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| **Children Living Away from Home** |  |

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**Definition**

Everywhere children/young people live, should provide the same basic safeguards against abuse, founded on an approach that promotes their general welfare, protects them from harm and treats them with dignity and respect.

There are [**Minimum Standards**](http://trixresources.proceduresonline.com/nat_key/keywords/nat_min_standards.html) which contain specific requirements on safeguarding and child protection for each particular regulated setting where children live away from home.

**Risks**

Children/young people living away from home are particularly vulnerable to being abused by adults and peers. Limited and sometimes controlled contact with family and carers may affect a child/young person’s ability to disclose what is happening to them. Given that many children/young people live away from home because of concerns about their home conditions, it is particularly important that their welfare is protected when they are being cared for by a carer, agency or institution.

All settings must ensure that:

* Children/young people feel valued and respected and their self-esteem is promoted;
* There is an openness on the part of the institution to the external world and to external scrutiny, including contact with families and the wider community;
* Staff and foster carers/kinship carers are trained in all aspects of safeguarding children, are alert to children/young people’s vulnerabilities and risks of harm, and knowledgeable about how to implement safeguarding children procedures;
* Children/young people are listened to, and their views and concerns responded to;
* Children/young people have ready access to a trusted adult outside the institution, e.g. a family member, social worker, independent visitor or children/young people’s advocate. Children/young people should be made aware of independent advocacy services, external mentors and Child Line;
* Children may be particularly vulnerable due to a disability, belonging to an ethnic minority group, their sexual orientation or gender identity.
* Staff/foster carers/kinship carers recognise the importance of ascertaining the wishes and feelings of children/young people and understand how individual children/young people communicate by verbal or non-verbal means;
* Complaints procedures are clear, effective, and user–friendly and are readily accessible to children/young people including those with disabilities and those for whom English is not their preferred language;
* Bullying is effectively countered;
* Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers and there is effective supervision and support that extends to temporary staff and volunteers;
* Contracted staff are effectively checked and supervised when on site or in contact with children;
* Clear procedures and support systems are in place for dealing with expressions of concern by staff and foster carers/kinship carers about other staff or foster carers/kinship carers (a Whistle-blowing Policy);
* There is respect for diversity, and sensitivity to race ,culture, religion, gender, sexuality and disability and the needs of these groups will be met where possible;
* Staff and foster carers/kinship carers are alert to the risks of harm to children/young people in the external environment from people prepared to exploit the additional vulnerability of children/young people living away from home.

**Protection and Action to be Taken**

The most important aspect is the need to listen to children/young people to ensure that they have the mechanism for talking about concerns with people that they trust who are prepared to act on the child/young person’s concerns.

Where there is reasonable cause to believe that a child/young person has suffered, or is likely to suffer [**Significant Harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html), a referral must be made, in accordance with the [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html) to children’s social services. The Health and Social Care (HSC) Trust for the area in which the child/young person is living has the responsibility to convene a [**Strategy Discussion/Meeting**](http://trixresources.proceduresonline.com/nat_key/keywords/strategy_discussion_meeting.html), which should include representatives from the responsible HSC Trust that placed the child/young person, if different.

At the Strategy Discussion/Meeting it should be decided which HSC Trust should take responsibility for the next steps, which may include an Assessment and an Article 66 Investigation.

Whether a child/young person is in foster care/kinship care, privately fostered, in a residential setting, hospital, custody or living in temporary accommodation with their family, the duty to protect is essentially the same. The HSC Trust has a duty to undertake an Assessment which may lead to an Article 66 Investigation where there are concerns about significant harm.

**Issues**

Specific issues to consider in different settings are as follows:

**Foster Carers/Kinship Carers**

Some children/young people in foster care/kinship foster care may have been suspected or confirmed victims of child abuse when they first came into care.  In other cases indications of abuse may become apparent only at a later date.  The following procedures should be followed by foster carers/kinship foster carers:

1. If a foster carer/kinship foster carer is concerned or has suspicions that a child/young person in their care has been or may have been abused, they should immediately consult the social worker who has responsibility for the child/young person;
2. The foster carer/kinship foster carer should inform their named supervising social worker of the concern and any action taken;
3. The foster carer/kinship foster carer should make a written record of their concern, issues discussed, actions taken and ensure that this is shared with their supervising social worker;
4. In the absence of either of the above social workers, the foster carer/kinship foster carer should consult with the Social Work Manager of the Team with responsibility for the child/young person.

When the concerns relate to a child/young person placed with foster carers/kinship foster carers in another HSC Trust or with an Independent Agency the above procedures are applicable.

