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# Children Living Away from Home

## 1. Definition

Everywhere children live, should provide the same basic safeguards against abuse, founded on an approach that promotes their general welfare, takes into account their wishes and feelings, protects them from harm and treats them with dignity and respect.

* The National Minimum Standards and [The Children's Homes regulations](https://www.legislation.gov.uk/uksi/2015/541/contents/made);

contain specific requirements on safeguarding and child protection for each particular regulated setting where children live away from home.

## 2. Risks

Children 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's ability to disclose what is happening to them. Given that young people may live away from home because of concerns about their home conditions or the ability of their parents or carers to safeguard their welfare, it is particularly important that their welfare is protected when they are being cared for by another agency or institution.

All settings must ensure that:

* Children 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 are trained in all aspects of safeguarding children, can recognise children's vulnerabilities and risks of harm, and know when and how to implement safeguarding children procedures;
* Children are listened to, and their views and concerns responded to;
* Children have ready access to a trusted adult outside the institution, e.g. a family member, social worker, independent visitor or children's advocate. Children should be made aware of independent advocacy services, external mentors and Childline;
* Staff/carers recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
* Complaints procedures are clear, effective, and user–friendly and are readily accessible to children and 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 carers about other staff or carers (a Whistleblowing Policy);
* There is respect for diversity, and sensitivity to race, culture, religion, gender, sexuality and disability;
* Staff and carers are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home;
* Children in the care of the local authority have access to an Initial Health Needs Assessment and Review Health Assessments as per statutory guidance.

## 3. Protection and Action to be Taken

The most important aspect is the need to listen to children to ensure that they are able to share concerns with people who they trust and who will act on the child's concerns.

Where there is reasonable cause to believe that a child has suffered, or is likely to suffer Significant Harm, a referral must be made, in accordance with the [Report a concern about a child process](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/). The Local Authority for the area in which the child is living has the responsibility to convene a Strategy Discussion/Meeting, which should include representatives from the responsible home / Local Authority that placed the child, where this is different.

At the Strategy Discussion/Meeting it should be decided which Local Authority will take responsibility for the next steps, which may include an Assessment and a Section 47 Enquiry.

Whether a child is in foster care, privately fostered, in a residential setting, hospital, custody or living in temporary accommodation with their family, the duty to protect is the same. The local authority has a duty to undertake an Assessment which may lead to a Section 47 Enquiry where there are concerns about significant harm.

## 4. Issues

Specific issues to consider in different settings are as follows:

### 4.1 Foster Care

Foster care is undertaken in the private domain of carers' own homes. This may make it more difficult to identify abusive situations and for children to find a voice outside the family. Social workers are required to see children in foster care on their own for a proportion of visits, and evidence of this should be recorded.

Foster carers should be provided with full information about the foster child and his/her family, including details of abuse or possible abuse, both in the interests of the child and of the foster family.

Foster carers should monitor the whereabouts of their foster children, their patterns of absence and contacts. Foster carers should notify the placing authority of an unauthorised absence by a child.

Children's Social Care has a duty to conduct Section 47 Enquiries, when there are concerns about significant harm to a child, applies on the same basis to children in foster care as it does to children in their own families. Enquiries should consider the safety of any other children living in the household; including the foster carers' own children. In particular there will be a need at an early stage to consider whether the child, or other children in placement, should remain there pending further enquiries. Such decisions should be taken at Service Manager level or above. In any case, no further placements will be made while the matter is being investigated. Refer to management of allegations against staff, see Managing Allegations Against People who work with Children.

The LA in which the child is living has the responsibility to assemble a Strategy Discussion, which should include representatives from Children's Social care that placed the child. At the strategy discussion it should be decided which LA should take responsibility for the next steps, which may include a s47 enquiry (see: Strategy Meeting Guidance)

### 4.2 Private Fostering

Under section 67 of the Children Act 1989 a local authority is under a duty to satisfy itself that the welfare of children who are privately fostered within their area is being satisfactorily safeguarded and promoted and to secure that such advice is given to those caring for them as appears to the authority to be needed.

A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative for 28 days or more by, someone other than:

* A parent of his;
* A person who is not a parent of his but who has parental responsibility for him; or
* A relative of his.

A child is not a privately fostered child if the person caring for and accommodating him:

* Has done so for a period of less than 28 days; and
* Does not intend to do so for any longer period.

