

# **Multi-Agency Policy & Procedures for Safeguarding Children Who May Have Been Trafficked**

October 2008

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# Acronyms

## A guide to acronyms used in the document

ACPO	Association of Chief Police Officers
ARC	Application Registration Card
ASUs	Asylum Screening Units
UKBA	United Kingdom Border Agency
CAF	Common Assessment Framework
CAIU	Child Abuse Investigation Unit
CAMHS	Child and Adolescent Mental Health Services
CEOP	Child Exploitation Online Protection Centre
CTN	Coming To Notice
CRB	Criminal Records Bureau
CROP	Coalition for the Removal of Pimping
CPS	Crown Prosecution Service
DCSF	Department for Children, Schools and Families
ECPAT	End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes UK
GUM	Genito-Urinary Medicine
ILO	International Labour Organisation
IND	Immigration and Nationality Directorate
LAC	Looked After Child(ren)
LSCB	Local Safeguarding Children Board
NASS	National Asylum Support Services
NSPCC	National Society for the Prevention of Cruelty to Children
UAS	Unaccompanied Asylum Seeker
UASC	Unaccompanied Asylum Seeking Children
UNICEF	United Nations Children's Fund
UKHTC	United Kingdom Human Trafficking Centre
YOS	Youth Offending Service

## Background to the Policy

1. The organised crime of child trafficking into the UK has become an issue of considerable concern to all professionals with responsibility for the care and protection of children and new legislation **The Sexual Offences Act 2003 and the Asylum and Immigration (Treatment of Claimant) Act 2004 made trafficking of all kinds a criminal offence.** In 2007 the Department for Children, Schools and Families published ***Working Together to safeguard children - Safeguarding children who may have been trafficked*** practice guidance in order to assist agencies and their staff to safeguard and promote the welfare of children who may have been trafficked . This guidance was intended to be supplementary to, and to be used in conjunction with, the Government's statutory guidance ***Working Together to safeguard Children (2006)***
2. "Safeguarding Children" recommended that LSCBs should work with a range of agencies to deliver preventative measures and consider trafficking, as part of local needs assessment. Plymouth LSCB has acted on this recommendation and established a sub-group specifically to deal with trafficking issues and it has developed this Policy in consultation with other LSCB partners dealing with these issues.
3. The LSCB is also tasked with making sure there is effective working between partners, in particular the Police, Children's services and UKBA; ensuring training programmes for practitioners and other professionals are in place either as part of safeguarding training or as additional training; make clear where professionals can find advice on dealing with cases of trafficked children; consider public awareness campaigns and publicise sources of help for victims.
4. This Policy, therefore, reflects on the new responsibilities placed on Plymouth LSCB. It draws heavily on *Working Together to safeguard Children – Safeguarding Children who may have been trafficked*. It also needs to be read in conjunction with the *South west Area Child Protection Procedures*..

The South West area Child Protection Procedures can be found at the following site:

<http://www.swcpp.org.uk>

## Introduction

5. This Policy provides good practice guidance to professionals and volunteers from all agencies to help them effectively safeguard children who are abused and neglected by adults who traffic them into and within the UK for purposes of exploitation.
6. A Separate multi-agency policy and procedure document for unaccompanied asylum seeking children can be found at [www.plymouth.gov/common-@apps.htm?app=docslib](http://www.plymouth.gov/common-@apps.htm?app=docslib)
7. This Policy recognises that the development of a multi-agency approach, which is able to establish long-term responses to addressing trafficking, is likely to be more effective than individual initiatives. The Home Office “Trafficking of People - Crime Reduction Toolkit “(2004) informed the development of the following shared set of principles that form the basis of this Policy:
  - All children involved in trafficking are being exploited and are sexually, physically and emotionally at risk, both in the short and long-term.
  - Children do not make informed choices to enter or remain in a situation where they are victims of exploitation but do so from coercion.
  - The primary law enforcement effort must be against the adult traffickers who coerce the children into exploitative situations.
  - For any intervention to be effective it is essential that all involved agencies, both statutory and voluntary, work closely together to regularly monitor report and share key information. This should include:
    - The results of intelligence gathering about local sectors where trafficking may occur and incidences of trafficked victims being identified;
    - Increases in victims presenting, referrals, witnesses, etc and progress with and the results of any local initiatives.
  - In order to facilitate the sharing of information lead officers should be nominated from the key agencies whose roles are to:
    - Form part of the membership of multi-agency strategy/discussion group when there is suspicion that a child is involved in trafficking.

- Provide advice for members of their own agency and other professionals in the area.
  - Provide a forum with other lead officers for gathering statistics at both local and national levels. These can be used to inform strategies to prevent children being trafficked and to safeguard and support those children already identified as victims.
- Any response to suspicion of trafficking must address the child's individual circumstances, including consideration of issues of gender, race, culture, religion, sexuality and sexual orientation.

8. Further guidance on trafficking is available as follows:

- On 23<sup>rd</sup> March 2007 the Home Secretary, on behalf of the UK Government, signed the *Council of Europe Convention on Action against Trafficking in Human Beings*

<http://www.homeoffice.gov.uk/documents/human-traffick-action-plan>

The Home Office published the *UK Action Plan on Tackling Human Trafficking*. The UK Action Plan has a dedicated chapter on proposals to combat the abuse and exploitation of children by criminal human traffickers. This guidance forms a key strand of support for all agencies and professionals engaged in this complex area of practice.

- Additionally, to help social workers, immigration officers, police and other practitioner's better assist children who they suspect may have been trafficked, the NSPCC has set up a child trafficking information and advice line. Further information can be found on the NSPCC website at:

<http://www.nspcc.org.uk>

## Definitions

9. The two most common terms for the illegal movement of people, 'trafficking' and 'smuggling', are very different. In human smuggling, immigrants and asylum seekers pay people to help them enter the country illegally, after which there is no longer a relationship. Trafficked victims are coerced or deceived by the person arranging their relocation. However, there is a difference between adult and child trafficking, **where the victim is a child neither coercion nor deception need to be present for the child to be considered trafficked**. On arrival in the country of destination the trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered or sold.

The *Palermo Policy To Prevent, Suppress And Punish Trafficking In Persons, Especially Women And Children, Supplementing The United Nations Convention Against Transnational Organised Crime to the UN Convention (2000)* (ratified by the UK on 06 February 2006) defines trafficking as: (Article 3)

- *“Trafficking of persons” shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat of or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.*
- *The consent of a victim of trafficking in persons to the intended exploitation set forth in sub-paragraph (a) of this article shall be irrelevant where any of the means set forth in sub-paragraph (a) have been used.*
- *The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered “trafficking in persons” even if this does not involve any of the means set forth in sub-paragraph (a) of this article*
- *“Child” shall mean any person under eighteen years of age.*

10. Throughout this document a child is defined according to the Children Acts 1989 and 2004 as anyone who has not yet reached their 18<sup>th</sup> birthday. In this document, 'Children' therefore means 'children and young people'. As stated in *Safeguarding Children*, even though a child of 16 may live independently and be in further

education, this does not change his or her status or entitlement to services or protection under the Children Act 1989.

11. *The Palermo Policy* (United Nations, 2000) establishes children as a special case. Any child transported for exploitative reasons is considered to be a trafficking victim, whether or not they have been deceived. This is partly because it is considered not possible for children to give informed consent.
12. Even when a child understands what has happened, they may still appear to submit willingly to what they believe to be the will of their parents or accompanying adults. It is important that these children are still protected.

## Section One

### The problem of trafficking

#### What evidence is there for child trafficking?

13. Because the trafficking of children is a clandestine activity, it has been difficult to identify and record, although some definitive data does exist. The recent research by End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes UK (ECPAT) into missing children (*Report: Missing Out - 2007*) and data collected by Child Exploitation Online Protection Centre (CEOP) in its scoping report (11 June 2007) provide evidence of child trafficking into and within the UK. The CEOP report identified 330 children as trafficked cases after fitting each to a child trafficking profile developed by the London Local Safeguarding Children Board (LSCB). More details of CEOP's report, "A Scoping Project on Child Trafficking in the UK", can be seen at [www.ceop.gov.uk](http://www.ceop.gov.uk). The UK Action Plan on Tackling Human Trafficking describes how the United Kingdom Human Trafficking Centre (UKHTC) will become the central focus for all intelligence and data collection relating to human trafficking.

#### Why do people traffic children?

14. Most children are trafficked for financial gain. This can take the form of payment from or to the child's parents and, in most cases; the trafficker also receives payment from those wanting to exploit the child once in the UK. Some trafficking is by organised gangs. In other cases individual adults or agents traffic children to the UK for their own personal gain. Children may be used for:
  - Sex work
  - Domestic servitude
  - Sweatshop and restaurant work
  - Credit card fraud
  - Begging or pick pocketing
  - Tending plants in illegal cannabis farms
  - Benefit fraud
  - Drug mules, drug dealing or decoys for adult drug traffickers
  - Younger children are sometimes trafficked to become beggars and thieves or for benefit fraud. Teenagers are often trafficked for domestic servitude or sexual exploitation.

