Getting it right for vulnerable children and young people in North Ayrshire

August 2018
revised from April 2014

NORTH AYRSHIRE
Child Protection Committee
CARE, PROTECTION, COMMITMENT TO NORTH AYRSHIRE'S CHILDREN

getting it right for every child in North Ayrshire

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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.***

This is the second edition of this guidance following on from the original publication in 2014. Due to policy developments and new legislation this guidance has been updated to reflect these changes

Having agreed prevention and early intervention as a key priority, we have continued to lead a programme of change, developing strengthened mechanisms for the early identification of factors which may impact on the wellbeing of our children and young people; continued to improve our responses to alleviating these factors; and embed a collaborative preventive approaches to promoting children's wellbeing from pre-birth into adulthood.

Critical to promoting children's wellbeing and ensuring they become successful learners, confident individuals, effective contributors and responsible citizens is providing an effective response to needs and concerns, whether this is a single or multi-agency response.

We commend this practitioner's guidance as a useful resource to help staff across our services to 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	John Burns	Paul Main	Steven Brown
North Ayrshire Council	NHS Ayrshire & Arran	Police Scotland	Chair, Children's Services
Chief Executive	Chief Executive	Divisional Commander	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 the Health and Social Care Partnership, Health, Education and Youth Employment, Housing, Police and the Voluntary Sector etc.

Purpose of Guidance

The purpose of this document is to assist those that come into contact with children, young people or parents and carers in the course of their everyday work to identify vulnerability at the earliest possible stage. This guidance will help practitioners 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 practitioners in knowing what steps to take when they become concerned that a child may be vulnerable and that this vulnerability may be impacting on the child's wellbeing, (as defined by the eight wellbeing indicators). It will help practitioners make an initial assessment of the concern and guide responses. For some vulnerabilities it will provide additional guidance drawn from research and practice experience to help inform interventions. This Guide will help practitioners recognise when to share concerns with others and jointly plan next steps.

It is important that as soon as a 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, children and young people.

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 or young person's Named Person and the child or 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 about a vulnerable child or young person may indicate they may 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 Child Protection procedures are to be considered and action initiated as required.

AYRshare

Whenever information is received about a concern for a child or young person practitioners should check AYRshare to determine if information has been shared previously for the child or young person.

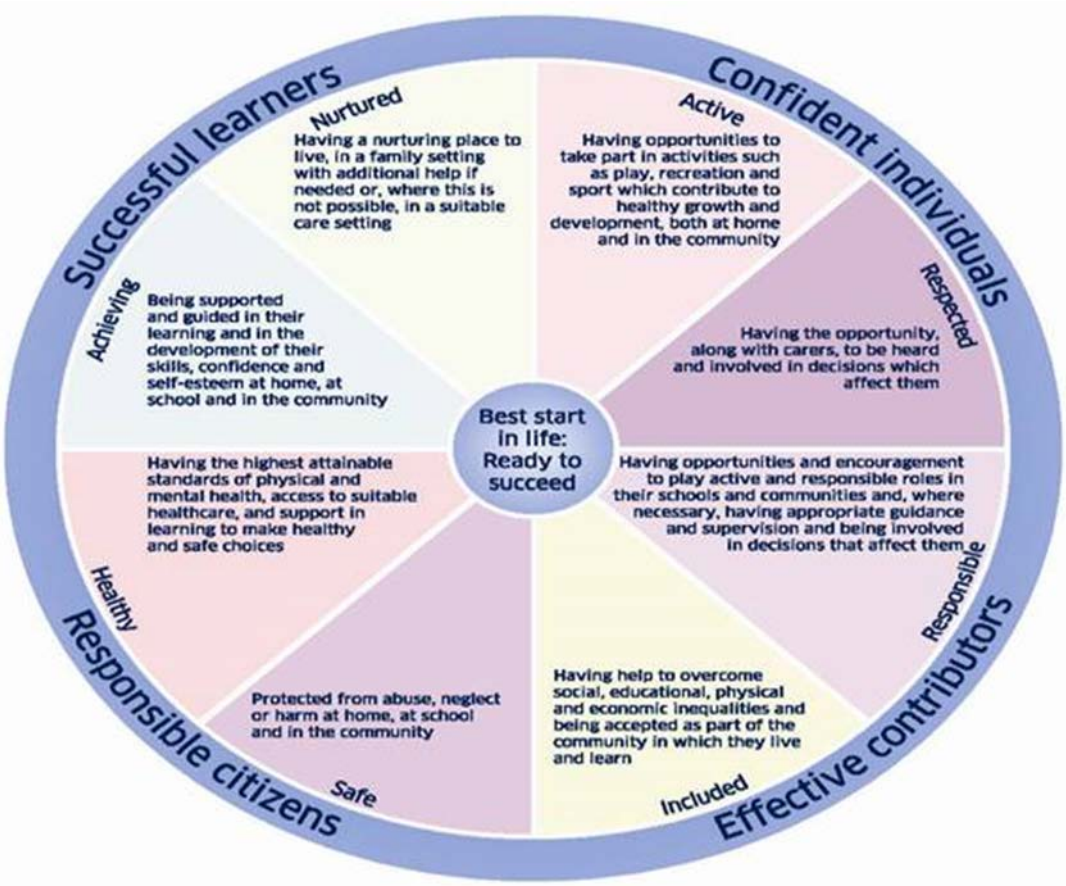
This document will include guidance on when such concerns are apparent and clarify the relationship between GIRFEC and child protection.

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 areas of concern or vulnerability.

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

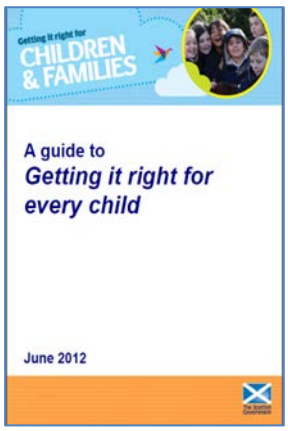
Getting it right for every child means that all practitioners who come into contact with children and/or their parents and carers in the course of their work need to cooperate together to meet children and young people's needs.

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.***

Practitioners in Ayrshire also have their own Pan Ayrshire guidance that can be found on the Pan Ayrshire GIRFEC Website.

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 appropriate and proportionate information** with the child's named person and lead professional. The GIRFEC Practice model **(Appendix 1)** should be used to provide 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 and the Pan Ayrshire Web site for further guidance documents.

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



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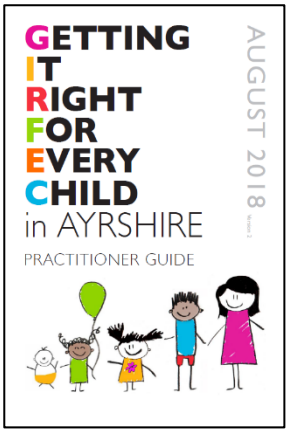

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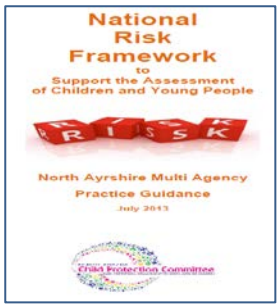
[1] http://girfecna.co.uk/wp-content/uploads/2018/03/NAT-Girfec-Guide.pdf
[2] http://girfecna.co.uk/wp-content/uploads/2018/09/GIRFEC-Practitioners-Guide-version-2-August-2018.pdf

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 needs and concerns about children and young people.

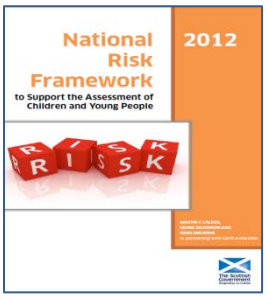
The critical importance of robust assessment and analysis has been widely recognised, and in order to provide further support to practitioners engaged in this activity, further work has been carried out to build upon the GIRFEC Practice Model in the form of practice tools and guidance.

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:-



[3]

Local Practice Guidance



[4]

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 a wellbeing assessment. Staff who may undertake the particular roles of a "Named Person" and 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.

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.

[3] http://girfecna.co.uk/wp-content/uploads/2018/03/NA-Risk-Framework.pdf
[4] http://girfecna.co.uk/wp-content/uploads/2018/03/NatRiskFramework.pdf

AYRshare

AYRshare should ***always be used*** when carrying out an assessment of a child or young person's needs where multi agency involvement is required, either in the process of the assessment or in developing and managing the plan for the child or young person. Significant events from individual agencies should be collated through AYRshare and relevant documents shared to aid in the analysis of a child or young person's wellbeing, leading to a clear plan for the child or young person.

Further practice tools relevant to North Ayrshire can be found in the link below.

http://girfec-ayrshire.co.uk

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 or risk will be addressed, what the roles and responsibilities are of all involved and what the anticipated outcomes are for the child.

The Children and Young People (Scotland) Act 2014 Act ensures a single planning framework – a statutory Child's Plan – will be available for children and young people who require extra support that is not generally available to address a child or young person's needs and improve their wellbeing. A Child's Plan becomes a statutory instrument when the support to be put in place requires specialist help from a multi-agency team. The Ayrshire's have created a Child's Pathway infographic[5] that highlights the different stages of intervention and what processes should be followed.

In North Ayrshire, the documents which contain a Child's Plan are generally the Wellbeing Assessment and Plan and CP1 (form used by Social Services when carrying out a Child Protection Investigation). A standalone Child's Plan is used when reviewing children and young people who are subject to formal reviews through Child Protection or Looked After processes. A wellbeing assessment and plan and can be held in either health, education or Social Work systems.

The Child's Plan is the vehicle through which support and intervention aimed at improving outcomes for the child or young person is delivered and should be shared with the 'Team around the Child[6]' through AYRshare.

All Child's Plans should be designed in a SMART way, with specific outcomes for the child, derived from an assessment of wellbeing.

As assessment is an ongoing dynamic process, the Child's Plan should be regularly reviewed and if it has a statutory basis should be reviewed no later than twelve weeks of it being initiated and thereafter annually. These reviews are 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, looked after and accommodated (LAAC), vulnerable young person's meetings and risk management processes.

All Child's Plans where there is multi agency involvement should be uploaded to AYRshare

[5] http://girfec-ayrshire.co.uk/wp-content/uploads/2017/08/2.-GIRFEC-Wall-planner-June-2017.pdf

[6] Team around the Child – A term used to describe the collective team of professionals from different agencies or disciplines working with the child or young person, led by a Lead Professional or Named person

Named Person Service

The North Ayrshire Named person Service has been set up to support Named Persons and Lead Professionals to be identify the right support for the right child at the right time. The service manages and publishes a Service directory of current supports that a child or young person may need and has developed processes to enable a Named person or Lead Professional to access these.

