing advice advocacy service	The Michael Lynch Centre 71 Princes Street Ardrossan Tel No: 01294 475636

AHAP	Owner Occupiers in North Ayrshire in Financial difficulty	Provide free money advice and legal representation to home owners in Ayrshire facing mortgage repossession	01294 475636
Useful North Ayrshire Council telephone numbers	North Ayrshire Council residents	<p>Repairs The Repairs Contact Centre is open 24 hours a day, every day of the year freephone 0800 0196 444</p> <p>Customer Service Centre Access to: Social services, Housing, Registrations and Municipal bank Tel 01294 310000 Bridgegate House Irvine</p> <p>Money Matters Team Welfare rights and debt advice 01294 310456</p>	<p>Area Housing Offices Ardrossan 01294 605258 Dalry/Beith 01294 835355 Irvine 01294 324870 Kilbirnie 01505 685177 Kilwinning 01294 552261 Largs 01475 687590 Saltcoats 01294 602611 Stevenston 01294 605281</p>
SSAFA	Armed Forces Personnel and their families	Provide practical, emotional and financial support to anyone who is serving or has ever served and their families	Unit 15/39 Durham St Glasgow G41 1BS 0141 427 2804
Fabpad	New and existing tenants in North Ayrshire	Support and assistance to creatively set up a home	Ardrossan Civic Centre Glasgow Street Ardrossan
Food banks in North Ayrshire	<p>Opening Hours: <u>Ardrossan - Ardrossan Church of the Nazarene</u> 150 Glasgow Street, Ardrossan Monday 11am - 1pm Wednesday 11am - 1pm Friday 11am - 1pm</p> <p><u>Irvine - Fullarton Parish Church</u> Off Marress Roundabout, Irvine Wednesday 10am - 12.30pm Thursday 10am - 3pm Friday 6.30 - 8.30pm</p>	<p><u>Irvine - Girdle Toll Parish Church</u> 2 Littlestane Rise, Lawthorn Monday 10am - 12 Noon Tuesday 10am - 12 Noon Friday 4 - 6pm</p> <p><u>Irvine - Salvation Army</u> 19 Townhead, Irvine Wednesday 10am - 3pm Thursday 10am</p>	<p><u>Vouchers are distributed by:</u></p> <p>See North Ayrshire food bank website for full details or ask at reception of the homeless assessment team or Bridgegate house, Irvine</p>

Appendix 4

Indicators of Child Sexual Exploitation Checklist

Lower Level Indicators- one or more indicators identified	✓
Regularly coming home late or going missing	
Overt sexualised dress	
Sexualised risk taking including on internet	
Unaccounted for monies or goods	
Associating with unknown adults	
Association with other young people at risk of CSE or who are being sexually exploited	
Reduced contact with family and friends and other support networks	
Sexually transmitted infections	
Experimenting with drugs and/or alcohol	
Poor self-image	
Eating disorders	
Superficial self-harm	
Medium Level Indicators- any of the above and ONE or more of these indicators	✓
Getting into cars with unknown adults	
Associating with known CSE adults	
Being groomed on the internet	
Clipping i.e. offering to have sex for money or other payment and then running before sex takes place	
Disclosure of a physical assault with no substantiating evidence to warrant a S47 enquiry, then refusing to make or withdrawing a complaint	
Being involved in CSE through being seen in hotspots i.e. known houses or recruiting grounds	
Having an older boyfriend/girlfriend	
Non school attendance or excluded	
Staying out overnight with no explanation	
Breakdown of residential placements due to behaviour	
Unaccounted for money or goods including mobile phones, drugs and alcohol	
Multiple sexually transmitted infections	
Self-harming that requires medical treatment	
Repeat offending	
Gang member or association with gangs	
High Level Indicators- any of the above and ONE or more of these indicators	✓
Child under 13 engaging in sexual activity	
Pattern of street homelessness and staying with an adult believed to be sexually exploiting them	
Child under 16 meeting different adults and exchanging or selling sexual activity	
Being taken to clubs and hotels by adults and engaging in sexual activity	
Disclosure of serious sexual assault and then withdrawal of statement	
Abduction and forced imprisonment	
Being moved around for sexual activity	
Disappearing from the 'system' with no contact or support	
Being bought/sold/trafficked	
Multiple miscarriages or terminations	
Indicators of CSE in conjunction with chronic alcohol and drug use	
Indicators of CSE alongside serious self-harming	
Receiving rewards of money or goods for recruiting peers into CSE	