15. In some instances children may be trafficked for the purposes of adoption outside their country of origin. Those involved in facilitating these arrangements may deceive the authorities responsible for the adoption process and often benefit from significant financial gain through payments by prospective adopters who may be unaware of the true circumstances of a child's availability for adoption. This can include payment, coercion or the deception of birth parents into relinquishing a child as well as abducting children. Practitioners who suspect that a child may have been trafficked for the purposes of adoption are encouraged to notify the police and may wish to refer to the Statutory Guidance for the Adoption and Children Act 2002.

### **Links with private fostering**

16. There are occasions when birth parents who intend to smuggle their children into the United Kingdom for a variety of reasons inadvertently subject their children to traffickers who agree to the contract with a child's birth parents but whose intention is to exploit. The adult in this scenario may be a distant relative or friend of the family. Children of asylum seekers whose parents are not in this country but were brought in by someone, and so were not unaccompanied at the time of arrival, are included in this group. The primary objective of these traffickers is often to access benefits and housing.
17. There are strong links here with Private Fostering and some traffickers may present themselves as private foster carers. The Children Act 1989 defines Private Fostering as occurring when a child under 16 (or under 18 if disabled) is placed for more than 28 days in the care of someone who is not a close relative, guardian or someone with parental responsibility. Close relatives are defined in the Act as parents, step-parents, siblings, brother or sisters of a parent, and grandparents.
18. The Laming Report (2003) into the death of Victoria Climbié recommended a review of private fostering legislations. The Children Act 2004 introduces a tighter framework requiring every local authority to have a duty to raise awareness; to make early enquiries about the suitability of private foster carers before children are cared for by them; to include private fostering amongst the areas to be addressed by safeguarding boards; and to establish a registration scheme for private foster carers. The local authority has the power to remove a child from a private foster care placement if there are concerns for the child's welfare.

## Why is trafficking possible?

19. Factors in their own country, which may make children vulnerable to trafficking, include:

- **Poverty:** in general, this is the root cause of vulnerability to exploitation. Families see the recruiter's promises of work/income as a possible escape route from impoverished circumstances. At the very least a child's departure means one less mouth to feed.
- **Lack of education:** attendance at school has proved to be a key means of protecting children from all forms of exploitation, including trafficking. Traffickers promise education for children whose parents cannot afford to pay school fees or where schools are difficult to access or are of poor quality.
- **Discrimination:** this can be based both on gender and ethnicity. In some cultures girls are expected to make sacrifices in terms of their education and security for the benefit of the family and they represent less of an investment for the family because their contribution to the family will end when they leave to marry (in some cases marriage itself may be too expensive for the family). Many trafficking victims are from minority communities who are socially discriminated against and disadvantaged in their own country.
- **Cultural attitudes:** traditional cultural attitudes can mean that some children are more vulnerable to trafficking than others.
- **Grooming:** children are sometimes trafficked out of their country of origin after having been groomed for purposes of exploitation. There have also been cases of girls born in the UK who have been trafficked between towns and cities, after being groomed by men known to them for the ultimate aim of exploiting them sexually.
- **Family conflict:** children may choose to leave home as a result of domestic abuse and neglect.
- **Political conflict and economic transition:** these often lead to movements of large numbers of people and the erosion of economic and social protection mechanisms, leaving children vulnerable.
- **Inadequate local laws and regulations:** trafficking involves many different events and processes and legislation has been slow to keep pace. Most countries have legislation against exploitative child labour, but not all have laws specifically against trafficking. Even where there is appropriate legislation enforcement is often

hampered by lack of prioritisation, corruption and ignorance of the law.

## **How children are recruited and controlled**

20. Traffickers are known to recruit their victims using a variety of methods. Some children are subject to coercion, which could take the form of abduction or kidnapping. However, the majority of children are trapped in subversive ways:

- Children are promised education or what is regarded as respectable work, such as in restaurants or as domestic servants
- Parents are persuaded that their children will have a better life elsewhere

21. Many children travel on false documents and those who do not may not have access to their documents. One way traffickers exert control over trafficked children is to retain their passports and threaten children that should they escape they will be deported. The creation of a false identity for a child can give a trafficker direct control over every aspect of a child's life, for example by claiming to be a parent or guardian.

22. Even before they travel children may be subjected to various forms of abuse and exploitation to ensure that the trafficker's control over the child continues after the child is transferred to someone else's care. Such forms of abuse have manifested as:

- Voodoo or witchcraft, which may be used to frighten children into thinking that if they tell anyone about the traffickers, they and their families will die
- Confiscation of the child's identity documents
- Threats of reporting the child to the authorities
- Violence, or threats of violence, towards the child
- Threats of violence towards members of the young person's family
- Keeping the child socially isolated
- Keeping the young person locked up
- Telling some children that they owe large sums of money, e.g. for their air fares, accommodation and food, and that they must work to pay this off. However, they never earn enough to do this
- Depriving the child of money
- The trafficker may have duped the child and their parents into believing they are coming to the UK for a better life and therefore not have abused them physically or emotionally at this stage of the process. The child will have been coached with a story to tell the authorities in the UK and warned not to disclose any detail beyond the story, as to do so would be to risk certain deportation.

- Identifying these children at ports of entry will be extremely difficult as there may be no obvious signs of distress. They are unlikely to see themselves as being at risk of harm from the trafficker. Depriving children of their true identity, controlling their contact with their parents and involving them in immigration crimes give the traffickers strong and enduring control over child victims.
23. Where cases of internal trafficking have come to light within the UK, the victims are usually girls who have been befriended by young men. Evidence gathered from families by the Coalition for the Removal of Pimping (CROP) suggests that some girls are lured into prostitution by initially being befriended by a boy known to them or introduced to an 'attractive' older boy. The girls are flattered and subtly coaxed into spending more time with their boyfriend and begin taking time off school and staying away from home. The girl's confidence is gained as she is groomed non-coercively by receiving gifts, experiencing an expensive lifestyle and indulging in alcohol and drug use.
24. Others may be groomed coercively by being forced to comply with her boyfriend's demands. The girl eventually succumbs to sexual exploitation by older men, by a network of perpetrators, or by a pimp. At this stage some of the girls may have developed addictions to drugs or alcohol and be held ransom unless they have sex with more men. Whilst the girls are sexually exploited they may be trafficked from one location to another to make it difficult for them to escape.

## **How are children brought to the UK?**

25. There are two ways a child may enter the UK; either accompanied by adult/s or as unaccompanied minors.
26. There are three phases in the trafficking process: the recruitment phase, the transit phase and the destination phase. The traffickers might be part of a well organised criminal network, or they might be individuals helping out in only one of the various stages of the operation, such as the provision of false documentation, transport, or places where the child's presence can be concealed.
27. Any "ports of entry" into the UK might be used by traffickers. There is evidence that some children are trafficked via numerous transit countries and many may cross the European Union border before arriving in the UK. For example, there are documented cases of African and Chinese girls being trafficked into the UK via Italy.
28. Significant numbers of children are referred to local authority children's services after applying for asylum, and some even register at school for up to a term, before disappearing again. It is thought that they are trafficked out of the UK to other European countries or trafficked internally within the UK. However, recent experience

suggests that as traffickers perceive checks have improved at the larger ports of entry such as Heathrow and Gatwick, they are starting to use the smaller regional airports.

## **Accompanied children**

29. Very little is known about accompanied children, some of whom will have travelled either legitimately or illegitimately with their parents. Others may be brought in by adults either purporting to be their parents or stating that they have the parents' permission to bring the child. There are many legitimate reasons for children being brought to the UK, such as economic migration with their family, education, re-unification with family or fleeing a war-torn country.
30. To curb illegal migration and improve children's safeguards, new global visa regulations were introduced in February 2006. Safeguards have been introduced and a photograph of the child is now required on the visa, together with the passport number of the adult/s who have been given permission to travel with the child.
31. Some accompanied children may apply for asylum claiming to be unaccompanied, after being told by their trafficker that by doing so they will be legally granted permission to reside in the UK and be entitled to claim welfare benefits.

## **Unaccompanied children**

32. Unaccompanied children may come to the UK seeking asylum (Unaccompanied Asylum Seeking Children - UASC), to attend school, or join family, close or extended. They may be the subject of a private fostering arrangement. More is known about the groups of unaccompanied children as they often come to the notice of the immigration authorities.
33. If the child is unaccompanied and not travelling to be with his or her customary care giver, or if there are some concerns over the legitimacy or suitability of the proposed arrangement for the child's care in the UK, it is likely that they will be referred to local authority children's services by the immigration authorities.
34. Some groups of children will avoid contact with children's services, as instructed by their traffickers. For example, it is well documented that some children 'disappear' into their ethnic communities once they arrive in the UK. It is also believed that some traffickers insist that the child applies for asylum as this gives the child legitimate right of temporary "leave to remain" in the UK.