Some of the functions of the Named person Service are to[7]:-

- ensure that all relevant staff across the workforce are aware of how the Named Person service operates and understand their responsibility to support the Named Person functions;
- put in place arrangements to ensure continuity of the Named Person service during absences and holiday periods;
- put in place information sharing arrangements to ensure the appropriate and proportionate sharing of information, by and with the Named Person within the legal framework to promote, support and safeguard the wellbeing of the child or young person;
- ensure that all relevant staff know how the Named Person arrangements support procedures for referral to the Children's Reporter when it might be necessary for a compulsory supervision order to be made in relation to the child;
- ensure that all relevant staff know how the Named Person arrangements support local child protection procedures, and link with National Child Protection Guidance;
- ensure that the arrangements make clear that where there is a child protection concern, local child protection procedures should be followed without delay;
- ensure that the arrangements make clear that where there is an adult protection concern the local adult support and protection procedures should be followed without delay;
- put in place partnership arrangements to support the functions of the Named Person in relation to providing, accessing and coordinating support for a child or young person;
- ensure that the culture, systems and practice in relation to the Named Person functions support partnership working with children, young people and parents;
- ensure that there is clear guidance about how the Named Person and Lead Professional roles operate;
- ensure clarity about the role of adult services who are working with parents, and their relationship with the child's or young person's Named Person;
- provide information about the role of third sector organisations in supporting the Named Person service;
- ensure that the child or young person understands the role of the Named Person and what they can do if they have difficulties communicating or working with their Named Person;
- ensure that children, young people and parents can in exceptional circumstances request the Named Person service to consider the identification of an alternative Named Person.

[7] Children and Young People (Scotland) Act 2014 Draft Statutory Guidance

Vulnerable Young Person's Meetings

Vulnerable young person's meetings are multi agency meetings chaired by Senior Officers within Social Services Practice and Performance 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 wellbeing and for identifying and responding to any concerns about a child or young person's wellbeing.

All services that work with children and/or their carers are expected to identify and consider the child's needs, share appropriate and proportionate 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. This will require a conversation with the parent/carer to identify support and to seek agreement to share information with the child's Named Person

 Any immediate risk should be considered at the outset. When immediate risk is identified child protection procedures must be instigated immediately**, it is not necessary to seek consent to share information.**

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 wellbeing indicators
2. Raise your awareness of indicators of concern about children so that you could recognise these in practice

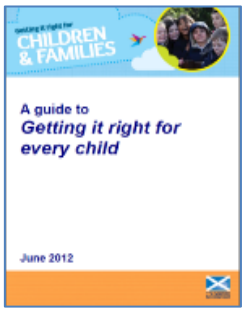
3. Ensure you are aware of, and make proportionate[8] enquiries about, any children within a household where you are providing a service. This holds whether or not you are providing a service to children
4. Follow your organisations procedure for responding to concerns about children, including your organisations child protection procedures
5. When concerned about a child, ask yourself the GIRFEC 5 questions.
6. Contribute to a wellbeing 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 wellbeing 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 access to a Named Person (from birth – start Primary school, Health Visitor or Family Nurse), (Start Primary – age 18, usually Head teacher in Primary, 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 guides. Click on the images below to access documents.



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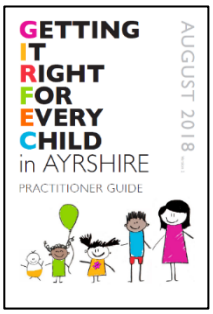

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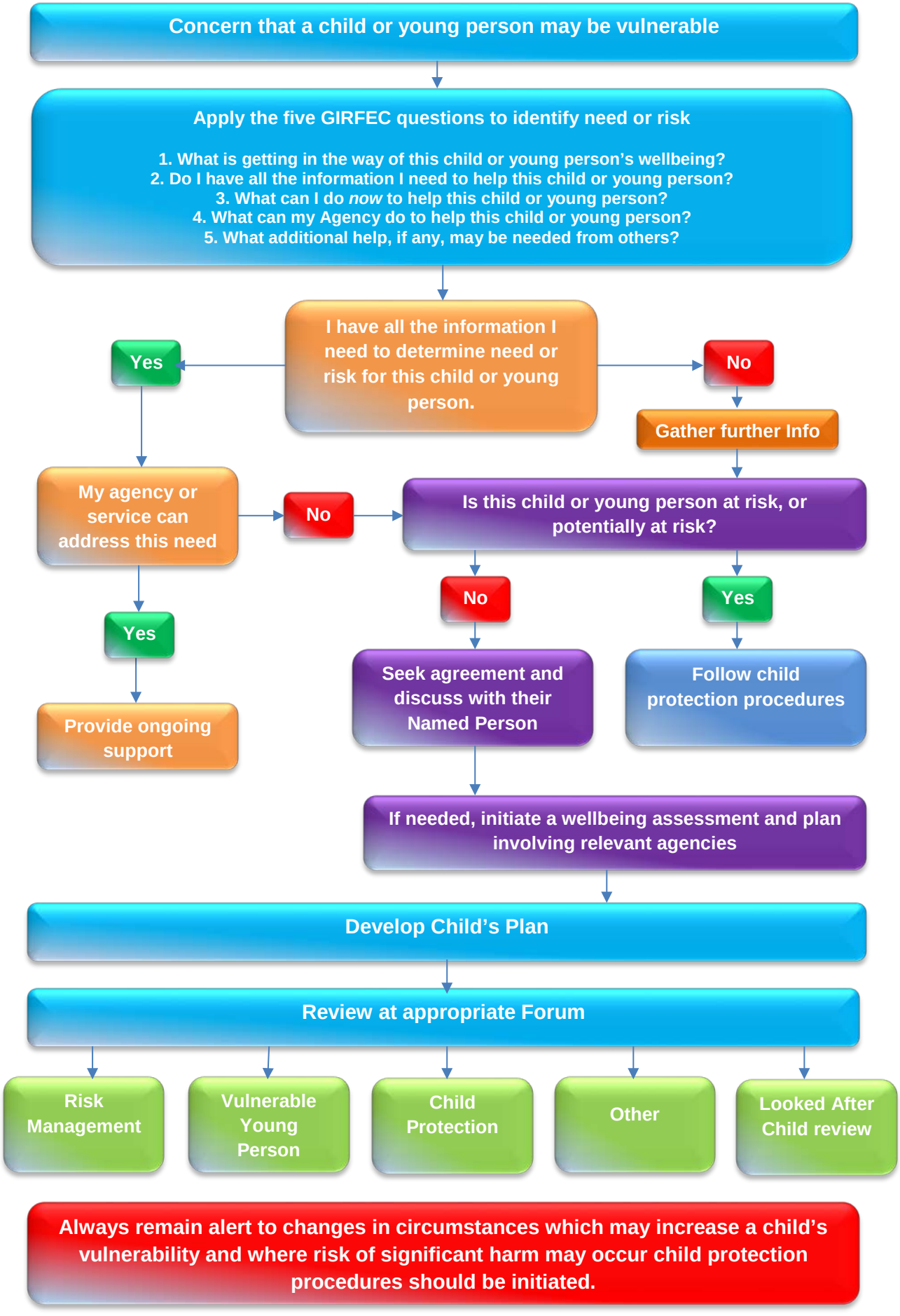
[8] Proportionate enquiries – your level of enquiry will depend on your job role, the type of service you are providing and your degree of involvement with the child and family. No staff member should make enquiries beyond the boundaries of their professional role and responsibilities. If in doubt, consult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

[9] http://girfecna.co.uk/wp-content/uploads/2018/03/NAT-Girfec-Guide.pdf
[10] http://girfecna.co.uk/wp-content/uploads/2018/09/GIRFEC-Practitioners-Guide-version-2-August-2018.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 any mental or physical infirmity, are unable to safeguard themselves against harm. All types of harm (physical, emotional, financial, sexual, neglect etc.) are covered by the Act. Harm includes harm from another person and/or self-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 legal responsibility of all members of staff of the Health and Social Care Partnership. NHS, Council and Police Scotland. Other agencies have a contractual and/or moral obligation to protect adults at risk of harm.

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 young people who might be at risk of harm that consideration is given to planning for their wellbeing after they reach the age of sixteen. If staff becomes aware that a young person over the age of sixteen is at risk of harm, they should make an Adult Support and Protection Referral to the Health and Social Care Partnership.

Recent developments have supported the need for staff to work more holistically across service user groups, so that those who are involved with Child Protection issues are also considering whether any adults they become aware of might have their own support and protection needs in relation to Adult Support and Protection and vice versa for staff for whom the focus is Adult Protection in relation to identifying and appropriately referring any Child Protection issues they might come across in the course of their work.

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

https://www.north-ayrshire.gov.uk/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 wellbeing. 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 - Primary 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."[11] However, The National Missing Persons Framework for Scotland (2017)[12] defines a 'missing person' as one 'whose whereabouts are unknown' and;

- Where the circumstances are out of character; or
- The context suggests the person may be subject to crime; or
- The person is at risk of harm to themselves or another

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.

[11] Vulnerable Children and **Young** People - Scotland www.scotland.gov.uk/Resource/Doc/1141/0034405.pdf

[12] The National Missing Persons Framework for Scotland - http://www.gov.scot/Publications/2017/05/1901

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

Research conducted by the Children's Society[13] 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 should check AYRshare to determine if information has been shared previously for the child or young person.

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.

[13] Gwyther Rees, Still Running 3, The Children's Society, (2011)

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.

The National Persons Framework for Scotland (2017) makes commitments to improve practice in a number of areas including the return interview, or now termed the return discussion and highlights this good practice below.

Where appropriate 'A return discussion can help to support a person following their return, provide a platform to identify underlying issues and obtain information that could prevent future missing episodes.

The purpose of a return discussion is to:

- support the individual who has gone missing and identify the underlying causes so that these can be addressed;
- provide an opportunity for them to talk about the circumstances that prompted them to go missing;
- provide an opportunity for them to talk about their experience when missing and their feelings following their return;
- use relevant information gathered to help prevent further missing episodes by;
  - determining any on-going risk of harm and relevant local risk information;
  - referring the individual to appropriate support services.

There is no set time for the discussion to occur but, when possible, first contact should be made within 72 hours, with the discussion taking place within one week, at a suitable time for the individual. The discussion should take place in a safe' environment with a trained professional of their choice when possible. It is important that a person who has been missing is given the opportunity to speak about it as soon as they are ready to do so.'[14] See Appendix 5 for further information regarding return discussions.

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. An AYRshare record should be created if one does not already exist.

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

[14] The National Missing Persons Framework for Scotland - http://www.gov.scot/Publications/2017/05/1901

(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 (1995) 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.

In October 2015, the Scottish Parliament unanimously passed the Human Trafficking and Exploitation (Scotland) Act 2015 and it received Royal assent in November 2015. The Act can be accessed here:

http://www.gov.scot/Topics/Justice/policies/reducing-crime/human-trafficking/HumanTraffickingandExploitationScotlandAct2015

The first provisions came into force on 31 May 2016 and implementation of the rest of the Act is ongoing.

The Act makes it simpler to take action by introducing a single offence for all kinds of trafficking for the first time, consolidating and strengthening existing law. The new offences of human trafficking and of slavery, servitude and forced or compulsory labour now have the maximum penalty of life imprisonment attached to them for anyone who is convicted of these new offences.

The Act gives courts new powers and measures to prevent and punish trafficking.

The Act requires the Lord Advocate to issue instructions to prosecutors about how trafficking victims should be treated if they are alleged to have committed an offence.

The Act also provides clear rights to adult victims to access support and assistance, and places a duty on the Scottish Ministers to ensure that guardians are available for all children who reasonably appear to have been trafficked or to be vulnerable to being trafficked, where no one in the UK holds parental rights and responsibilities in relation to such a child.

This Act places a duty on Scottish Ministers to prepare a trafficking and exploitation strategy[15] – this work was published in May 2017.

Child Trafficking was also one of the workstreams that formed part of the National Child Protection Improvement Programme which was launched by Scottish Government in February 2016. Phase one of this improvement programme was published in March 2017 and the following actions in relation to child trafficking were agreed:

- A working group will be formed to take forward the revision of existing age assessment guidance to reflect the presumption of age provided for in section 12 of the Human Trafficking and Exploitation (Scotland) Act 2015.
- Following the outcome of the UK National Referral mechanism pilots in summer 2017, there will be an undertaking to receive feedback from key stakeholders regarding the continued use of the National Referral Mechanism for children and young people in Scotland.