**Foster Care**

* Foster care/kinship foster care is undertaken in the private domain of the carer’s own home, which may make it more difficult to identify abuse;
* Social workers visiting children/young people in foster care/kinship foster care should be alert to the possibility of abuse. This may take the forms of physical, sexual or emotional abuse or neglect and may be perpetrated by adults or peers;
* As foster care is undertaken in the privacy of the carers’ own home, it is important that a child/young person have a voice outside the foster family. Social workers are required to see the child/young person on their own and evidence of this should be recorded in their file;
* Foster carers/kinship foster carers must monitor the whereabouts of children/young people in their care, their patterns of absence and contacts, and notify the HSC Trust of an unauthorised absence of a child /young person or of any concerns they may have.

Where there is reasonable cause to believe that a child in foster care has suffered, or is likely to suffer Significant Harm in the foster placement, a Strategy Meeting will be held.

* In these circumstances, enquiries should consider the safety of any other children/young people living in the household, including the foster carers/kinship carers’ own children, grand-children or any children cared for by the foster carers/kinship carers in their home as well as any children/young people whom the foster carers/kinship carers may be caring for or working with outside their home in a voluntary or paid capacity e.g. teaching, faith or youth work, scouts or many other groups.

Click here for further information https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/DHSSPS%20Kinship%20Care%20Standards%20-%20as%20amended%20Feb%202014.pdf

**Private Fostering**

A private fostering arrangement is essentially one that is made without the involvement of a HSC Trust for the care of a child/young person under the age of 16 (under 18 if disabled) by someone other than a parent or close relative for 28 days or more. Privately fostered children/young people are a diverse and sometimes vulnerable group which includes:

* Children/young people sent from abroad to stay with another family, usually to improve their educational opportunities;
* Asylum-seeking and refugee children/young people;
* Teenagers who, having broken ties with their parents, are staying in short–term arrangements with friends or other non-relatives;
* Children/young people who stay with another family whilst their parents are in hospital, prison or serving overseas in the armed forces;
* Language students living with host families.

Under the Children (NI) Order 1995, private foster carers and those with [**Parental Responsibility** are](http://trixresources.proceduresonline.com/nat_key/keywords/parental_respons.html) required to notify the local HSC Trust of their intention to privately foster or to have a child/young person privately fostered, or where a child/young person is privately fostered in an emergency.

Teachers, health and other professionals should notify the HSC Trust of a private fostering arrangement that comes to their attention, where they are not satisfied that the arrangement has been or will be notified.

It is the duty of every HSC Trust to satisfy itself that the welfare of the children/young people who are privately fostered within their area is being satisfactorily safeguarded and promoted. The HSC Trust must also arrange to visit privately fostered children/young people at regular intervals. All arrangements and regulations in relation to Private Fostering are set out in the set out in [**The Children (NI) Order Guidance and Regulations Volume 3 Family Placements and Private Fostering**](https://www.health-ni.gov.uk/publications/children-ni-order-1995-guidance-and-regulations-volume-3-family-placements-and-private). Children/young people should be given the contact details of the social worker who will be visiting them while they are being privately fostered.

Please click here for further information <http://www.hscboard.hscni.net/883/>

**Children/Young People in Residential Settings**

All residential settings where children/young people including children/young people with disability, are placed, including children’s homes and, whether provided by a voluntary, charitable or faith based organisation, or a Health and Social Care Trust, must adhere to the [**Children’s Homes Regulations (Northern Ireland) 2005**](http://www.legislation.gov.uk/nisr/2005/176/contents/made) (and associated guidance) and all other relevant Regulations and to the relevant [**Children’s Home Standards 2014**](https://www.health-ni.gov.uk/publications/care-standards-documents).

Clear records must be kept and reviews and inspections must take place in accordance **with** [**Children's Home Standards 2014**](https://www.health-ni.gov.uk/publications/care-standards-documents) and the Children's Homes Regulations (Northern Ireland) 2005.

All such establishments must have in place arrangements for children and young people to make their views known and to make complaints and representations (Please refer to Complaints and representation procedures). Arrangements must be in place for children/young people to have contact with their social worker, [**Independent Visitors**](http://trixresources.proceduresonline.com/nat_key/keywords/independent_visitor.html) advocacy services and mentors. Consideration of children/young people having contact with parents, family members and significant others must take place and arrangements made for children/young people to do so.

Where there is reasonable cause to believe that a child/young person in a residential setting has suffered or is likely to suffer [**Significant Harm**](http://trixresources.proceduresonline.com/nat_key/keywords/significant_harm.html), a referral must be made to the child/young person’s social worker, in accordance with the [**Protocol for Joint Investigation by Social Workers and Police Officers of Alleged and Suspected Cases of Child Abuse – Northern Ireland (Joint Protocol)**](http://www.proceduresonline.com/sbni/files/joint_invest_protocol.pdf).The concerns may be related to bullying, children /young people who exhibit harmful behaviour against other children/young people, children/young people who go missing (Please note there is Supplemental Guidance to be issued in relation to Missing Children Protocol and the Management of Behaviour, Physical Intervention and Missing) or allegations about the behaviour of practitioners or volunteers.