## Trafficking within the UK

35. Child trafficking should not only be seen as a crime against foreign children being brought into the UK or in transit to other countries. UK born children may also be recruited for internal trafficking within the UK.
36. There are documented cases of teenage girls, born in the UK, being targeted for internal trafficking between towns and cities for sexual exploitation. Such cases are highlighted by Coalition for the Removal of Pimping (CROP) in its paper, *Trafficking in Our Midst*. It describes how girls are lured away from their families to perform sexual acts with groups of older men and are threatened with violence if they refuse. More information about CROP and their research is available at their website: <http://www.crop1.org.uk/>.
37. The UK Human Trafficking Centre (UKHTC) is currently compiling evidence of cases of girls who have been trafficked between cities in the UK for sexual exploitation. Such intelligence is helping to build a better understanding of the nature and spread of internal trafficking of children across the UK.

## Section Two

### Role of specific groups and services

#### The role of Children's Services

38. Trafficked children, or children where there have been concerns expressed about the suspicion of trafficking, must always be dealt with within mainstream child care policies and procedures, including child protection where necessary. Details of the referral process can be found in Section three of this Policy.

39. The responsibilities of Children's Services regarding child victims of trafficking may include:

- Providing victims/potential victims with a place of safety;
- providing support services (e.g. legal advice, counselling);
- identifying victims/potential victims according to agreed profiles or receiving referrals from other agencies who have identified them;
- contributing to joint inter-agency profiling of victims/potential victims;
- undertaking initial interviews, including joint interviews with local police, to assess risk, harm and agreed child protection plans;
- providing advice on whom to contact concerning their immigration status;
- assisting in the identification of possible traffickers masquerading as relatives;
- ensuring contact with the police and providing information to the police;
- finding of relatives in country of origin, and verifying what would be in the best interests of the child, and whether they should be able to remain in the UK or if it is safe to return home\*;
- ensuring that voluntary organisations or other support services are available if they are returned to their country of origin;
- monitoring of Looked After Children for signs that they are meeting the traffickers which may include monitoring phone calls;
- providing a supportive environment so that the child does not leave with the trafficker. This may necessitate taking legal steps to ensure the protection of the child.

*\*N.B. It must be remembered that even where it is considered that the child will have better care and facilities in the UK, this is not a barrier to removal if appropriate reception and care arrangements can be established in the home country.*

## The role of Devon & Cornwall Constabulary

40. The Devon and Cornwall constabulary (Policy) will work closely with all other agencies in the identification, investigation and prevention of child trafficking. Where trafficking is alleged, the Constabulary will take the lead in the investigation into any criminal activity and where appropriate secure evidence for the prosecution of offenders. The primary aim however, will always be the welfare of the child/children involved.
41. The Devon and Cornwall constabulary Detective Chief inspector, Force Public protection unit, has the responsibility for the strategic development of Police activity and the development of policy around child trafficking issues in the Devon and Cornwall Constabulary.
42. The Detective Inspector Public Protection unit (Plymouth) will be the Single Point of Contact for issues of an operational, procedural and partnership nature at a local level.
43. In recognition of the fact that children who may have been trafficked are to be considered at risk of abuse, the Child Abuse Investigation unit will be involved from the outset in response to a referral or report of a suspected trafficked child. An assessment will subsequently be made as to the appropriate level of investigation and resources will be deployed accordingly.
44. Referrals pertaining to a 'suspected' trafficked child will be made in the same manner as if referring a child suspected of being the victim of abuse either through the Force Central Referral unit in non urgent cases when Child protection Procedures will be followed. In an emergency, referral to the police should be made via the 999 emergency system when the initial response will be directed by the duty officer who will ensure the appropriate notifications are made.
45. Detail of contacts for lead officers and to make referral are attached at appendix 5
46. The Metropolitan Police service has led a 'Paladin team' in London which is an integrated team of police, immigration officers and social workers who specialise in safeguarding children issues. In addition to their investigative, proactive and preventative work, the team provides an advisory service to all child abuse investigation teams on child trafficking issues. The Devon and Cornwall constabulary (Plymouth) will seek the assistance and guidance from this team where appropriate.
47. Part of the work of the child trafficking desk within the Child Exploitation Online Protection Centre (CEOP) will be to draw on examples of best practice to develop guidance for law enforcement around the identification of victims of child trafficking. Once developed this guidance should be available through the Association of Chief Police Officers (ACPO) and/or CEOP websites. Further information can be found in *Safeguarding Children*.

## The role of Health Services

49. Trafficked children who need healthcare may present themselves at Accident & Emergency services, the Asylum and Refugee Clinic (Local Care Centre, Mount Gould), Minor Injuries Unit (Cumberland Centre), the Genito-Urinary Medicine (GUM) clinic or to Primary Care services. Reception staff should be alert to inconsistencies in addresses, deliberate vagueness and children or carers being unable to give details of next of kin, dates of birth, names, telephone numbers etc. Checking a child's details whilst they are in the department may indicate if they are false details or not.
50. Health professionals may be one of the first contacts who suspect or are aware that a child has been trafficked / disappeared and therefore play a crucial role in identifying such children. Initially the role of the health professional in relation to trafficked / disappeared children is in recognition and referral stages of the process, and not to investigate suspected cases. However, health professionals may become involved in the investigative stage following the multi-agency strategy meeting.
51. In the first instance Completing Age assessment is the role of the Specialist social worker for unaccompanied asylum seeking children who has been specifically trained to undertake this task.
52. If a health professional suspects a child of being trafficked a referral will be made to the Children's Services Advice and Assessment team following South west Child Protection procedures. Information on how to make a referral if there are concerns that a child is trafficked can be found at **section 3**.
53. The Named Nurse, Safeguarding Team, will attend the multi-agency Strategy meeting convened by Children's Services following the referral. Support and advice may be sought from the Trust's Safeguarding Team, for staff who need to share information or attend meetings, if required.
54. Services should include the identification and referral on of immediate and ongoing physical and emotional health needs, with a general medical, as the child may have experienced a lack of health care in their own country. They may have been exposed to trauma, have untreated illnesses or have been subjected to malnutrition.
55. 16-18 year olds should also be given advice on sexual health, drug and alcohol issues.
56. More details relating to the role of health services in safeguarding and promoting the welfare of children can be found in Safeguarding Children. The Department of Health will be publishing national service

guidelines on identifying and responding to the needs of child victims of Sexual Exploitation Victims of Violence and Abuse Prevention Programme (scheduled for 2008)

57. Further health issues for consideration by professionals working with trafficked children can be found within Appendix 4.

## **The role of Schools and Lifelong Learning**

58. Schools and Lifelong Learning have an important role in recognising and referring alleged cases of abuse. The role of staff in relation to children abused through child trafficking is in the prevention, recognition and referral stages. The procedures for staff remain the same as those used in cases of child protection, although in this circumstance children and young people can also be referred as Children in Need (of protection and support). Information on how to make a referral if there are concerns a child is trafficked can be found at **section 3**

59. Children trafficked into the country may be registered at a school for a term before being moved to another part of the UK or abroad. Schools therefore need to be alert to this pattern of registration and de-registration. It has been identified in schools which are situated near ports of entry. However, practitioners should be alert to this possibility in all schools in the UK. There may be instances of children from communities that move around: Gypsy, Roma, traveller or migrant families - who collectively go missing from school.

60. Children who have experienced certain life events are more at risk of going missing from education. Trafficked children are particularly vulnerable. Schools need, therefore, to be alert to the possibility that a child who goes missing from school may be, or has been, a trafficked child who is living with, or is running away from, an exploitative situation.

A Separate multi-agency policy and procedure document for children missing from education can be found at;

[http://plymouth.gov.uk/multi\\_agency\\_missing\\_children\\_guidance.pdf](http://plymouth.gov.uk/multi_agency_missing_children_guidance.pdf).

## **The role of the Youth Offending Service**

61. Staff working in the Youth Offending Service (YOS) may encounter children from abroad or others who have been trafficked. Children who have been trafficked may be reluctant to disclose the circumstances of their exploitation or arrival into the UK for fear of reprisals by the trafficker, owner or 'pimp', or by misplaced loyalty to them. There are cases when children have been charged with criminal offences, for example, when involved in cannabis farms. Social workers and probation officers should be particularly alert to

these issues when preparing Pre-Sentence Reports (PSRs) or during the assessment process

62. Referrals should be made, using the Multi-Agency Referral Form (see appendix 3), to Plymouth Children's Services Advice and Assessment Service as soon as a problem, suspicion or concern becomes apparent and certainly within 24 hours. Referrals may be made by telephone, in person, by letter or by fax but must be followed up with completion of the Multi-Agency Referral Form. Further information on how to make a referral if there are concerns a child is trafficked can be found at **section 3**

### **The role of the Crown Prosecution Service (CPS)**

63. Policy guidance has been issued by the CPS on prosecuting cases involving children and young people as victims and witnesses of crime and, in appropriate circumstances, as defendants. It sets out CPS policy to guide prosecutors in ensuring that when they are dealing with cases involving children, the child is given appropriate support and there is consideration as to what is best for the child if a criminal prosecution proceeds.
64. There are specific provisions in the Code for Crown Prosecutors ([www.cps.gov.uk/victims\\_witnesses/further\\_info](http://www.cps.gov.uk/victims_witnesses/further_info)) to ensure that young people are not inappropriately criminalised. Paragraphs 8.8 and 8.9 of the Code require the Crown prosecutor to consider the interests of a child or youth when deciding whether it is in the public interest to prosecute. Cases involving children are usually only referred to the CPS for prosecution if the child has already received a reprimand and final warning. Reprimands and final warnings are intended to prevent re-offending.
65. The use of a child in a criminal enterprise can be seen as a form of child abuse. Children who may be forced into prostitution will be treated by the CPS as an abused child and victim who needs help rather than as a defendant. Practitioners should refer to the guidance contained in *Safeguarding Children*. The same consideration will be given to those who are coerced into committing crimes or used by adults to commit offences. CPS will prosecute people who organise prostitution and who benefit financially from abusing children.
66. More detailed guidance to prosecutors expands on these provisions. In cases where there is evidence that a young person has committed an offence whilst in a coerced situation, for example when they have been trafficked, the prosecutor will have to consider whether or not the coercion amounts to a defence of duress. Where it does not amount to a defence and there is sufficient evidence for a prosecution, the circumstances of the young person will be one of the

factors for the prosecutor to consider in deciding whether or not it is in the public interest to bring a prosecution.