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

[15] http://www.gov.scot/Resource/0051/00518587.pdf

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 (and arrest), 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 arrest and 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.
- Support from point of arrest would be most beneficial.
- 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?'[16] aimed at young people aged 12 years and over.[17]

Families Outside also have a self-assessment tool 'Framework for the Support of Families affected by the Criminal justice System' - which can be found on their website.

Some additional resources / information on supporting children right from the point of arrest can be found via a report called 'Collateral Damage' by Jo-Tilley Riley. Although the findings relate to a study in England, the issues are obviously the same. The report can be found at https://www.nicco.org.uk/userfiles/downloads/845%20-%20Collateral%20Damage.pdf
Action for Prisons Families This website contains lots of useful information including publications suitable for all age groups.

Finally - there is a European organisation called Children of Prisoners Europe (COPE) who have an annual campaign "Not my Crime, Still my Sentence", which runs for the month of June each year. Details on COPE and their campaign can be found at www.childrenofprisoners.eu

[16] http://www.familiesoutside.org.uk/content/uploads/2012/03/HonestMar2012web.pdf
[17] 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 but has not received a decision on their application to become a refugee, or is waiting for the outcome of an appeal. A ***refugee*** is an individual to whom the UK government has offered protection in accordance with the Refugee Convention 1951 and granted leave to stay for a certain period of time.'[18]

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.

[18] https://www.scie.org.uk/publications/guides/guide37-good-practice-in-social-care-with-refugees-and-asylum-seekers/

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.
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.*[19]

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.[20] It has been highlighted by Neale (2002)[21] 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 life[22].

[19] *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)

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

[21] Neale, J., (2002) Drug Users in Society. Basingstoke: Palgrave

[22] 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) and 'Rickter Scale' 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.

In contrast the Rickter is a motivational, multi-sensory assessment and action planning process designed to empower the young person and measures 'soft outcomes'. The young person is supported and encouraged within both assessment tools to take responsibility for their own goals and set realistic action plans. Both assessments can be used together and can be used to re-assess and measure ongoing progress, and all in conjunction with the child/young person's individual plan.

Further Guidance

The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem (2008) [23]

http://www.gov.scot/Topics/Justice/policies/drugs-alcohol [24]

[23] http://www.gov.scot/Publications/2008/05/22161610/12

[24] http://www.gov.scot/Topics/Justice/policies/drugs-alcohol

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*[25].

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.

[25] **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 is available on

http://childprotectionnorthayrshire.info/cpc/download?file=912

www.childprotectionnorthayrshire.info

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 (1995), 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.

Our local Pan Ayrshire Forced Marriage Guidance is available here:
Forced Marriage Guidance Pan Ayrshire

Responding to Forced Marriage – Multi Agency Guidelines

[26]

Preventing and Responding to Forced Marriage Update 2014[27]

Understanding Forced Marriage in Scotland[28]

Scottish Legislation and Statute can be found here:
Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011[29]

[26] http://www.scotland.gov.uk/Resource/0041/00412492.pdf
[27] http://www.gov.scot/Resource/0046/00460555.pdf
[28] http://www.gov.scot/Resource/0051/00513514.pdf
[29] http://www.legislation.gov.uk/asp/2011/15/pdfs/asp_20110015_en.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: (click on link to access)

Shakti Womens Aid [30]

Hemat Gryffe [31]

[30] http://shaktiedinburgh.co.uk/
[31] http://www.hematgryffe.org.uk/

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)."[32]

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 life, 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[33] 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 behavior, 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, behavior 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.'[34]

Protection and support

Within North Ayrshire we have MAASH (Multi agency Assessment Screening Hub) which is based within Kilmarnock Police Station.

The team includes Police personnel, Social Workers, Housing Officer and an administrator. This core team facilitates partner agencies coming together, removes the barriers that separate services. This merging of skills and experiences allows agencies to function as one.

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

[33] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/impact-on-children-and-young-people/

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

MAASH responds to both domestic and police concerns regarding children and young people across North Ayrshire

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.[35]

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.[36]

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 Police Concern reports will be screened by the MAASH Team who will initially assess all domestic abuse incidents.

A range of options are available to MAASH. In the first instance if there are children deemed to be at immediate risk of harm then these cases will be passed directly to the Child Protection Team for follow up under Child Protection Procedures. 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: –

[35] Responding to domestic abuse: a handbook for health professionals, DOH 2005

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

- 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.
- 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 MAASH 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. Recognising the impact that Adverse Childhood Experiences have on children's behaviour and health as they grow and develop into adulthood.

In 2011, the number of domestic abuse incidents recorded by the Police, in North Ayrshire, was the sixth highest in Scotland with a year on year rise of reported incidents. However following the introduction of the multi-agency approach there has been a year on year decrease of referrals. The MADART approach provides for an effective and proportionate response resulting in timescales being reduced from 10.7 – 1 day, between incident and visit. Also showing a significant reduction in number of referrals to the Children's Reporter

Of the 2,500 referrals received in 2014/15, only 155 children were referred to the Children's Reporter (12.3%).

There remains the recognition that the impact of that domestic violence remains prevalent within the child protection processes, mental health and addictions services as well as the Criminal Justice system. 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 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 '[37]

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 wellbeing. 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.

In North Ayrshire we aim to support Young Carers through ensuring they have a wellbeing assessment of their needs and/or a Young Carers Statement. As soon as there is any suggestion a child or young person is Young Carer, a Young Carers Statement 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 child's Named Person or the Carers 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.

[37] Getting it right for Young Carers, the Young Carers Strategy for Scotland 2010-15

From April 2018 The Carers (Scotland) Act 2016 will be implemented and as such processes and procedures may change. For further information on what this will mean for Young Carers and those supporting them refer to the Young Scot Website.[38]

Useful information

http://www.carersuk.org/images/Factsheets/Factsheet_S1020__Assessments_-_guide_to_getting_help.pdf

Carers (Scotland) Act

Carers Charter

[38] https://young.scot/information/rights/carers-act/

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 2016/17, 124 households with children approached North Ayrshire Council for assistance under homelessness legislation. This represented 16% of all homeless applications and comprised of a total of 228 children. 28% of these households sought assistance due to domestic abuse.

Universal Credit is part of the Governments Welfare Reform and replaces 6 existing benefits with a single payment – one of which is Housing Benefit.
All applicants under the age of 35, requiring temporary accommodation are only entitled to the shared room rate as determined by the Local Housing Allowance plus an additional £45 management fee. This seriously reduces their ability to afford temporary accommodation anywhere except a hostel, without accruing significant rent arrears.

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 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".[39] 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.

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 behaviour and abilities.

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

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 experience difficulties or display different behaviours which would 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. If it is felt that a child/ young person is struggling to cope due to a mental health difficulty they can be referred to the Child and Adolescent Mental Health Service (CAMHS) by the any of the professionals working with them.

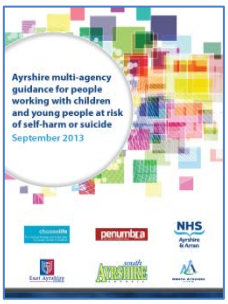
CAMHS offer consultation, assessment and treatment or sign posting to more appropriate services if the child or young person has emotional, behavioural or mental health difficulties.

Following the assessment, CAMHS staff will discuss with the young person and the family what may be causing the young person's difficulties and work with them to develop a plan of care for the young person.

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 guidelines[40] reviewed and updated with relevant support and service details a training package to be developed with each agency to support the individual needs such as STORM, ASSIST, Safe Talk training



[40] http://girfecna.co.uk/wp-content/uploads/2018/03/SelfHarmGuidance.pdf

Children and young people who may be vulnerable as a result of their own or others disability.

Definition

The 'Fairer Scotland for Disabled People' (2016) Delivery Plan supports the social model of disability, which was developed by disabled people: activists who started the 'Independent Living Movement' (ILM).

Unlike the medical model, where an individual is understood to be disabled by their impairment, the social model views disability "as the relationship between the individual and society. In other words, it sees the barriers created by society, such as negative attitudes towards disabled people, inaccessible buildings, transport and communication, as the cause of disadvantage and exclusion, rather than the impairment itself. The aim, then, is to remove the barriers that isolate, exclude and so disable the individual."

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 disproportionally 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[41] (2014) cover many of these underlying factors.

[41] https://www.nspcc.org.uk/services-and-resources/research-and-resources/2014/right-to-be-safe/

Research in Scotland (Stalker at 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 teams'.[42]

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: https://www.fsdc.org.uk/

National Guidance for Child Protection in Scotland Guidance for Health Professionals In Scotland (2012)

How to involve children and young people with communication impairments in decision making (2008) https://councilfordisabledchildren.org.uk/sites/default/files/field/attachemnt/index.pdf

[42] National Guidance for Child Protection in Scotland Guidance for Health Professionals In Scotland (2012)

Self-Directed Support – A National Strategy for Scotland – Scottish Government 2010:[43]

[43] 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 come into one of these categories:

Looked After at home

Where the child or young person has been through the Children's Hearings system and is subject to a Supervision Requirement (regular contact with social services) with no condition of residence. The child continues to live in their regular place of residence (ie, the family home).

Looked After away from home

Where the child or young person has either: been through the Children's Hearings system and is subject to a Supervision Requirement with a condition of residence; is subject to an order made or authorisation or warrant granted by virtue of Chapter 2, 3 or 4 of Part II of the 95 Act; is being provided with accommodation under Section 25 (a voluntary agreement); or is placed by a local authority which has made a permanence order under Section 80 of the Adoption and Children Act 2007. **In these cases the child is cared for away from their normal place of residence, by foster or kinship carers, prospective adopters, in residential care homes, residential schools or secure units.**

Brief Overview

Children and young people come into care for a variety of reasons. The main reasons children and young people go into care is for their own care and protection. In 2016/17 only 20% of children and young people were referred to the Children's Hearing System based on offence grounds, whereas 88% were referred on care and protection grounds (SCRA, 2017).

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.'[44]

The Children and Young People (Scotland) Act 2014 sets out new duties and responsibilities for Corporate Parents. The duties are that Corporate Parents are to:-

[44] These are our Bairns - a guide for community planning partnerships on being a good corporate parent (2008) Scottish Government

- Be alert to things that are or may, adversely affect a looked after child or young person's wellbeing;
- Assess their needs for services and support they may need;
- Promote their interests;
- Seek to provide them with opportunities to participate in activities designed to promote their wellbeing;
- Take action to help them:
    - access opportunities to improve their wellbeing and
    - help them make use of services, and assistance to access that support;
- Take any other action to improve the way agencies and individuals work together and help these children and young people.

The Act also introduces two new provisions, namely **continuing care and aftercare**.

The term "Continuing Care" refers to a local authority's duty to provide, subject to an assessment, care leavers (whose final placement was in foster, kinship or residential care) with the same accommodation and other assistance as was being provided by the local authority, immediately before the young person ceased to be looked after.

The aim of "Continuing Care" is to provide young people with a more graduated transition out of care.'[45] A Child or young person can continue to be looked after until their 21st birthday. Continuing Care is an opportunity to plan in a gradual way increasing independence for the child at a rate and stage that suits their evolving needs.