A child is not a privately fostered child while:

* He is being looked after by a local authority;
* He is in the care of any person in premises in which any:
* Parent of his;
* Person who is not a parent of his but who has parental responsibility for him; or
* Person who is a relative of his and who has assumed responsibility for his care, is for the time being living.
* He is in accommodation provided by or on behalf of any voluntary organisation;
* In any school in which he is receiving full-time education, and the school is a 52 week placement. (**Note** **however**: Children under 16 who spend more than 2 weeks in residence during holiday time in a school, become privately fostered children for the purposes of the legislation during that holiday period. See also [Schedule 8 (para 9) Children Act 1989](http://www.legislation.gov.uk/ukpga/1989/41/schedule/8). The local authority may exempt any person from giving written notice either for a specified period or indefinitely. This exemption may be revoked in writing at any time);
* In any health service hospital;
* In any care home or independent hospital;
* In any home or institution not specified above but provided, equipped and maintained by the Secretary of State;
* In the care of any person in compliance with an order under section 63(1) of the Powers of Criminal Courts (Sentencing) Act 2000; or a supervision requirement within the meaning of Part II of the Children (Scotland) Act 1995;
* He is liable to be detained, or subject to guardianship, under the Mental Health Act 1983;
* He is placed in the care of a person who proposes to adopt him under arrangements made by an adoption agency, or he is a protected child;
* A child who is a pupil at a school, and lives at the school during the holidays for more than two weeks, is under 16 and none of the above exemptions apply is regarded as a private foster child during that time.
* Parent of his;
* Person who is not a parent of his but who has parental responsibility for him; or
* Person who is a relative of his and who has assumed responsibility for his care, is for the time being living.

Privately fostered children are a diverse, and sometimes vulnerable, group. Groups of privately fostered children include children sent from abroad to stay with another family, usually to improve their educational opportunities; asylum seeking and refugee children; teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives; and language students living with host families.

Under the Children Act 1989, private foster carers and those with Parental Responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered, or where a child is privately fostered in an emergency. Teachers, health and other professionals should notify the Children's Social care of a private fostering arrangement that comes to their attention, where they are not satisfied that they have been or will be notified of the arrangement.

See also [Children Act 1989: private fostering](https://www.gov.uk/government/publications/children-act-1989-private-fostering).

### 4.3 Private and Local Authority Children's Homes (regulated providers)

A Regulation 44 Visitor is required to visit children's homes each calendar month. During this visit they will inspect the home and undertake an assessment under the 9 quality standards as set out in the Children's Homes Regulations (2015). During this visit they will seek to engage with children to gain an understanding of their daily lived experiences within the home. The Regulation 44 Visitor will complete a report each month which sets out how children are effectively safeguarded and how the conduct of the home promotes children's wellbeing. The Regulation 44 Visitor is responsible for providing a copy of the report to OFSTED.

The registered person must complete a review of the quality of care provided at least every 6 months under Regulation 45 of the Children's Homes Regulations (2015). Once completed a Regulation 45 report must be completed on the quality of care review and the actions the registered person intends to take as a result of the care review. The report, which takes into account the regulation 44 reports, must be submitted to OFSTED.

Additional support and guidance can be found via:

* [The Children's Homes regulations](https://www.legislation.gov.uk/uksi/2015/541/contents/made);
* [Guide to the Children's Homes regulations](https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide).

### 4.4 Children in Hospital

Children under 16 should not be cared for on an adult ward. Hospital admission data should include the age of children, so that hospitals can monitor whether children 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 harm to a child within a hospital or health-based setting must be referred to the Children's Social Care in whose area the hospital is located.

When the child has been in hospital for 3 months or more, the appropriate health/hospital trust must notify the Responsible Authority i.e. the local authority for the area where the child is normally resident or, if this is unclear, where the child is Accommodated. This is so that the local authority can assess the child's needs and decide whether services are required under the Children Act 1989.

No child known to Children's Social Care 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.

### 4.5 Children in Custody

In all cases, the local authority in which a secure youth establishment is located is responsible for the overall safety and welfare of the children in that establishment. Specific institutions in an area must ensure that there are links in place with the Safeguarding Children Partnership and local authorities.

Under the Legal Aid Sentencing & Punishment of Offenders Act 2012, whenever children under 18 are remanded they become 'looked after' for the period of their remand. Their home local authority must visit them at specified intervals and prepare a Detention Placement Plan (DPP). The DPP is reviewed in the same way as a Care Plan for a Looked After Child.

Each centre holding those aged under 18 should have in place an annually-reviewed safeguarding children policy which promotes and safeguards the welfare of children, and covers all relevant operational areas as well as key supporting processes, which would include issues such as child protection, risk of harm, restraint, separation, staff recruitment and information sharing.

### 4.6 Children of Families Living in Temporary Accommodation

It is important that effective systems are in place to ensure that children from homeless families receive services from health and education, social care and welfare support services as well as any other specific services, because with frequent moves they may become disengaged from services. Where a child 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 accommodation or women's refuges, may be in a location which is not secure and safe and where other adults are also resident who may pose a risk to the child.

All concerns about the welfare of a child or of Significant Harm to a child should be referred to Children's Social Care in accordance with the [report a concern about a child process](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/).