## **The role of the United Kingdom Border Agency (UKBA)**

67. The UKBA is the executive agency that has responsibility for the management of immigration in the United Kingdom. It both controls persons arriving at ports and conducts operations within the UK to detect and remove those present in breach of the Immigration Laws. It is very likely that UKBA will be the first government agency to encounter a child victim of trafficking and staff should follow agreed guidelines on how to identify and deal with such children and young people.
68. In Devon and Cornwall, potential victims of trafficking may be encountered by UKBA in a number of ways. They may arrive at the port, either unaccompanied or in the company of a trafficker. They may present themselves to police or Children's services as seeking asylum, or they may be encountered during an enforcement operation. The UKBA, in conjunction with Devon and Cornwall Constabulary conducts operations against people suspected of trafficking.
69. Plymouth does not have a Screening unit, but undertakes to screen unaccompanied minors seeking asylum who are encountered by other agencies prior to referring them to the Asylum Intake unit. Where it is not possible to do this immediately, these young people are referred to Plymouth Advice and Assessment service in order to ensure that their immediate needs are met and that they are in a safe environment whilst arrangements are made.
70. If the UKBA encounters a potential victim of trafficking it will act in accordance with this Policy and its own guidelines and refer the child to Plymouth Children's services.
71. It is imperative that UKBA is involved immediately when a child is identified as being a suspected victim of trafficking in order for liaison with the police so that investigation of the event can begin. A representative from UKBA will attend the convened Strategy Meeting in order to plan the S47 investigation in line with South West Child protection procedures.
72. The welfare of the child will be devolved to Children's services but arrangements will be made for a trained officer to interview the child as a witness in case they can give information about those who trafficked them. Primacy in any investigation will fall to the Police
73. Referrals should be made, using the Multi-Agency Referral Form (see appendix 3), to the Children's Services Advice and Assessment

Service as soon as a problem, suspicion or concern becomes apparent and certainly within 24 hours. Referrals may be made by telephone, in person, by letter or by fax but must be followed up with completion of the Multi-Agency Referral Form. Further information on how to make a referral if there are concerns a child may be trafficked, can be found in **Section 3**.

### **The role of the Voluntary Sector (including refugee community organisations)**

74. Plymouth Social Inclusion unit has responsibility for the Voluntary sector. Plymouth has a wide variety of voluntary agencies providing services to asylum seeking children and young people. Some employ paid staff i.e. Refugee Action, whilst most others, for example, Asylum Justice and refugee community organisations, rely entirely on volunteers. Their role is crucial in helping to stamp out child trafficking. Much better links need to be developed particularly with refugee community organisations to encourage them to come forward to report cases of suspected child trafficking.
75. A list of Voluntary organisations and their contact details can be found in Appendix 5

## Section Three

### Recognition and assessment of information

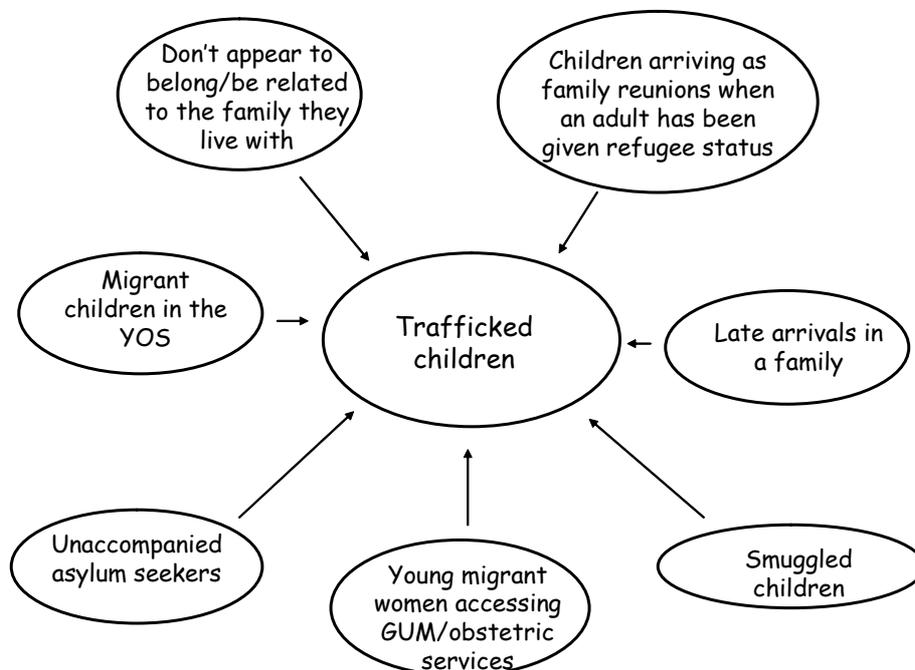
76. Unsubstantiated allegations that a child may be being exploited through trafficking should be treated with caution, but should be noted. None of the following indicators listed in the risk profile below, whether individually or together, should be viewed as conclusive proof, but any of them may be suggestive of the possibility. They can alert professionals to difficulties that particular children are experiencing which may include abuse through exploitation resulting from trafficking. Some of these indicators that children may be at risk from trafficking may be noted more readily if the child is looked after by Children's Services, but they apply equally to children living in the community.
77. Indicators suggested by ECPAT (2004) for turning suspicions into evidence include situations in which the child:
- Has entered the country illegally
  - Has no passport or other means of identification
  - Has false documentation
  - Is unable to confirm the name and address of the person meeting them on arrival
  - Does not appear to have money but does have a mobile phone
  - Possesses money and goods not accounted for
  - Receives unexplained/unidentified phone calls whilst in placement/temporary accommodation
  - Is driven around by an older male or 'boyfriend'
  - Is withdrawn and refuses to talk
  - Shows signs of sexual behaviour or language
  - Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted disease
  - Has a history with missing links and unexplained moves
  - Has gone missing from local authority care
  - Is required to earn a minimum amount of money every day
  - Works in various locations
  - Has limited freedom of movement
  - Appears to be missing for periods
  - Is known to beg for money
  - Is being cared for by adult/s who are not their parents. The quality of the relationship between the child and their adult carers is not good
  - Has not been registered with or attended a GP practice
  - Has not been enrolled in school
  - Has to pay off an exorbitant debt, e.g. for travel costs, before having control over own earnings

- Is permanently deprived of a large part of their earnings by another person
- Is excessively afraid of being deported
- Has had their journey or visa arranged by someone other than themselves or their family
- Or the person in control of the child has previously made multiple visa applications for other children and/or has acted as the guarantor for other children's visa applications
- Or is known to have acted as the guarantor on the visa applications for other visitors who have not returned to their countries of origin on the expiry of those visas

78. Other factors to watch out for include:

- Are there any signs of neglect?
- Look out for obvious signs of "wealth" – mobile phones, designer clothes, money.
- Are they truanting from school?
- Are there signs of physical abuse?

79. See figure 1 for common scenarios that should lead practitioners to consider a child may be trafficked.



**Figure 1.0:** Consider trafficking when meeting any of these scenarios

80. All children who have been exploited will suffer some form of physical or mental harm. Usually the longer the exploitation, the more health problems will be experienced.