Aftercare - The Children (Scotland) Act 1995 (as amended) and the Children and Young People (Scotland) Act 2014 set out that as of 1 April 2015 local authorities have a statutory duty to prepare young people for ceasing to be looked after (''Throughcare'') and to provide advice, guidance and assistance for young people who have ceased to be looked after (''Aftercare'') on or after their 16th birthday. There is a duty on local authorities to provide this support up to the age of 19 and a duty to assess any eligible needs up to their 26th birthday, or beyond at their own discretion.

Guidance

Each child or young person will have their wellbeing assessed using the eight indicators of wellbeing, safe, healthy, active, nurtured, achieving, respected, responsible and included. If this assessment highlights that the child or young person is at risk of being Looked After, Part 12 of the Children and Young People (Scotland) Act 2014 and its associated Order places a responsibility on the Local authority to provide services targeted at improving parenting and family discussion as soon as it is identified a child may be at risk of being accommodated unless it is not in the interest of the child to provide such supports

When that child or young person's needs can only be met or partly met by being looked after a Statutory Child's Plan is required. This plan sets out the summary of the assessment any actions to help to improve the child or young person's wellbeing. The Plan is coordinated by a Lead Professional who will be more than likely a Social Worker.

[45] Children and Young people (Scotland) Act 2014 – Guidance on Part 11: Continuing Care

However, they are to work closely with the Child or Young Persons Named Person as any plan should build on any plans that a Named Person may have in place already.

The Statutory Child's Plan will be reviewed at regular intervals and will be chaired by an independent reviewing officer.

Every Child and Young Person in Scotland will have a Named Person whose responsibility is to help to support, promote and safeguard their wellbeing. They should be the first point of contact for any wellbeing concerns and will work closely with the Lead Professional. The Children and Young People (Scotland) Act 2014 indicates that they should initiate a Child's Plan, however acknowledges that under certain circumstances it may be more appropriate for others to initiate the Plan.

Children's Hearings

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.

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

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/

North Ayrshire Corporate Parenting Plan (2017-20)

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[46].

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 below[47]

[46] http://www.legislation.gov.uk/uksi/1985/1798/pdfs/uksi_19851798_en.pdf
[47] 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[48]:-** North Ayrshire Child Protection Committee Multi-Agency Guidance, Underage Sexual Activity

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.

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.

[48] http://childprotectionnorthayrshire.info/cpc/download?file=4062

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, or is at risk of being, sexually exploited you should follow your organisation's child protection procedures and contact social services and the police without delay.

Definition

Child sexual exploitation is a form of child sexual abuse in which a person(s), of any age takes advantage of a power imbalance to force or entice a child into engaging in sexual activity **in return for something** received by the child and/or those perpetrating or facilitating the abuse.[49] As with other forms of child sexual abuse, the presence of perceived consent does not undermine the abusive nature of the act.

As noted in the definition above, CSE is a form of child sexual abuse. Child sexual abuse encompasses 'any act that involves the child in any activity for the sexual gratification of another'.[50] CSE clearly falls within this, and like any other form of sexual abuse can include both contact and non-contact sexual activity, in person or via virtual means.

Also like other forms of sexual abuse, CSE:

- Is typified by some form of power imbalance in favour of those perpetrating the abuse;[51]
- Can involve coerced and/or enticement based methods of compliance;
- Can still be abuse even if it is claimed the child consented or assented - where the age of the child means they cannot legally give consent or the circumstances mean that agreement is not freely given.[52]

[49] The intended interpretation of 'power imbalance' and 'return', with regard to their use in the definition, is outlined below.

[50] Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways (National Guidance for Child Protection in Scotland 2014).

[51] This power differential can take many forms. It could be due to characteristics such as age, gender or disability (as covered by the Equality Act 2010). It could relate to status or social standing (position in a gang or professional position of authority, for example), intellect, physical strength, economic inequality or power yielded through indebtedness or threats of harm. It is not necessary for the victim to recognise the power imbalance for it to constitute CSE – if a victim has been abused online by an adult who they believe to be another young person, for example, the power imbalance of age still exists even if they are not aware of it.

[52] Circumstances where free agreement to sexual conduct cannot be given include: where someone is 'incapable' because of the effects of alcohol or other substances; where there is violence or threats of violence against themselves or other or where they have been deceived as to the nature or purpose of the conduct (section 13 of the Sexual Offences (Scotland) Act 2009).

The key factor that distinguishes cases of CSE from other forms of sexual abuse is the additional requirement for some form of exchange; the fact that the child and/or someone else receive something in return for the sexual activity:

- Where the gain is on the part of the child, this can take the form of tangible or intangible rewards (for example: money, drugs, alcohol, status, protection or perceived receipt of love or affection). Fear of what might happen if they do not comply can also be a significant influencing factor; in such situations the 'gain' for the child could be prevention of something negative, for example a child who engages in sexual activity in order to avoid harm to other friends or family.
- Where the gain is solely on the part of the perpetrator/facilitator, it must be something more than sexual gratification to fall within the sub-category of CSE. This could be money, other financial advantage (reduced cost drugs/alcohol or discharge of a debt for example), status or power.

While few would dispute the abusive nature of the situation where it is the perpetrator who is organising or benefitting from the sexual exploitation of a child, experience shows that we can struggle to identify the abuse when the child is the one receiving something from the exchange. This is particularly true where they are the one initiating the exchange. However it is critical to remember that the receipt of something does not negate the abusive nature of the act. In fact it may be this need for something that creates the vulnerability to abuse in the first place.

Just because a child receives something they need or desire does not mean they are not being abused. Taking advantage of this need or desire – and the limited alternative options the child may have to meet these - and making them think they are in control because the child is getting something in return can be part of the abusive process.

What does CSE look like in practice?

CSE can take many different forms. It can include both contact and non-contact sexual activities and occur online or in person, or a combination of both. The following illustrative examples, although all very different in nature and potentially involving the commission of different sexual or other offences, could all fall under the definition of CSE:

1. A 21 year old male persuading his 17 year old 'girlfriend' to have sex with his friends to pay off his drug debt;
2. A 44 year old female posing as a 17 year old female online and persuading a 12 year old male to send her a sexual image, and then threatening to telling his parents if he didn't continue to send more explicit images;
3. A 14 year old male giving a 17 year old male oral sex because the older male has threatened to tell his parents he is gay if he doesn't do this;
4. A 14 year old female being told she has to have sex with a 16 year old gang member and his two friends if she wants the protection of the gang;
5. A 13 year old female offering and giving an adult male taxi driver sexual intercourse in return for the taxi fare home;
6. A mother letting other adults abuse her 8 year old child in return for money;
7. A group of men bringing two 17 year old females to a hotel in another town and charging others to have sex with them;

8. Three 15 year old females being taken to party houses and given ‘free’ alcohol and drugs, then told they have to ‘pay’ for them by having sex with six adult males;
9. A 15 year old female who views a 21 year old male as her ‘boyfriend’ and engages in sexual activity with him, as he has said he will end the relationship with her if she doesn’t;
10. A 15 year old female bringing two other 15 year old females to a party (where they are sexually assaulted) in order to prevent her from being sexually assaulted again.

These examples are by no means exhaustive; other forms of CSE currently exist and new forms continue to develop. Nor are they mutually exclusive – some children will experience abuse through a range of these scenarios, either simultaneously or in succession.

Some may also concurrently be both a victim and perpetrator, as is the case in the final scenario above. Although the risk these children pose to other children must be addressed, good practice guidelines stipulate that this be approached through the lens of recognising the behaviours were influenced by the concurrent victimhood of the child.

Who does CSE affect?

Any child under the age of 18 can experience CSE. While younger children can also experience CSE, this form of abuse is most frequently documented amongst those of a post-primary age, with the average age at which concerns are first identified being 12-15 years of age.

Most identified cases of CSE relate to young females. Young males also experience CSE, although their abuse can more often be overlooked. The same identification challenges can be observed in relation to black and minority ethnic children, disabled children and those who identify as lesbian, gay, bisexual, transgender or intersex.

CSE can, and does, affect children from all walks of life, with no obvious pre-identified vulnerabilities. It is therefore critical that we are mindful of risk across the general youth population and do not assume that any child is immune from this form of abuse. There are however particular experiences that can heighten vulnerability and may require proactive targeted preventative work. These include:

- A history of abuse, neglect and/or disadvantage;
- Being looked after, or formerly looked after;
- Disrupted family life, including family breakdown, domestic abuse and/or parenting difficulties;
- Disengagement from education and isolation from other support mechanisms;
- Going missing from home or care environments;
- Drug or alcohol misuse;
- Poverty or homelessness;
- Poor health and wellbeing, social isolation, bullying or low self-esteem;
- Having a disability.

Who is perpetrating CSE?

CSE can be perpetrated by males or females from any ethnicity, operating as individuals, informal networks or organised groups. Whilst most of our focus has tended to be on adults abusing children through CSE, we are increasingly learning about peer on peer forms of CSE and the risk that children can face within their own social settings. Within this, we are also observing an overlap between the traditionally distinct roles of 'victim' and 'perpetrator'.

Although there are known cases of family members or carers perpetrating CSE (as in example 6 above) in most cases of CSE, risk is primarily located outside of the home environment. This requires a conceptual and procedural shift away from managing risk within the family home, to managing risk within the wider community and/or the virtual world. Unless there is evidence to indicate otherwise, it also requires a re-conceptualisation of parents/carers as partners in the safeguarding process as opposed to a source of risk in and of themselves.

Recognising the abusive nature of CSE

As a result of the complexity of the transactional nature of CSE, and the often conflicting feelings this engenders in victims receiving something in return for the abuse, children are often reluctant to disclose experiences of CSE due to misplaced feelings of loyalty or shame.

Many may not even identify what they are experiencing as something that requires support or intervention, believing that they are in control or in a healthy consensual relationship.

This can also be true of professionals who can similarly misinterpret such experiences as consensual and fail to recognise the exploitation involved. However, the fact that all such scenarios are typified by a power imbalance in favour of those perpetrating the abuse and/ or some form of vulnerability or limited availability of choice on the part of the child clearly delineates/distinguishes the experiences as abusive.

Just because a child does not see themselves as a victim, doesn't mean that they aren't. This is not about policing adolescent sexuality or creating victimhood where it does not exist, but about recognising that there are circumstances in which older children require protection despite their increasing age and capacity. Our statutory responsibility to protect children from abusive situations extends to all under 18s, irrespective of whether or not they recognise the need for intervention.

Adolescents, even those who can legally consent to have sex, can be victims of abuse where their experience of sexual activity occurs in situations characterised by exchange, a power differential and/or an absence of freely given, informed consent. This includes sixteen and seventeen year olds, whose potential vulnerability is recognised in a series of offences applicable to this older age group within the Sexual Offences legislation.

The Sexual Offences (Scotland) Act 2009 also includes a range of sexual offences that can be used to protect young people after they turn 18 where sexual activity is non-consensual, through force or incapacity for example. This is critical – as is the issue of transition to adult services – given the frequency with which vulnerability and exposure to harm can continue into adulthood.

Although evidence indicates most perpetrators are males, cases of female perpetrators are also being identified within research and practice and it is vital that we are alert to the possibility of both.

Identifying CSE

We know that children rarely report experiences of CSE; although many may try to indirectly alert us to the presence of harm through their actions or behaviours. Most concerns are identified by professionals, friends or family or by proactive investigation on the part of authorities, as opposed to direct self-disclosure on the part of the victim. Given this, it is critical that professionals are aware of the potential indicators of CSE and responsive to the onset of these in a child's life.