Each residential setting should have a robust management of bullying policy in place that targets bullying, provides support and guidance to the victim and the person(s) engaging in bullying behaviour.

Please click here for further Information https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/child-protection.pdf

**Children/Young People in Hospital**

Children/young people under 14 should not be cared for on an adult ward. Hospital admission data should include the age of children/young people, so that hospitals can monitor whether children/young people are being given appropriate care in appropriate wards.

Hospitals must have policies in place to ensure that their facilities are secure and regularly reviewed.

Any concerns about Significant Harm to a child/young person within a hospital or health-based setting must be referred to the children’s social services in whose area the hospital is located or Regional Emergency Social Work if out of hours (Refer to [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html) and [**Reporting Concerns**](http://www.proceduresonline.com/sbni/chapters/p_report_concerns.html)).

When the child/young person has been in hospital for three months or more, the appropriate hospital must notify the Health and Social Care Trust (HSCT) for the area where the child/young person is normally resident or, if this is unclear, where the child/young person is [**accommodated**](http://trixresources.proceduresonline.com/nat_key/keywords/accommodated.html). This is so that the HSCT can assess the child/young person’s needs and decide whether services are required under the Children (N) Order 1995.

No child/young person known to children’s social services who is an inpatient in a hospital and about whom there are Child Protection concerns should be discharged home without a Discharge Planning meeting and referral to assess and establish that the home environment is safe, the concerns by medical staff are fully addressed and there is a plan in place for the ongoing promotion and safeguarding of the child’s welfare. (Please also refer to the [**Bruising / Marks on Pre-mobile Babies - A Protocol for Assessment, Management and Referral by Professionals in Health and Social Care Trusts**](http://www.proceduresonline.com/sbni/files/bruising_pre_mobile_babies.docx)).

**Children/Young People in Custody**

The HSCT’s work in partnership with Youth Justice Agency and other statutory agencies to ensure children/ young people are protected and their welfare is promoted as other children/young people are in local HSC Trust areas.

Under the Criminal Justice (Children) (Northern Ireland) Order 1998 children/young people are remanded in custody. The Director of the Juvenile Justice Centre has parental responsibility for all children/young people detained in the Centre ((Article 52 Criminal Justice (Children) (Northern Ireland) Order 1998).

The Juvenile Justice Centre which accommodates juveniles (10-18)must have child safeguarding procedures in place which sets out its roles and responsibilities and outlines how it works with health and social care professionals and other agencies involved in safeguarding children/young people.

The Youth Justice Agency is represented on the Safeguarding Board for Northern Ireland (SBNI) and are represented on each of the five Safeguarding Panels within the geographical area of the five HSC Trusts. The responsibilities for safeguarding children/young people are set out in [**DHSSPS Co-operating to Safeguarding Children and Young People in Northern Ireland March 2016**](https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/co-operating-safeguard-children-young-people-NI.DOCX).

**Children/Young People of Families Living in Temporary Accommodation**

This can include members of the Travelling Community who are nomadic, those who are newly arrived in the country such as refugees, asylum seekers and migrants who have yet to find permanent accommodation. It is important that effective systems are in place to ensure that children/young people from homeless families receive services from health and education, social services and welfare support services as well as any other specific services, because with frequent moves they may become disengaged from services. Where a child/young person who needs specific treatment misses appointments due to moves, the problem may become an issue of Significant Harm.

Temporary accommodation, for example bed and breakfast/hostel/hotel accommodation, may be a location which is not secure and safe and where other adults are also resident who may pose a risk to the child/young person.

All concerns about the welfare of a child/young person or of Significant Harm to a child/young person should be referred to children’s social services in accordance with the [**Referrals Procedure**](http://www.proceduresonline.com/sbni/chapters/p_referrals.html).

**Key Legislation/Documents**

[**CHILDREN (NI) ORDER 1995 Guidance and Regulations: Volume 4, Residential Care**](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/children-ni-order-residential.pdf)

**Department of Health:**

[**Care Matters in Northern Ireland**](https://www.health-ni.gov.uk/articles/care-matters-northern-ireland)

[**Children in foster care**](https://www.health-ni.gov.uk/articles/children-foster-care-0)

[**Kinship care**](https://www.health-ni.gov.uk/articles/kinship-care)

[**Children in private fostering**](https://www.health-ni.gov.uk/articles/children-private-fostering-0)

[**Children in residential care**](https://www.health-ni.gov.uk/articles/children-residential-care)

[**Children leaving care and aftercare**](https://www.health-ni.gov.uk/articles/children-leaving-care-and-aftercare)

[**Children in secure accommodation**](https://www.health-ni.gov.uk/articles/children-secure-accommodation)

[**Young adults' supported accommodation**](https://www.health-ni.gov.uk/articles/young-adults-supported-accommodation)

**https://www.health-ni.gov.uk/publications/protecting-%E2%80%98looked-after%E2%80%99-children-guidance**