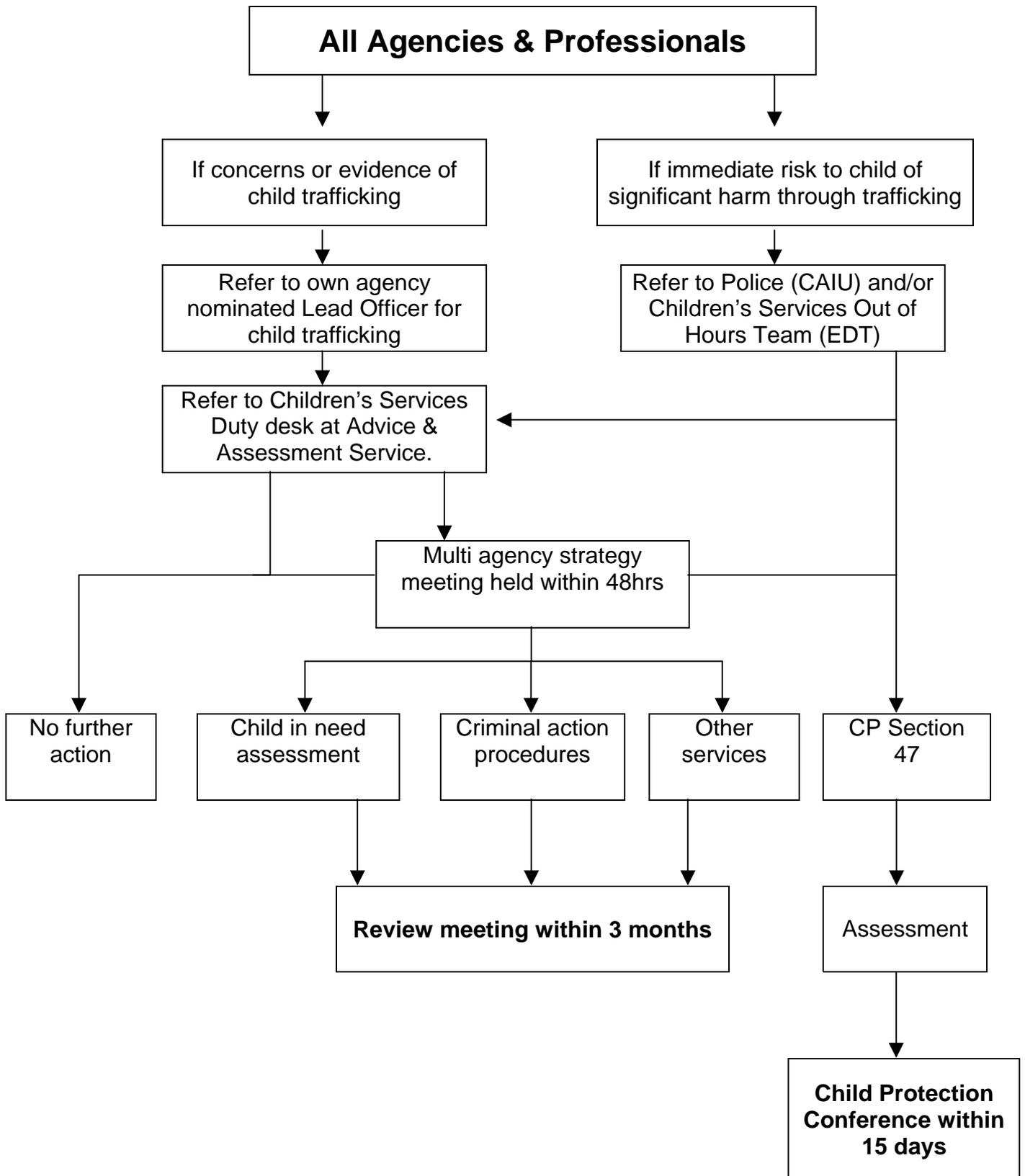
### **Action for services**

81. Where there is concern that a child is the victim of trafficking they may be at risk of immediate harm and time is of the essence. A referral must be made in the first instance to the Children's Services Duty desk at Advice and Assessment service in accordance with South West Child Protection Procedures. Children's Services will notify the Police as a matter of urgency to ensure there are no unnecessary delays. Further information on how to make a referral if there are concerns a child is trafficked can be found in appendix 2.

82. In situations where it becomes apparent that Female Genital Mutilation (FGM) has taken place, professionals should be aware of recent DCSF guidance which recognises that FGM places a child at risk of significant harm and therefore should be investigated (initially) under Section 47 of *the Children Act 1989* by Children's Services and the Police Child Protection Team.

83. Similarly *Safeguarding Children* contains guidance on the particular needs of children abused or neglected because of a belief in spirit possession.

# Multi-Agency Referral Process Map



# Referral Procedure & Multi-Agency Strategy Meeting

## Referral and Initial Information Gathering

83. Any agency or individual practitioner or volunteer who has a concern regarding possible trafficking of a child should follow *Safeguarding Children* guidance and the South West Child Protection Procedures, contacting the local authority children's social services or local police service for the area in which the child currently resides.

84. Appendix 3 of this Policy sets out how practitioners and volunteers should respond when they suspect that a child may have been, or is being, trafficked. This chapter relates to the referral procedure and describes comprehensively the response from local authority children's social services and the police once a referral is received from an agency.

85. Immigration staff who are concerned about children they suspect might have been trafficked should act quickly and resolutely following the United Kingdom Border Agency guidance (based on *Safeguarding Children*). In such circumstances staff will contact the child protection police officer and/or the local authority children's social services by phone, followed-up by fax. As it is recognised that children who go missing shortly after Asylum Screening Unit (ASU) screening may have been trafficked, immigration staff should follow an agreed process to inform the appropriate authorities.

86. The social worker to whom the referral is made should obtain as much information as possible from the referrer. This should include the child's name, date of birth, address, name of carer/guardian, address if different, phone number, country of origin, first language and whether s/he speaks English, names of any siblings or other children including whether there might be an ongoing risk of harm from the trafficker. If so, this information must be shared with the police.

87. The social worker should verify, as soon as possible, that the child is living at the address. They should also check if the carer, guardian or other members of the household, and residential address, are known to the police or to the local authority children's social services.

88. In the case of a referral from a school or other educational institution the documentation provided at admission should also be obtained.

89. A United Kingdom Border Agency (UKBA) check should be completed to clarify the status of the child/ren and the adult/s caring for them. It is increasingly common practice for the UKBA to have a digital photograph of the child on their database and this may aid identification.

90. As the child may have no documented identification, or their documents could be forgeries, it is essential that a photograph of the child be taken and attached to their file.

91. Professionals who phone local authority children's social services to express concern that they suspect, or know that, a child has been trafficked should confirm referrals in writing within 48 hours. At the end of any discussion or dialogue regarding a child, the referrer (whether a professional, member of the public, or family member) and local authority children's social services should be clear about any proposed action, timescales and who will be taking it, or that no further action will be taken. The decision should be recorded by local authority children's social services and by the referrer, if a professional in another service. Local authority children's social services should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within three working days, they should contact the local authority children's social services again.

92. Local authority children's social services should decide and record next steps of action within one working day. This information should be consistent with the information set out in the Referral and Information Record (Department of Health, 2002). This decision should normally follow discussion with any referring professional/service and consideration of information held in any existing records. It should also involve discussion with other professionals and services as necessary (including the police, where a criminal offence may have been committed against a child). This initial consideration of the case should address, on the basis of the available evidence, whether there are concerns about the child's health and development or actual and/or potential harm that justifies an initial assessment to establish whether this child is possibly a Child In Need. Further action may also include referral to other agencies or the provision of advice or information. It might be decided that no further action is necessary.

93. If there is reasonable cause to believe that the child is suffering, is likely to suffer significant harm, or is in imminent danger from the trafficker or any other person, then an Emergency Protection Order may be sought. Consideration should be given to Police Powers of Protection in an emergency.

94. When children are placed in a foster home a risk management meeting should be held prior to placement, if possible, chaired by Team manager from Fostering services. All aspect of risks regarding the safety of the child and the fostering household should be considered and a clear plan made. Issues to be considered include

- Confidentiality of information
- Location of placement
- Security of property
- Access to services.

95. If there is no imminent danger to the child that warrants emergency protection but there are grave concerns regarding the child's welfare then a Strategy meeting should be held chaired by an Independent chair from the chair and reviewing team in order to consider whether section 47 enquiries should be initiated under section 47 of the Children Act 1989 (paragraph 36).

96. If there is no imminent danger or need to protect the child from any other party then a child in need assessment under section 17 of the Children Act 1989 should be initiated.

97. Even if there are no concerns child welfare agencies should continue to monitor the situation until a child is appropriately settled.

98. The social worker should advise the referrer of their decision regarding which plan is to be put in place. In the case of all children with immigration issues UKBA should be informed in order that the immigration processes may be co-ordinated with the recommended protection plan.

99. The discussion between the social worker and their supervising manager, after completion of the initial information gathering, should be recorded; tasks outlined and signed off by the manager.

100. In undertaking any assessment and all subsequent work with the child, the social worker must ensure that they use a suitable approved CRB checked interpreter. In no circumstances should this be the sponsor or another adult purporting to be a parent, guardian or relative. Every child should be given ample opportunity to disclose any worries away from the presence of the sponsor.

101. The social worker must check all documentation held by the referrer and other relevant agencies. Documentation should include (if available), passport, Home Office papers, birth certificate and proof of guardianship. This list is not exhaustive and all avenues should be investigated. A new or recent photograph of the child must be included in the file, together with copies of all relevant identification documentation.

102. When assessing documentation attention should be given to the details. If a passport is being checked the Social worker should:

- Verify the date of issue
- Check the length of the visa
- Check whether the picture resembles the child

- Check whether the name in the passport is the same as the alleged mother/father. If not, why not
- When assessing documentation the official should check whether it appears original. If it does, the Social worker should take copies to ensure that further checks can be made. If the passport is in another language than the Social worker should take steps to have the documentation officially translated.