Potential indicators of CSE can include:
• Acquisition of money, clothes, mobile phone etc. without plausible explanation;
• Drugs/alcohol misuse;
• Isolation from peers/social networks;
• Exclusion or unexplained absences from school, college or work;
• Leaving home/care without permission;
• Persistently going missing or returning late;
• Receiving lots of texts/phone calls prior to leaving;
• Agitated/stressed prior to leaving home/care;
• Returning distraught/dishevelled or under the influence of substances;
• Unplanned pregnancy; requesting the morning after pill – or other sexual health needs – upon return;
• Inappropriate sexualised behaviour for age; children under 13 years asking for sexual health advice;
• Physical symptoms or infections e.g. bruising, bite marks, sexually transmitted infections;
• Evidence of/ suspicion of physical or sexual assault; disclosure of assault followed by withdrawal of an allegation;
• Relationships with controlling individuals;
• Multiple callers (unknown adults/peers);
• Frequenting areas known for adult prostitution;
• Peers abused through sexual exploitation;
• Concerning use of the internet or other social media;
• Increasing secretiveness around behaviours;
• Change in personal hygiene (greater attention or less);
• Self-harm and other expressions of despair.

Whilst these indicators can be usefully used to identify potential cases of CSE, it is important to note that their presence does not necessarily mean that CSE is occurring. More importantly, nor does their absence, mean that it is not. A willingness to exercise professional curiosity and engage with children (and their wider support networks) is therefore critical to our potential to identify CSE.

Understanding the complexity and impact of CSE

The abuse and degradation that children experience in cases of CSE can be immensely damaging to the child, both in the short term and the long term. Yet, in spite of this, some will continue to maintain links with their abusers despite professional and family attempts to protect them.

The reasons for this can be highly complex and multi-faceted and time must be taken to understand the particular factors at play in each individual case. Amongst other things, these could include:

- prior negative life experiences and consequent unmet emotional needs;
- limited ability to identify risk;
- the manipulative and calculated means used by some abusers to entrap and entice;
- fear of retribution or punishment – for self or others;
- shame and feelings of complicity;
- fear of being judged or not being believed; and
- the fact that the negatives are generally tied up with some positives – there can be a sense of gain or some degree enjoyment or gratification (e.g. access to drugs or alcohol; perceived receipt of love or affection), alongside the degradation and abuse.

A pattern of continued contact with the abuser must not be taken to indicate an absence of harm, but rather understood in light of the child's vulnerabilities and the complex power dynamic of the abusive relationship (such as that observable in situations of domestic abuse).

Just because a child does not recognise the abusive nature of their situation, does not mean that they are not being abused. Many children may not see the exploitative nature of their experience until months or years later, when they are extricated from the situation and able to reflect on the manipulation and power imbalance at play.

Professionals therefore need to be supported to identify vulnerability in the midst of challenging behaviour and frequent resistance to, or even apparent disregard for, professional support on the part of the child.

We must always exercise professional curiosity and view the presenting scenario through a child protection lens – though a 13 year old may talk about their 35 year old 'boyfriend', the irrefutable reality is that of victim and abuser and our language and actions must reflect this. Responses to children will vary considerably based on whether we perceive – and speak about them – as victims or willing participants in an activity.

Care must however be taken not to simply dismiss children's perspectives on events in our attempts to help them begin to understand the abusive nature of their experiences, as this can consolidate harm and vulnerability. In line with GIRFEC principles, it is imperative that this work is undertaken in partnership with children, in a safe environment and at a pace that is appropriate for them – this frequently means the provision of long term support. It is also imperative that such work is holistic, addressing the vulnerability and risk factors that contributed to the abuse in the first place rather than simply closing down avenues of contact.

Legislative context of CSE in Scotland

As noted earlier, whilst CSE is not a specific criminal offence in itself, there is range of criminal and civil options that can be used to disrupt and prosecute this form of abuse. Pertinent principles from these include:

• The legal age of consent to sexual activity is 16;
• If the child is under 13, under no circumstances can they be argued to have consented to sexual activity, nor is there any defence of believing the child was of an older age;
• It is an offence to intentionally cause a child under 16 to engage in sexual activity, even if you do not actually engage in sexual activity with them yourself;
• It is an offence for a person to have a sexual relationship with a child under 18 if they hold a position of trust or authority in relation to them;
• The offence of paying for the sexual services of a child applies to all under 18s;
• Non-consensual sex is rape, whatever the age;
• If the victim is incapable because of the effect of drink or drugs, or the victim, or his or her family has been subjected to violence or the threat of it, they cannot be considered to have given consent (defined as "free agreement") and, therefore, offences may have been committed;
• Recruiting or moving a person for the purposes of exploitation (by them or others) constitutes an offence of human trafficking – this includes movement within Scotland as well as movement outside of Scotland;
• The potential to place restrictions on (potential) perpetrators' behaviour through use of civil orders such as sexual offences prevention orders, risk of sexual harm orders, trafficking and exploitation prevention orders or trafficking and exploitation risk orders.

Relevant legislation:
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 shared responsibility

No one agency can, or should, address the multi-faceted challenge of preventing and responding to CSE in isolation. As highlighted in the 2016 CSE Action Plan update:

'Preventing and tackling sexual exploitation requires a co-ordinated multi-agency response. Universal and specialist services have important roles to play….Children and young people need information to help them build resilience and make safe choices. Parents and carers need information about how to talk to their children and how to recognise the signs that their child may be at risk. Practitioners must be equipped with the knowledge and skills to recognise sexual exploitation and respond appropriately. This must be accompanied by work to detect, disrupt and prosecute perpetrators and reduce re-offending'

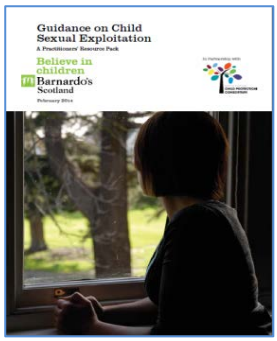
Although the police and children's services will lead in investigating and responding to CSE, they cannot effectively fulfil this role without the co-operation of other professionals and agencies. Both research and practice evidence show that an effective response to the issue requires acceptance of a shared responsibility across statutory bodies, and a commitment to working collaboratively with the voluntary/community sector – and wider society – to protect children from this form of abuse, support recovery where required and ensure a healthy transition into adulthood, and prosecute those responsible for the abuse.

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.

Staff in North Ayrshire should use the locally developed CSE screening tool located 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 here[53].



For further information on CSE please see: Scotland's National Action Plan to Prevent and Tackle Child Sexual Exploitation http://www.gov.scot/Publications/2017/03/8003

A resource for working directly with young people affected by sexual exploitation:
Child Sexual Exploitation: Sex, Secrets and Lies Barnardos.pdf[54]

53 http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=2ahUKEwjjkbHuhaTeAhURzaQKHYJuDJ0QFjAAegQICBAC&url=http%3A%2F%2Fchildprotectionnorthayrshire.info%2Fcpc%2Fdownload%2F%3Ffile%3D777&usg=AOvVaw01WSK5RpViDz24G-C1DoB5

54 https://www.barnardos.org.uk/_sex__secrets_and_lies__brochure_-_english_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 North Ayrshire Practice Guidance is available here -[55] Risk Management of Young People Displaying Sexually Harmful Behaviourssactice-guidance.pdf

In light of key policy and procedural documents, including North Ayrshire 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.

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.

[55] http://naconnects.north-ayrshire.gov.uk/documents/health-and-social-care-partnership/children-families/young-persons-shb-risk-management-practice-guidance.pdf

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.

Children and young people who are offending

In Scotland the age of **criminal responsibility** is eight years old, one of the lowest ages of criminal responsibility in Europe. However, the age of prosecution was raised to twelve 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 twelve years old. In 2016, a Scottish Government consultation found 95% of respondents supported an increase to twelve or above. On the 1st of December 2016 the Scottish Government announced plans for legislation that would raise the age of criminal responsibility.

No one under the age of twelve will be prosecuted or sentenced in the criminal courts and are instead dealt with through the Children's Hearing System. Raising the age of criminal responsibility also to twelve will mean people no longer face potentially damaging and life-altering consequences, such as a criminal record for events that took place when they were a young child.

In exceptional cases appropriate safeguards are needed. Therefore, police powers will be retained which will enable the Police to investigate harmful behavior by under twelves. There will be risk management and monitoring measures for those who need it.

The intention is to bring forward a bill, with the change implemented in time for Scotland's Year of Young People in 2018.

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

Young people aged sixteen 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 sixteen or who are sixteen or seventeen 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 adverse childhood events 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 desistence.

These young people often require a coordinated approach from a number of services, such as housing, health, police, addiction services, education, and 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 (1995) 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, 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.'[56]

Brief Overview

The Scottish Government document Home Education Guidance (2007),[57] 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://childprotectionnorthayrshire.info/cpc/download?file=654

[56] http://www.scotland.gov.uk/Resource/Doc/207380/0055026.pdf
[57] 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 (FII) in a child is a condition whereby a child suffers harm through the deliberate action of his/her main carer and which is duplicitously to another cause (Royal College of Paediatrics and Child Health 2002:164). This rare and potentially dangerous form of abuse has previously been known as "Munchausen Syndrome by Proxy/Fabricated Illness by Proxy/Fictitious Illness by Proxy/Illness Induction Syndrome.

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 (pre 5).

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 plus 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.

The characteristics of fabricated or induced illness are that there is lack of the usual corroboration of finding with signs and symptoms, or in circumstances of proven organic illness, lack of the usual response to proven effective treatments. It is this discrepancy that may alert the clinician to possible harm being suffered by the child.

Previous case reports have uncovered evidence of:

- Carers lying about their child's symptoms (for example, ‘he keeps having fits’, ‘she suddenly stops breathing’) or exaggerating symptoms, causing professionals to undertake unnecessary investigations and treatments which may be invasive and may cause secondary physical problems.
- Carers deliberately contaminating or manipulating clinical tests, such as adding blood to urine samples or heating thermometers to suggest the presence of fever.
- Poisoning their child with unsuitable medicine.
- Infecting their child's wounds with dirt or faeces
- Inducing unconsciousness by suffocating their child.
- Claiming a psychological illness in a child.
- Forcing caustic ingestion, for example making the child drink bleach

Case example: Baskin et al (2003) reported the case of a five month old infant who first visited the emergency department with ‘swollen eyes’. She was diagnosed with bilateral viral conjunctivitis. The next day and on four more occasions she attended, each time with a worsening temperature, discharge and swelling to the eyes, and latterly ulcerations around her mouth and some respiratory distress. She was admitted to hospital and during a three week stay underwent a battery of diagnostic tests, including two endoscopies, skin biopsy, skeletal survey and daily eye examinations. On discharge from hospital all had healed, but she was soon back as an in-patient for more tests with worsening encrustations and scabs. A punch biopsy was performed, and pathology showed that the injuries were consistent with exogenous injury. Upper endoscopy also showed injuries consistent with ingestion of a caustic agent. The mother admitted inflicting the injuries, although never revealed how.

Baskin, D.E., Stein, F., Coats, D.K. and Paysse, E.A. (2003) Recurrent conjunctivitis as a presentation of Munchausen syndrome by proxy. *Ophthalmology,* 110 (8):1582–1584.

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 subject to FII. 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.