103. Immigration staff, especially through Local Safeguarding Children Boards (LSCBs), should be able to provide clear explanation of the immigration process, different forms of documents and leave to enter the UK possibly along with an opinion on the validity of a document.

104. Once all papers have been checked, the social worker should clarify with the referrer what his/her concerns are. They need to find out why they made the referral, what led them to believe the child might have been trafficked or that s/he might be here illegally; and they must request that they put their concerns in writing to ensure that an accurate and clear audit trail is maintained.

### **Multi-agency strategy discussion/meeting**

105. This must be held whenever there is a referral to Children's Services where there is evidence or suspicion that a child/ren is/are being exploited through trafficking. Due to the need to act promptly, the discussion/meeting must be held **within 48 hours** of receipt of the referral. However, information should be shared between the key agencies wherever possible **within 24 hours**.

106. When the Duty Manager at the Advice and Assessment team receives a referral with concerns about a child who may be trafficked, the following action will be taken:

- Discussion will take place with the referrer to gather as much information as possible.
- Checks will be made with the Children's Services Client Record System (Care First) to check on any history.
- Discussion with the Plymouth Police Child abuse investigation Unit, to include:
  - Whether or not the carer(s) of the child to be informed that a referral has been received.
  - Whether or not to obtain permission from the carer(s) to undertake enquiries with other agencies.
- In both instances, it is important to ascertain whether any of the above action will place the child at further risk of significant harm and/or whether imparting this information will impact on any police investigation.

- A decision will be made **within 24 hours** about what course of action will be taken, i.e. s17 or s47 of the Children Act 1989, based on the available evidence.
- The enquiries/discussion may show that a child is “in need” (s17 of the Children Act 1989) with no concerns that the child is suffering or likely to suffer significant harm. (A Core Assessment may be needed.)
- A Section 47 investigation will be undertaken if the child is at risk of suffering or likely to suffer significant harm.
- A strategy meeting will be held to plan the course of action following the procedures laid down in the “South West Area Child Protection Procedures”.

107. The meeting should strive to work by consensus. Any disagreements should be noted and if they cannot be resolved, should be raised within the relevant management structures. A record of the meeting should be circulated to all attending, who must ensure that it is held securely within their agency.

108. An Independent Chair from the Chairing & Reviewing team will chair the meetings. Membership of the meeting will be:-

- The referrer if a professional
- Lead Officer for Police Child Abuse Investigation Unit or nominee
- Lead Officer for Schools and Lifelong Learning or nominee
- Lead Officer for Health or nominee
- Lead Officer for UKBA
- Specialist Social Worker from Advice & Assessment team
- Lead Officer for Social Inclusion unit or nominee
- Team Manager, Advice and Assessment team
- Any other relevant person (e.g. Foster Carer, etc.)

The involvement of UKBA at the Strategy Meeting is crucial as immigration issues might need to be resolved

Please see Appendix 5 for contact details of the posts identified as covering the Lead Officer role for child trafficking.

109. The purpose of the meeting is to:

- Share and clarify information
- Establish the exact nature of the concerns
- Agree on actions and make recommendations to address the concerns

110. Plans must specify who is responsible for undertaking the tasks unless no further action is taken, or child protection procedures are invoked.

111. See Appendix 3 for Children's Service Multi-Agency Referral Form and Appendix 5, Children's Services Advice and Assessment Team contact details.

## **Decision to interview as part of the Strategy action plan**

112. Once all possible information has been gathered, the social worker and their supervising manager, together with the police, should decide whether to conduct joint interviews. These could involve the Child Abuse Investigation Unit (CAIU), UKBA and/or the local Police.

113. In the longer term information gathered at an interview might help to resolve the child's immigration status. Intelligence gathered from the interview could also stop others being trafficked from overseas.

114. Where it is decided that the family should be visited and interviewed standard social work practice should be followed. The child should be seen alone, preferably in a safe environment. Ensure that the carers are not in the proximity. Children will usually stand by their account and not speak until they feel comfortable.

115. Professional interpreters, who have been approved and CRB checked, should be used. It is not acceptable to use a family member or sponsor.

### **116. Questions should focus on the following:**

- Family composition, brothers, sisters, ages
- Parents' employment
- Tasks they do around the house
- Length of time in this country
- Where they lived in their country of origin
- Where they went to school in their country of origin
- Who cared for them in their country of origin

117. The adults in the family should be interviewed (separately if possible) on the same basis, using the same questions. A comparison can then be made between the answers to ensure they match.

118. All documentation should be seen and checked. This includes Home Office documentation, passports, visas, utility bills, tenancy agreements

and birth certificates. Particular attention should be given to the documentation presented to the school at point of admission. It is not acceptable to be told *'the passport is missing'* or *'I can't find the paperwork right now'*. It is extremely unlikely that a person does not know where their paperwork/official documentation is kept.

119. The interview should be conducted as fully and completely as possible to ensure accuracy and avoid intrusion into the family for a longer period than is absolutely necessary.

120. On completion of the S47 investigation a Strategy Review meeting should be held to decide on future action. Further action should not be taken until this meeting has been held and multi agency agreement obtained.

121. Where it is found that the child is not a family member and is not related to any other person in this country, consideration should be given to whether the child needs to be moved from the household and/or legal advice should be taken on making a separate application for immigration status.

122. Any action regarding fraud, trafficking, deception and illegal entry to this country is the remit of the police and the Home Office. The local authority should assist in any way possible. However, the responsibility for legal action usually remains with the other agencies (exceptions include benefit fraud which is the responsibility of the Department of Work and Pensions, and education offences which are pursued by the local authority).

## **Action to safeguard and promote the welfare of trafficked children**

123. Below are issues for Professionals to consider when working with Trafficked Children

124. Children who have been trafficked are likely to need some of the following services:

- Appropriately trained and CRB checked interpreters
- Counselling
- Child and adolescent mental health services (CAMHS)
- Independent legal advice
- Medical services
- Education
- Family tracing and contact (unless it is not consistent with their welfare)
- Repatriation

125. They will also need:

- Practitioners to be informed and competent in matters relating to trafficking and exploitation
- Someone to spend time with them to build up a level of trust
- A safe placement if they are victims of an organised trafficking operation
- Legal advice about their rights and immigration status
- Their whereabouts to be kept confidential
- Discretion and caution to be used in tracing their families
- A risk assessment to be made into the danger they face if they are repatriated
- Accommodating under section 20 of the Children Act 1989 – for those who meet the criteria
- To be interviewed separately. Children and young people will usually stand by their account and not speak until they feel comfortable
- Consider talking to children and young people using the phone, e-mail, text
- Practitioners should:
- Consider interviewing children in school as they may feel more able to talk there
- Ensure that carers are not in the proximity
- Ensure that interpreters are agency approved and are CRB checked

### **Trafficked children who are in care**

126. The local authority must carry out a core assessment (section 17 of the Children Act 1989) of the child's needs once the child becomes looked after, if it has not already done so. It should be led by the social worker. The assessment should include:

- Establishing relevant information about the child's background
- Understanding the reasons why the child has come to the UK
- Assessing the child's vulnerability to the continuing influence/control of the traffickers

127. Planning and actions to support the child must minimise the risk of the traffickers being able to re-involve a child in exploitative activities. Thus:

- The location of the child must not be divulged to any enquirers until they have been interviewed by a social worker and their identity and relationship/connection with the child established, with the help of police and immigration services if required

- Foster carers must be vigilant about anything unusual e.g. waiting cars outside the premises and telephone enquiries
- The social worker must immediately pass to the police any information on the child (concerning risks to her/his safety or any other aspect of the law pertaining either to child protection or immigration or other matters), which emerges during the placement

128. The child's social worker must try to make contact with the child's parents in the country of origin (immigration services may be able to help), to find out the plans they have made for their child and to seek their views. The social worker must take steps to verify the relationship between the child and those thought to be her/his parent/s and exercise caution in case a parent has knowingly sold their child to a trafficker.

129. See Appendix 6 for a list of addresses and contact details for embassies and consulates for various parts of the world.

130. Anyone approaching the local authority and claiming to be a potential carer, friend, member of the family etc, of the child, should be investigated by the social worker, the police and immigration service. Only if the Social work team manager is satisfied that all agencies have completed satisfactory identification checks and risk assessments can the child transfer to their care.

## Missing Children

131. Research from ECPAT and CEOP provides evidence that significant numbers of children who are categorised as Unaccompanied Asylum Seeking Children (UASC) have also been trafficked. Significant numbers of these children go missing (back into the care of the traffickers) before being properly identified as victims of trafficking. Reporting such cases to the police urgently is critical. The United Kingdom Border Agency is working closely with DCSF, police, local authorities and the Missing People Helpline (formerly the National Missing Person's Helpline) to develop practices, which alert the police at the earliest opportunity to children who are potentially 'at risk'.

132. Where a young person, such as for example an unaccompanied asylum seeking child (UASC), presents to a local authority as having no parent or guardian in this country, then in fulfilling its duties to assess and respond to their needs, the local authority may conclude that it should "accommodate" the young person using its powers under Section 20 of the Children Act 1989<sup>1</sup>. In these circumstances, the local authority will have duties towards the young person as a looked after child. In these circumstances, then like other looked after children, UASC must have a care plan (known as a "16+ plan" when they are aged 16+ and are entitled

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Refer to circular 23/2005 (Guidance on Support for Asylum Seeking Families and Unaccompanied Asylum Seeking Children (UASC)).

to care leaving support) based on a thorough needs assessment outlining how the local authority proposes to meet their needs.

133. Where there is reason to believe that a young person has been trafficked into the UK, then this care plan should include a “risk assessment” setting out how the local authority intends to safeguard the young person so that, as far as possible, they can be protected from any trafficker. This risk assessment might also include contingency plans to be followed should the young person go missing.

134. Given the circumstances in which potentially trafficked young people present to local authorities it will be extremely important that any needs assessments and related “risk assessments” are sensitively managed. The child needs to be in a safe place before any assessment takes place. Any assessment needs to take into account that the child might not immediately be able to disclose full information about their circumstances as they or their families might have been intimidated by traffickers.

135. It will also be very important that no assumptions are made about young people’s language skills and that assessments can call on the services of impartial translators with the necessary competences in responding to children.

136. The contingency plan could include contact details of agencies that must be notified if a potentially trafficked young person goes missing. This includes the police and the “case-manager” in the UKBA. Where there are concerns that a trafficked child has been moved elsewhere in the country away from their care placement, then it may be desirable to contact Missing People Helpline:

137. <http://www.missingpeople.org.uk/>

138. The Missing People Helpline has a team that offers support to local authorities when young people in their care go missing and this service can advise on issues such as contact with police forces and national publicity.

139. In response to notification to the police of a missing child the guidance in ‘*The Management, Recording and Investigation of Missing Persons*’ ([http://www.acpo.police.uk/asp/policies/Data/missing\\_persons\\_2005\\_24x02x05.pdf](http://www.acpo.police.uk/asp/policies/Data/missing_persons_2005_24x02x05.pdf)) should be followed.

140. The guidance sets out that:

- Every missing person report should be assessed to identify the level of risk (high, medium or low) to the missing person
- The response must be appropriate to the level of risk
- Risk assessment must be continuously reviewed

- Children who go missing from care are vulnerable and the level of risk does not diminish because of frequency of absence

141. Where missing children come to the attention of local authority children's social services or the police a 24-hour enquiry service from the United Kingdom Human Trafficking Centre (UKHTC) may help in providing guidance. Additionally, to help social workers, police and other practitioners better assist children whom they suspect might have been trafficked, the NSPCC has set up a *Child Trafficking Information and Advice Line* (to become operational shortly). Contact details will be available on the NSPCC web site at <http://www.nspcc.org.uk>.

142. Children who go missing from Care Policy must be followed in line with South West area Child protection procedures.

## **Action against traffickers**

143. Assessing the willingness and capacity of a child victim to testify against a trafficker is complicated. This will apply to the process of gathering information that might support care proceedings, as well as assisting in criminal prosecutions. Like the victims of domestic abuse, the child usually fears reprisal from the traffickers and/or the adults with whom s/he was living in the UK if they co-operate with social services or the police. In the case of children trafficked from abroad an additional level of anxiety may exist because of fear of reprisals against their family in their home country. They may also fear being deported because they entered the UK illegally. Children who might agree to testify fear that they will be discredited because they were coerced into lying on their visa applications/immigration papers. No child can be coerced into testifying against a trafficker.

## **Returning trafficked children**

144. A decision to return a child victim of trafficking to their country of origin should be made on the basis of the best interests of the child and after a careful consideration of all the evidence, including considering the wishes and feelings of the child and information provided by the child's social worker. It is particularly important to gather information about the child's family, community and country of origin.

145. Amongst other factors the risk assessment should consider whether there is a risk of the abusers gaining access to the child and their family in order to take revenge. The risk of re-trafficking needs to be considered as well as social attitudes to the victims of various forms of abuse including sexual abuse.

146. In some cases and with advice from their lawyers children may apply to UKBA for international humanitarian protection on the basis of the risk assessment. In other cases the timing and nature of a return may be planned with help from UKBA.

147. Returning those, including unaccompanied children, who have no right to stay in the UK, is necessary in the interests of maintaining immigration control, but safeguarding the welfare of the child would always be a key consideration in any decision to return a child. A child with no legal right to remain in the UK would only be returned to their country of origin if the United Kingdom Border Agency is satisfied that safe and adequate reception arrangements are in place.

# Appendix 1: Legislation

## International

1. International agreements and legal instruments relevant to trafficked and exploited children include:
  - The United Nations Convention on the Rights of the Child (United Nations, 1989) and its Optional Policy on the Sale of Children, Child Prostitution and Child Pornography (2000) and the Optional Policy on the involvement on children in armed conflict (2000)
  - The Policy to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, Supplementing the United Nations Convention against Transnational Organised Crime (2000)
  - International Labour Organisation (ILO) Convention 182 concerning the Elimination of the Worst Forms of Child Labour (2000)
  - The Declaration and Agenda for Action agreed at the First World Congress on the Commercial Sexual Exploitation of Children (Stockholm, 1996)
  - The Yokohama Global Commitment agreed at the Second World Congress on the Commercial Sexual Exploitation of Children (Yokohama, 2001)
  - Council of Europe Convention on Action against Trafficking in Human Beings (2005)
2. In 2000 trafficking became enshrined in international law for the first time through the Palermo Policy within the United Nations Policy to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children.
3. The Policy defines trafficking as:

*‘The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered ‘trafficking in persons’ even if this does not involve any of the means set forth [elsewhere in the Palermo Policy]’*

## United Kingdom

4. UK legislation and guidance relevant to trafficked and exploited children includes:
  - The Children Act 1989
  - The Children Act 2004
  - Working Together to Safeguard Children (2006)
  - Safeguarding Children: Working Together Under the Children Act 2004
  - Working Together to Safeguard Children- Safeguarding Children who may have been trafficked.
  - Children and Young People: Rights to Action (2004)
  - What to do if you are worried a child is being abused (2006)
  - The Nationality, Immigration and Asylum Act 2002
  - The Sexual Offences Act 2003
  - The Asylum and Immigration (Treatment of Claimants) Act 2004
  - The UK Action Plan on Tackling Human Trafficking (2007)
5. The Sexual Offences Act 2003, which came into force on 1st May 2004, introduced wide-ranging offences covering trafficking into, out of, or within the UK for any form of sexual offence. These carry a 14 year maximum penalty. An offence of 'trafficking for exploitation', which covers non-sexual exploitation, including trafficking for forced labour and the removal of organs, was included in the Asylum and Immigration (Treatment of Claimants, etc.) Act 2004.
6. The trafficking of children is included under the trafficking offences contained in the Sexual Offences Act and the Asylum and Immigration (Treatment of Claimants, etc.) Act. In addition, the Sexual Offences Act introduced new offences of “abuse of children through prostitution and pornography” which aim to protect children under the age of 18. These cover a range of offences, including paying for the sexual services of a child, for which the penalty ranges from 7 years to life depending on the age of the child; and causing, facilitating or controlling the commercial sexual exploitation of a child in prostitution or pornography, for which the maximum penalty will be 14 years imprisonment.
7. The offences of people trafficking and of prostitution and child sex are included as lifestyle offences under the Proceeds of Crime Act 2002, which means that a conviction for these offences may be followed by an order that the proceeds of those crimes, and assets, may be seized. The Director of the Assets Recovery Agency also has powers to recover property obtained through unlawful conduct, even if that conduct took place abroad and even if there has not been a criminal prosecution.

## Relevant provisions of UK Legislation

### Children Act 1989, Section 17

8. *A child is defined as 'in need' by Section 17 of the Children Act 1989 if:*

- s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services; or
- his/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- s/he is disabled

### Children Act 1989, Section 20

9. Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of:

- there being no person who has parental responsibility for him/her; or
- his/her being lost or having been abandoned; or
- the person who has been caring for him/her being prevented (whether or not permanently and for whatever reason) from providing him/her with suitable accommodation or care

10. Every local authority shall provide accommodation for any child in need within their area who has reached the age of sixteen and whose welfare the authority consider is likely to be seriously prejudiced if they do not provide him/her with accommodation.

### Children Act 1989, Section 47

11. Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

12. 'Harm' is defined as:

- ill treatment, which includes sexual abuse, physical abuse and forms of ill-treatment which are not physical, for example, emotional abuse; or
- impairment of health (physical or mental); or
- impairment of development (physical, intellectual, emotional, social or behavioural)

This may include seeing or hearing the ill treatment of another (s120 Adoption and Children Act 2002).

## **Children Act 1989, Section 67 Private Fostering**

13. 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 its area is being satisfactorily safeguarded and promoted and to ensure that such advice is given to those caring for the child as appears to the authority to be needed.

14. 'A privately fostered child' means a child who is under the age of sixteen (eighteen if disabled) and who is cared for, and provided with accommodation in their own home, by someone other than:

- a parent;
- a person who is not his/her parent of his but who has parental responsibility for him/her; or
- a close relative ( parent, step-parent, siblings, siblings of a parent and grandparents)

**15. A child is not a privately fostered child if the person caring for and accommodating him/her:**

has done so for a period of less than 28 days and does not intend to do so for any longer period.