Indicators

Education, 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
- Over time the child is repeatedly presented with a range of signs and symptoms of various illnesses.
- There tends to be no independent verification of reported symptoms.
- Signs found on examination are not explained by any medical condition from which the child is known to be suffering.
- Medical tests do not support and reported signs and symptoms.
- 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)
- An inexplicably poor response to treatment or medication
- As soon as old symptoms are resolved, new ones appear
- Normal daily activities for the child are compromised more than would be expected for a particular medical activity (for example, confinement to a wheelchair)
- The reaction of the parent or carer is disproportionate to the diagnosis or non diagnosis of the condition.

The Royal College of Paediatrics and Child Health (UK) Report of the Working Party, 2002, made the following observations in relation to those found to have perpetrated FII:

- Nearly always mothers
- Medically knowledgeable, and educated
- May have worked in the health care field
- Mother prefers to stay in the hospital rather than home
- Uncharacteristically calm
- Welcomes medical tests
- More interested in the medical procedures than in her child's welfare
- Spends more time with hospital staff than with her child
- Lots and lots praise for nursing and medical staff
- Help with collecting samples and doing some basic nursing duties
- Relationship problems with partner
- Patient/carer with psycho-somatic disorder
- Personality disorders

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. Decisions regarding when and how parents are told of concerns must be jointly agreed by those planning the assessment.

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' 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

The key priorities in terms of intervention for the child are:

- Protection of the child from further illness fabrication or induction.

- A truthful narrative for the child and the siblings about what has been going on, without undue denigration of the parents.

- Helping the child to resume normal life and activities and adjusting to a view of themselves as healthy or less ill (many of the children also have a genuine illness).

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.

Key Messages

- FII is a form of child abuse with boys and girls equally affected.
- It is perpetrated by those who have care of the child (usually the mother) and usually involves secondary medical services (it may first be manifested, although may be undetected, in primary care settings). Consequently it may be detected first by GPs.
- FII is seen in children of all ages. The reported severe or most dramatic events are usually seen in children under the age of 5 years (newborns in particular are the most likely to be harmed). However, there is a spectrum of significant FII across age groups. Older children may actively collude in the sick role with their parent.
- Although relatively rare this should not undermine or minimise its serious nature or the need for practitioners to be able to identify when parents or carers are fabricating or inducing illness in children.
- FII is a spectrum of disorders rather than a single entity. At one end less extreme behaviours include a genuine belief that the child is ill. At the other the behaviour of carers includes them deliberately inducing symptoms by administrating drugs, intentional suffocation, overdosing, tampering with medical equipment, and falsifying test results and observational charts.

- Recognition of fabricated or induced illness depends, in the first instance, on medical or paediatric clarification of the objective state of the child's health, followed by detailed and painstaking enquiry involving the collection of information from many different sources and discussion with different agencies, for example, social services, general practice, health visitors, schools, and when clearer indications of FII, the police.
- Affected children also live in a fabricated sick role and may eventually go on to somatise or simulate illness themselves and be diagnosed with hypochondria.
- Illness induction can cause death, disability and physical illness. Both induction and fabrication can lead to emotional problems. There are significant risks of re-abuse. Following identification of FII in a child, the way in which the case is managed has a major impact on the developmental outcomes for the child.

Further reading:

FABRICATED OR INDUCED ILLNESS BY CARERS, Report of the Working Party of the Royal College of Paediatrics and Child Health, October 2012

NSPCC Briefing - Fabricated or induced illness in children: a rare form of child abuse? Anne Lazenbatt and Julie Taylor July 2011

https://www.glasgowchildprotection.org.uk/CHttpHandler.ashx?id=32584&p=0

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 (FGM) is defined by the World Health Organisation (WHO) as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. WHO strongly urges health professionals not to perform such procedures.

FGM is often associated with honour-based violence (HBV) which can include forced and child marriage. HBV is a form of violence that occurs within a family or community and has to do with defending dictates of honour.

Usually it is a girl's parents or her extended family who are responsible for arranging FGM. Some of the reasons given for the continued practice of FGM include; protecting family honour, preserving tradition, ensuring a woman's chastity, cleanliness and as a preparation for marriage.

Whilst FGM is often seen as an act of love, rather than cruelty, it causes significant harm and constitutes physical and emotional abuse.

FGM can be carried out at different times, from soon after birth, throughout childhood and into adulthood. Most often children and young people are at risk of FGM.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries the Middle East and Asia, as well as among migrants from these areas. FGM is therefore a global concern. The diagram on page 89 shows the prevalence of FGM in Africa and the Middle East.

Case Study

"When I was "circumcised" I was five or six. It started as a ceremony - I was bought clothes, gold earrings and bangles. I had henna put on my hands and feet, it was like a celebration and I was the centre of attention.

The equipment they use is handmade: a sharp curved knife which is not sterilised. And I was given no anaesthetic. They left a little hole for urination. There were no stitches but they treated the wound with herbs, salt and water. It bled a lot and I was in great pain. I was horribly frightened and crying.

I came to the UK to study and about the same time suffered a great deal of bleeding and pain, so I went to hospital. It turned out that when they carried out the procedure they left part of one of my labia inside me, so the UK doctors operated to get rid of it."

Overview

FGM: a violation of human rights

FGM is recognised internationally as a violation of the human rights of girls and women.

The practice is illegal in the UK and will cause severe physical and psychological trauma to victims both in the short and long term.

It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.

It is nearly always carried out on minors and is a violation of the rights of children.

The practice also violates a person's rights to:

- health, security and physical integrity
- be free from torture and cruel, inhuman or degrading treatment
- life (when the procedure results in death)

FGM has no health benefits. It harms girls and women because it interferes with the natural functions of their bodies.

Female genital mutilation is classified into four types:

1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are 'the lips' that surround the vagina).
3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

WHO factsheet – http://www.who.int/mediacentre/factsheets/fs241/en/

Why is FGM practised?

The origins of FGM are complex and go back thousands of years. It is a cultural practice, which does not have any basis in any religion, although there is a commonly–held misconception in some communities that it is a religious requirement, and is commonly seen as a rite of passage to adulthood and a prerequisite for marriage. For some women in certain communities, marriage and reproduction are the only means to ensuring economic security and social status. Without undergoing FGM, a woman may be denied the right of marriage, with the potential consequence of casting her out from society. It is also important to acknowledge that not all girls and women from 'practising communities' are at risk of FGM, as initiatives in families, communities and their countries of origin are having an impact on changing attitudes towards the practice.

Female Genital Mutilation is not a religious requirement or obligation. FGM has no link with Islam and is neither a requirement nor a 'Sunna' in Islam. Globally most Muslims do not practise FGM. FGM is not condoned by Christian or Jewish teachings, or the Bible or Torah

Cultural and social factors for performing FGM

The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:

- Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
- FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
- FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.
- Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.

- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- In most societies, where FGM is practised, it is considered a cultural tradition, which is often used as an argument for its continuation.
- In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups. Sometimes it has started as part of a wider religious or traditional revival movement.

The scale of the issue globally

More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East and Asia where FGM is concentrated. The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrant and diaspora communities from these areas.

Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. There are an estimated three million girls in Africa at risk of undergoing female genital mutilation every year.

FGM in the UK

FORWARD works in the UK, Europe and Africa to safeguard girls at risk of FGM and support women affected. They do this through direct community engagement, advocacy and strategic partnerships. You can read more about their work in the UK, Europe and Africa here.[58]

60,000 girls under 15 are at risk of FGM in the UK

137,000 girls and women are living with the consequences of FGM in the UK

FGM is practiced in more than 29 countries across Africa, parts of the Middle East, South East Asia and countries where migrants from FGM affected communities live.

FGM in the Scottish context

Whilst some of our communities in Scotland may be affected by FGM, not all women and girls from 'FGM practising countries' are at risk.

There are no clear and robust figures for the prevalence of FGM in Scotland because of the hidden nature of the crime. In its report, *Tackling FGM in Scotland – towards a Scottish model of intervention*,[59] the Scottish Refugee Council analysed existing census, birth register and other administrative data seeking to estimate the size and location of communities affected by FGM in Scotland.

[58] http://forwarduk.org.uk/what-we-do/

[59] http://www.scottishrefugeecouncil.org.uk/assets/9061/FGM_Report_FINAL_A4portrait.pdf

Based on the data available and its many limitations, the report did not seek to determine 'prevalence' of FGM, but rather found that:

- there were 23,979 men, women and children born in one of the 29 countries identified by UNICEF (2013) as an 'FGM-practising country', living in Scotland in 2011. There are communities potentially affected by FGM living in every Scottish local authority area, with the largest being in Glasgow, Aberdeen, Edinburgh and Dundee respectively;
- 2,750 girls were born in Scotland to mothers born in an FGM-practising country between 2001-2012.

Currently there is no available data on ethnicity or other variables affecting the practice of FGM in communities, so it's not possible to determine how many people in these communities are likely to be directly affected by FGM.

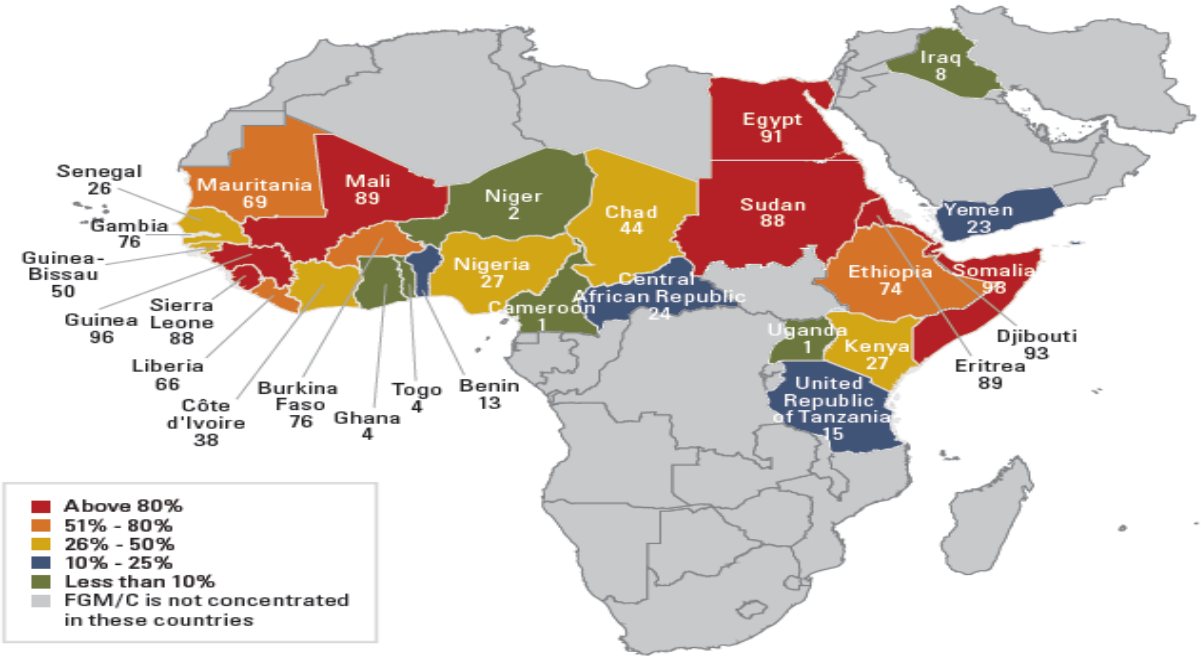
2011 census data on country of birth and ethnicity demonstrates that ethnic diversity in Scotland has grown over the last decade, with population growth becoming increasingly dependent on international migration. For example, the African population in Scotland has grown from 5,000 in 2001 to 30,000 in 2011.11 With the introduction by the UK Government of the dispersal of asylum seekers to Glasgow in 2000, new refugee communities have also begun to settle in Scotland.

A recent report by the UN High Commissioner for Refugees observes that 2401 women from FGM-practising countries sought asylum in the UK in 2011, and over 20% of women seeking asylum in the UK from 2008-2011 were from FGM-practising countries. Given that in the last decade around 10% of people seeking asylum in the UK annually have been dispersed to Glasgow by the UK Government, it is likely that some of these women now live in Scotland.

Prevalence Of FGM Among Women Aged 15-49 In Africa And The Middle East

Source: UNICEF (July 2013), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2012.

FGM has also been documented within communities in Iraq, Oman, Occupied Palestinian Territories, India, Indonesia, Israel, United Arab Emirates, Malaysia and Pakistan.



Indicators of Risk

The key indicators that a girl or young woman is potentially at risk of FGM are:

- One or both parents come from an ethnic group that traditionally practices FGM
- Her mother has experienced FGM

BUT do not assume that all women who have experienced FGM or all men from affected communities will support the practice.

The girl should be viewed as at increased risk if:

- An older sister has experienced FGM
- Female cousins of a similar age have undergone FGM
- The mother (and / or father) has requested re-infibulation following delivery
- The parents express views which show that they value the practice
- The girl is withdrawn from all teaching classes on Personal, Social or Health Education
- The level of integration within UK society is also significant. It is believed that communities less integrated into British society are more likely to continue the practice

Indicators of imminent risk may comprise of:

- A girl is withdrawn from school to allow for an extended holiday, or a girl talks about a long trip planned during the school summer holidays.
- A girl may talk about “something special happening”, or that there will be “a big party” or “she is going to be a woman soon”
- If forced marriage is suspected or known, then risk of FGM should also be considered where the girl comes from a group that traditionally practices FGM.

- There is no evidence to date that FGM takes place in Scotland but it is possible that families may arrange for FGM to happen here or elsewhere in the UK. It is thought that a visit from a female family elder is an indicator of risk, particularly when she is visiting from the country of origin.

Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing both that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school. The child may also talk about a special procedure/ceremony that is going to take place.

Indicators that FGM may already have occurred include prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder or menstrual problems. Some teachers have described how children find it difficult to sit still and look uncomfortable, or may complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

Legislation in Scotland

FGM has been unlawful in Scotland since 1985.The Female Genital Mutilation (Scotland) Act 200515 re-enacted the Prohibition of Female Circumcision Act 1985 and extended protection by making it a criminal offence to have FGM carried out either in Scotland or abroad by giving those offences extra-territorial powers. The Act also increased the penalty on conviction on indictment from 5 to 14 years' imprisonment.

The Scottish Government worked collaboratively with the UK Government to close a loophole in the law in the Prohibition of Female Genital Mutilation (Scotland) Act 2005 to extend the reach of the extra-territorial offences in that Act to habitual (as well as permanent) UK residents by means of a Legislative Consent Motion (LCM) in the Serious Crime Act 2015. The Serious Crime Act 2015 received Royal Assent on 3 March 2015 and the provisions for Scotland commenced 3 May 2015.

Key Messages

- Female genital mutilation is usually a single event of physical abuse (albeit with very severe physical and mental consequences)
- There is a risk that a child or young person is likely to be sent abroad to have the procedure performed
- Where a child or young person within a family has been subjected to female genital mutilation, consideration needs to be given to other female siblings or close relatives who may also be at risk
- A planning meeting should be arranged if the above conditions are met, where appropriate specialist health expertise should be sought
- Where other child protection concerns are present they should be part of the risk assessment process. They may include factors such as trafficking or forced marriage
- Legal advice should be obtained where appropriate

Appropriate interpreters who are totally independent of the family should be used

Support Services

There are a range of community based support services including:
Amina: http://www.mwrc.org.uk/

Hemat Gryffe: http://www.hematgryffe.org.uk/

Shakti Womens Aid: http://shaktiedinburgh.co.uk/

NSPCC Helpline – 0800 028 3550 or at fgmhelp@nspcc.org.uk

Further Guidance
More information regarding Female Genital Mutilation can be found here.

https://beta.gov.scot/policies/violence-against-women-and-girls/female-genital-mutilation-fgm/

Scotland's National Action Plan to Prevent and Eradicate FGM - http://www.gov.scot/Publications/2016/02/8232

https://www.gov.uk/government/publications/female-genital-mutilation-leaflet

WHO factsheet – http://www.who.int/mediacentre/factsheets/fs241/en/

http://www.fgmaware.org/

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

http://www.womenssupportproject.co.uk/userfiles/file/SJM0613_Kandirikirira_Fotheringham_FGMinScotland.pdf

The Scottish Government funds the Women's Support Project to develop resources for use in training and education - these are available at www.womenssupportproject.co.uk/vawtraining/content/femalegenitalmutilation/277,234.

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:

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 8 Chronologies (2012) Scottish Government
North Ayrshire Practitioner Guidance
North Ayrshire Wall Planner (Child's Pathway)

For further information on:

Child sexual exploitation

Barnardo's Puppet on a String Report.pdf
Barnardo's Tackling_Child_Sexual_Exploitation 2012.pdf
Barnardo's Running_from_hate to what you think is love: exploring the link between running away and sexual exploitation 2013.pdf

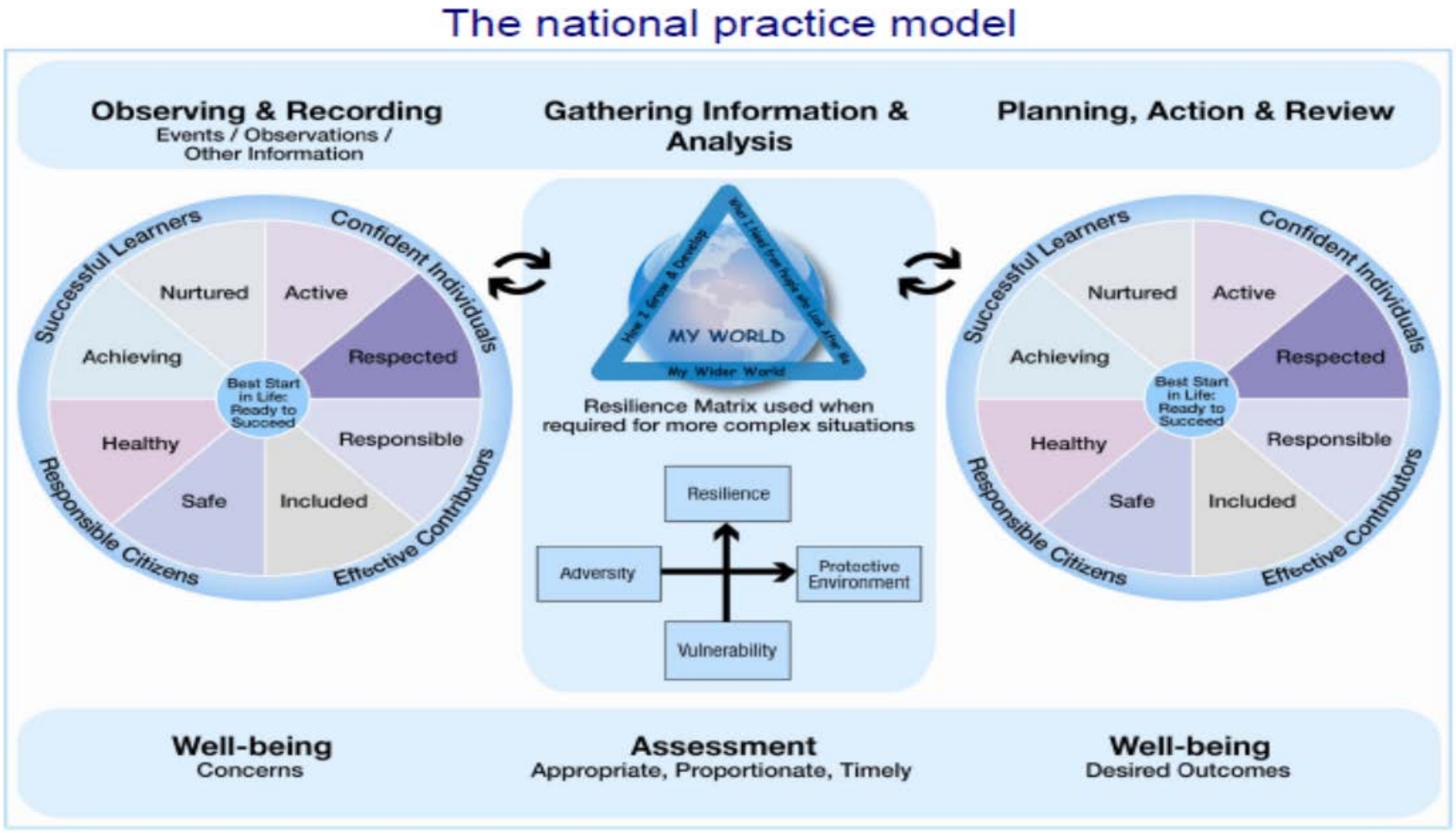
Children with a parent in prison

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 Barnardo's 2013.pdf

Useful websites

www.girfecna.co.uk
http://girfec-ayrshire.co.uk/
www.childprotectionnorthayrshire.info

Appendix 1


The national practice model
Observing & Recording
Events / Observations / Other Information
Gathering Information & Analysis
Planning, Action & Review
Successful Learners
Confident Individuals
Responsible Citizens
Effective Contributors
Nurtured
Active
Achieving
Respected
Healthy
Responsible
Safe
Included
Best Start in Life: Ready to Succeed
MY WORLD
My Wider World
Resilience Matrix used when required for more complex situations
Resilience
Adversity
Protective Environment
Vulnerability
Well-being
Concerns
Assessment
Appropriate, Proportionate, Timely
Well-being
Desired Outcomes

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

CHILD TRAFFICKING ASSESSMENT (CTA)

Child's surname:		Known as:		Forenames:	
Date of birth		Place of birth		Nationality	
Ethnicity		Language		Religion	
Carefirst no		Home Office no		ID docs	

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	

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 care 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:

Section A - Personal Details

Last name: ..... First name(s): .....

Also known as: .....

D.O.B (if known): ...../...../..... Age (approx. if not known): ..... Sex: ..... Place of birth: .....

Nationality: ..... Language: .....

Any English spoken/interpreter needed:..... Immigration status: .....

Competent Authority referred to: UK Border Agency / UK Human Trafficking Centre

Home Office ref: ..... Work Permit ref: .....

Any other reference numbers including NRUC if the child is a UASC:.....

UK Home address: .....

.....

....

Section B - Contact details of person making referral

Name: .....

Job title: .....

Organisation and Local Authority area:
.....

.....

Tel: .....Fax: .....

Mobile: .....

Email: .....

Signature and date: .....

Date encountered (if relevant) or date of first agency contact:
.....

Address encountered or place of first contact with your agency (if different from above):
.....

.....

.....

Date of referral: .....

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 o f 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)

Appendix 3 Homelessness

1. Homelessness Risk Factors and Resilience

Risk Factor	
P**ersonal**	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 2016 was 1688.

2.1.2 Housing 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 600 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 Housing Support Service. The remainder are referred on to specialist support provision delivered by partner agencies.

2.1.3 Barnardo's Children's Integration

The specific focus of Barnardo's is to support children within families living in temporary accommodation. This dedicated support provision minimises the damaging effects crisis, and living in temporary accommodation can have, therefore protecting the emotional wellbeing of children. This enables children feel safe and have a voice throughout the homelessness process. Along with 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.

Children's Integration Services supported 68 families and 112 children during 2016/17.

Barnardo's Housing Support

Barnardo's also support families in their own tenancy. Referrals for this service, which come from a variety of sources, including housing, social services, health, registered social landlords as well as self-referrals, are sent to our Housinf Support Team who then forward these onto Barnardo's. The aim of Barnardo's Housing Support is to reduce/prevent homelessness by supporting families to remain in their tenancy.

Barnardo's provided tenancy support to 165 vulnerable families with 234 children during 2016/17.

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

Sustainability is assisted by the follow on work delivered by the Housing 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 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 Housing Advice Team works closely 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 Advice Officers proactively work 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 has been cited as an example of good practice in HMIE's inspection of services to protect children and young people in North Ayrshire.

The project has been running since 2005 and to date has received 5037 referrals which have helped people remain in their properties.

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:

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 Housing Advice Team based at Galt House, 33 Bank Street Irvine 01294-314600.

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 556208**
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 317370**
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 314640**
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: • 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: 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
Housing Advice Team	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 Galt House, 31 Bank Street Irvine or telephone **01294 314600** 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	**Repairs** The Repairs Contact Centre is open 24 hours a day, every day of the year freephone **0800 0196 444** **Customer Service Centre** Access to: Social services, Housing, Registrations and Municipal bank Tel **01294 310000** Bridgegate House Irvine **Money Matters Team** Welfare rights and debt advice **01294 310456**	**Area Housing Offices** Three Towns **01294 310005** (Saltcoats Stevenston & Ardrossan) Dalry/Beith **01294 835355** Irvine **01294 324870** Kilbirnie **01505 685177** Kilwinning **01294 552261** Largs **01475 687590**
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**
Food banks in North Ayrshire	Opening Hours: <u>Ardrossan - Ardrossan Church of the Nazarene</u> 150 Glasgow Street, Ardrossan Monday 11am - 1pm Wednesday 11am - 1pm Friday 11am - 1pm <u>Irvine - Fullarton Parish Church</u> Off Marress Roundabout, Irvine Wednesday 10am - 12.30pm Thursday 10am - 3pm Friday 6.30 - 8.30pm	<u>Irvine - Girdle Toll Parish Church</u> 2 Littlestane Rise, Lawthorn Monday 10am - 12 Noon Tuesday 10am - 12 Noon Friday 4 - 6pm <u>Irvine - Salvation Army</u> 19 Townhead, Irvine Wednesday 10am - 3pm Thursday 10am	**<u>Vouchers are distributed by</u>:** See North Ayrshire food bank website for full details or ask at reception of the Housing Advice Team or Bridgegate house, Irvine

Appendix 4

North Ayrshire Child Sexual Exploitation Screening Tool

This screening tool has been developed by a multi-agency child sexual exploitation working group. It is based on existing best practice from a range of organisations such as Barnardos and utilises our learning from Operation Dash.

It is intended to be used by any member of staff who either has concerns about a child or young person's behaviour and would like to screen for indicators of sexual exploitation; or by a staff member who already has concerns that a child or young person may be vulnerable to sexual exploitation and would like to undertake some initial assessment.

The screening tool includes a scoring system that can be used to guide next steps in terms of further assessment. However, it is important that those using this screening tool continue to apply professional judgement and do not rely solely on the scoring system to guide their decision-making.

If you do not have sufficient information to complete this tool, consider completing jointly with a colleague from another service who knows the child or young person.

SECTION ONE: VULNERABILITIES

Historical Vulnerabilities – score 1 for each

Previous history of physical or emotional neglect by parent/carer/family member	
Victim of sexual abuse or sexual assault	
Breakdown of family relationships	
History of problematic substance misuse within the family	
Physical abuse by parent/carer/family member	
Low self-esteem	
Family history of domestic abuse	
Family history of mental health difficulties	
Historical Vulnerabilities **Total Score**	

Current Vulnerabilities – score 1 for each that is present at current time

Unsuitable accommodation / potential of placement breakdown	
Isolated From peers/social networks	
Lack of relationship with a positive or nurturing adult	
Current Vulnerability **Total Score**	

SECTION TWO: RISK INDICATORS

Risk Factors - score 1 for each that is present at current time or within past 6 months

Returning home after agreed timescale / curfew	
Concerning use of mobile or internet	
School exclusion / truancy / missing work placement	
Disclosure of physical or sexual assault (including any that are retracted)	
Sexually transmitted infections	
Poor self-image	
Self-harm or other indicators of despair or distress	
Aggressive or challenging behaviour	
Associating with unknown adults or multiple callers	
Inappropriate sexual behaviours (including multiple partners)	
Association with other young people at risk of, or involved in sexual exploitation/assaults	
Reduced contact with family and friends and other support networks / services.	
Drug and/or alcohol use	
Eating disorders	

Risk Factor Score	Total Score	

Significant Factors - Score 5 for each that is present at current time or within past 6 months, score 1 if present within past year

Periods of going missing overnight or longer	
In a relationship with older boyfriend/girlfriend or controlling adult	
Indicators of physical abuse including unexplained physical injury	
Emotionally abused by controlling adult	
Entering or leaving vehicles driven by unknown adults or known CSE adults	
Has money or items they cannot account for	
Frequenting areas where there is concern regarding sexual activity or found in the house of older adults with no reasonable explanation	
Children under 13 years of age seeking sexual health advice	
Significant Factors Score	

Collated Scores:

Historical Vulnerabilities	
Current Vulnerabilities	
Risk Factors	
Significant Factors	
Total Score	

NOTE: Remember to apply your professional judgement when considering the collated score and the recommended next steps.

Recommended Next Steps

0 - 5	Not at Risk	Child/young person should be educated on how to keep themselves safe by their caregivers and universal services.
6 - 15	Mild Risk	Child/young person may require specific individual or group work to raise awareness of the risks and strategies to keep themselves safe. Case should be carefully monitored by named person / lead professional in order to identify any escalation of risk.
15 - 25	Moderate Risk	Multi Agency Assessment required. Appropriate Multi Agency Forum required to consider assessment (Eg, Vulnerable Young Persons Meeting). Child's Plan and any relevant safety plans should be established /reviewed to protect child/young person. Direct work and resources should be identified for the child/young person. Key staff should be informed of potential risks and how to report or raise concerns timeously. Agreement by multi agency team on review process
25+	Significant Risk	Multi Agency Assessment required. Appropriate Multi Agency Forum required to consider assessment (Eg, Vulnerable Young Persons Meeting) Consideration should be given to legal powers available to protect the child/young person. Consideration should be given to legal powers available to partners to disrupt pattern of CSE. Identiffication of other young people who potentially could be victims. Child's Plan and any relevant safety plans should be established / reviewed to protect child/young person. Direct work and resources should be identified for the child/young person Key staff should be informed of potential riaks and how to report or raise concerns timeously. Review process established.

Appendix 5

Return Discussion Best Practice

Introduction

After a missing person has been located the underlying causes need to be identified and addressed. There may be multiple complex reasons that lead to an individual going missing and these issues do not simply disappear after a missing person has been located. Individuals who return to circumstances that are unchanged from when they left may be at risk of harm, or may be driven to further incidents of going missing and these will have a negative impact on them and their families.

A return discussion with a person who has been missing is an opportunity to help and support them. It provides a platform to identify, recognise and acknowledge underlying issues so that these can be addressed in an appropriate way to prevent future missing episodes. It is essential to be aware of the fact that a missing person is a vulnerable individual and they may have been exposed to harm and exploitation while missing. Therefore all discussions need to be taken forward with tact and consideration. Current statistics from the National Crime Agency suggest that around one third of missing people have been missing previously.

WHO should be invited to participate in a discussion?

Ideally, a discussion should be available to everyone after being missing, whether from his or her own home or from a formal care setting. The appropriate agency interviewing should be identified by local partnership. If an initial discussion is declined further attempts should be made to engage the person. When declined the reasons for this should be recorded by the leading agency and where appropriate reviewed by that agency and with partners to identify any changes required to the discussion process.

WHAT is the purpose of a discussion?

The purpose of a return discussion is to:

- support the individual who has gone missing and identify the underlying causes so that these can be addressed;
- provide an opportunity for them to talk about the circumstances that prompted them to go missing;
- provide an opportunity for them to talk about their experience when missing and their feelings following their return;
- use relevant information gathered to help prevent further missing incidents for that person by;
- determining any on-going risk of harm and relevant local risk information;
- requesting appropriate support services.

WHY hold a discussion?

There are many reasons to hold a discussion. These include, but are not limited to, obtaining information about:

- How the person is feeling;

- What he or she thought about their experience when missing;
- The reasons for going missing;
- What happened, including where they went, and who with;
- Whether any harm was experienced; and
- What could help prevent them going missing again?

This will help inform:

- Any additional help or support (referral) that may be required;
- Assessment of vulnerability;
- Child's plan, if applicable;
- Local intelligence of potential risk factors, including exploitation.

Appropriate information sharing may be necessary between partners to adequately support, understand risk and prevent the person going missing in the future. This should be discussed with the person to ensure they understand why confidentiality cannot be unconditional and so they can provide consent to sharing of relevant information.

WHEN should a discussion take place?

There is no set time for the discussion to occur. Each missing person is different, their experience and reaction will be different, and some will need more time and space than others. When possible, first contact should be made within 72 hours of their return and the discussion should take place within one week and at a suitable time for the individual. It is important that a person who has been missing is given the opportunity to speak about it as soon as they are ready to do so.

WHERE should the discussion occur?

A return discussion should occur in an environment in which the individual feels safe with a trained professional or practitioner. This may, for instance, be in school or a neutral venue for a young person who is not comfortable speaking at their place of residence. Equally at home may be the most appropriate place. Each person who has been missing will have their own set of needs and allowing them to input where and when a discussion takes place can help to develop trust.

Local Practice

Provision and approach may differ based on the location and the needs identified for that area but the importance of agreed practice by local partners is paramount to ensure the discussions are:

- available to all,
- conducted, where possible, by a trained professional/practitioner,
- when appropriate, conducted by an interviewer who is trusted and who may have a relationship with the person who has been missing,
- able to sensitively address confidentiality and what information may need to be passed on.

Current practice has shown that engagement is often more positive when a positive relationship already exists. Allowing input from the person who has been missing into who they would like to speak with (or not) can help to avoid issues and increase the value of the discussion. In the absence of a relationship or care or support input with the person who has been missing, local partners should agree on who will be responsible for conducting a return discussion to ensure provision is available for everyone.

Interviewer Approach

Given the importance of the outcomes the interviewer should plan their approach to the discussion. It is good practice to speak with the person and explain the process beforehand. The reason for the discussion should be explained to the person before it begins as well as what will happen to the information they share. Information sharing should again be emphasised at the end of the discussion and consent obtained to share relevant information appropriately and any statutory duty to breach confidentiality is explained. Ideally, and if possible, the discussion should be informal and when vulnerabilities or needs are identified, support made available to the individual. If a referral is made for the person to receive further support the agreed leading organisation should follow this up to ensure action is being taken. This will develop good practice and allow local partnerships to measure the outcomes for people who have been missing following a return discussion.