**16. The usual fostering limit applies to private fostering.**

17. A carer, who is disqualified from being a private foster carer or who lives with someone else who is disqualified, cannot privately foster without the consent of the local authority. There is a right of appeal against a refusal of consent.

18. A local authority is empowered to prohibit a carer from being a private foster carer if they are of the opinion that:

- the carer is not a suitable person to foster a child; or

- the premises in which the child is, or will be, accommodated are not suitable; or
- it would be prejudicial to the welfare of the child to be, or continue to be, accommodated by that carer in those premises

19. A prohibition may prevent the carer fostering anywhere in the area, restrict fostering to specific premises, or restrict fostering to a particular child in those premises. There is a right of appeal against the imposition of a condition.

**20. The local authority may also impose requirements on a carer affecting:**

- the number, age and sex of the children to be fostered
- the standard of accommodation and equipment
- health and safety arrangements
- specific arrangements for the children to be fostered

21. The local authority must be given notice of the placement by both the parent and the carer and any other person involved in its arrangement.

22. The local authority must be satisfied as to the suitability of each arrangement notified to it.

23. Regulations prescribe the frequency with which a privately fostered child should be visited.

24. Where a local authority is not satisfied that the welfare of a privately fostered child is being satisfactorily safeguarded or promoted it must take such steps as are reasonably practicable to secure that the care of the child is undertaken by a parent, a holder of parental responsibility, or a relative (unless not in the interests of the child to do so) and consider exercising its functions under the Children Act 1989.

25. All agencies who believe a child may be in a private fostering arrangement should contact Policy Fostering Team for advice or to make a referral. **Add policy link.**

## **Nationality, Immigration and Asylum Act 2002 Section 54**

26. Section 54 is intended to discourage the concept of 'benefit shopping' within Europe. It is retrospective and applies to anyone who comes within the categories set out below. This is not dependent on the length of time they have been in the UK.

27. The Act has the effect of preventing local authorities and NASS from providing support under certain provisions, including section 21 of the National Assistance Act and section 17 of the Children Act (1989) to:

- those with refugee status in another European Economic Area state
- persons unlawfully present in the UK who are not asylum seekers, including those who have overstayed visa entry limit and those without confirmation of leave to remain
- failed asylum seekers who refuse to co-operate with removal directions

28. The Act does not, however, prevent the provision of support to children, or the exercise of a power or the performance of a duty to prevent a breach of the European Convention on Human Rights or rights under the European Community treaties

## **Nationality, Immigration and Asylum Act 2002 Section 55**

29. Section 55 applies to those who have made or are intending to make an asylum claim in the UK. It prevents NASS from providing asylum support, and local authorities from providing certain support, unless the Secretary of State is satisfied that the person applied for asylum as soon as reasonably practicable after arrival in the UK. The section does not prevent the provision of asylum support to families with dependent children, nor does it prevent the provision of support by the Secretary of State (via NASS) to prevent a breach of human rights.

### ***30. Section 55 does not apply to unaccompanied minors.***

31. Those who have not yet officially lodged an asylum claim can be offered assistance with accommodation (usually overnight) and travel to Immigration and Nationality Directorate Public Caller Unit (IND) by social services in order to register the claim with the Home Office. Family can then access NASS support via Refugee Action once IND has accepted the claim and provided written confirmation of this.

## **Parental Responsibility**

32. The Children Act 1989 introduced the concept of 'parental responsibility', which means all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his/her property. This legal framework provides the starting point for considering who has established rights, responsibility and duties towards a child.

33. A child whose parents' whereabouts are not known has no access to parents for consent when making important choices about their life.

Whilst the parents still have parental responsibility, they have no way of exercising it.

34. Children who do not have someone with parental responsibility caring for them can still attend schools, which are normally pragmatic in allowing the carer to make most decisions normally made by the parent.
35. A child in this position is entitled to health care and has a right to be registered with a GP. If there are difficulties in accessing a GP, the local Patients Services will assist. Emergency life-saving treatment will be given if required. However, should the child need medical treatment such as surgery or invasive treatment in a non life-threatening situation, the need for consent would become an issue and legal advice would be required.
36. A main route for a carer to obtain parental responsibility is by obtaining a Residence Order. However, an adult whose immigration status is unresolved cannot apply for a Residence Order.

## **Appendix 2 - National organisations who may be able to help**

### **UK Human Trafficking Centre (UKHTC).**

76. In October 2006, following a proposal from the Association of Chief Police Officers (ACPO), the UKHTC was established. The UKHTC provides a strategic multi agency response to trafficking both into and within the UK. The Centre aims to tackle trafficking from a victim centred, human rights perspective.

77. To support this approach the Child Exploitation and Online Protection Centre (CEOP) established a Child Trafficking Desk to work closely with the UKHTC and relevant stakeholders to assess annually the nature and scale of child trafficking so as to inform the development of police policy, best practice and training requirements. CEOP's scoping report on the nature and scale of child trafficking into and within the UK (commissioned by the Home Office), published in June 2007, highlights the need for greater awareness of child trafficking, better information sharing and improved inter-agency working for safeguarding trafficked children.

### **Child Exploitation Online Protection Centre (CEOP)**

78. In April 2006, the Government established the Child Exploitation and Online Protection Centre (CEOP) to protect children from sexual exploitation originating from the Internet. CEOP adopts a child-centred approach to all areas of its business and has a dedicated Child Trafficking Unit. CEOP works closely with the Serious Organised Crime Agency (SOCA), ACPO, the UKHTC and relevant statutory and non-statutory stakeholders on all issues relating to child trafficking.

79. In June 2007, CEOP published a scoping report on child trafficking in the UK. This was commissioned by the Home Office and UKBA. The report highlights the need for greater awareness of child trafficking, better information sharing and improved inter-agency working for safeguarding trafficked children. The report can be downloaded from the CEOP website at [www.ceop.gov.uk](http://www.ceop.gov.uk).

80. In future, CEOP will produce an annual threat assessment of the scale and nature of child trafficking in the UK. The involvement of a UKBA member seconded to CEOP will ensure that immigration issues relating to trafficked victims will be appropriately responded to by the Centre.

## **NSPCC Child Trafficking Advice and Information Helpline**

81. The Home Office in partnership with NSPCC, ECPACT UK, CEOP and Comic Relief launched the NSPCC Child Trafficking Advice and Information line. This is in response to an extensive consultation highlighting issues for identifying children and young people who may have been trafficked and the challenge to deliver an appropriate welfare approach. It will offer direct assistance to professionals in statutory and non-statutory services responsible for children who show signs of having been trafficked and will provide advice on how their immediate needs can be addressed. It will offer advice on safeguarding best practice by telephone and a case consultancy service by appointment.
82. The advice line is designed as a conduit for professionals to contact to talk through issues and possible actions regarding any child/ren who may have been, or still is being, trafficked. The line will support referrals to other agencies and will use learning from the service to promote best practice in the safeguarding and welfare of trafficked children. The service will work closely with a range of other agencies and experts on child trafficking through an advisory group in order to ensure that advice given is up to date, relevant and useful. It will involve the participation of trafficked children in the design and delivery of this and other connected services.
83. Over time the service will build a knowledge base which will inform service delivery development and permit the sharing of good practice and intelligence with CEOP and the UKHTC.

## Appendix 3: Practitioner responses for safeguarding trafficked children

Staff in any of the settings or circumstances in this table may become aware, immediately or over time, of the quality of relationships, patterns of behaviour displayed, or inconsistent/contradictory information provided to them, by their clients, which raises concerns that a child has been or is being trafficked and exploited. This table provides non-exhaustive indicators of actions which should be considered and/or taken by frontline practitioners/volunteers and their supervising managers.

Setting/circumstance where a child may be identified as a trafficked child	Practitioner or volunteer who may identify a child who has been trafficked	Initial action & assessment within a single agency where there are concerns that a child may have been trafficked	Early multi-agency intervention: referral and the involvement of other agencies where there are concerns that a child may have been trafficked
<b>Schools, colleges, Local Education Authority</b> <i>(Application for school place, child starts/is attending school, talks to school nurse or unexpectedly leaves school)</i>	Teacher, school nurse, classroom assistant, reception/administrator	<ul style="list-style-type: none"> <li>The practitioner discusses concerns with the designated teacher with safeguarding children responsibility</li> <li>The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>Further checks should be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>See actions for Children's Social Services in this column</li> </ul>
<b>Health services: GP surgery, A&amp;E, Ambulance Service, maternity services, hospitals and specialist services</b> <i>(An adult takes a child to the GP/A&amp;E or an unaccompanied child seeks services, maternity services/health visitor talk to women and visit homes, LAC or other child sees community paediatrician, optician, dentist)</i>	GP, practice nurse, community health visitors, hospital staff, maternity staff, adult mental health and CAMHS practitioners	<ul style="list-style-type: none"> <li>Practitioner discusses concern with the named/designated doctor or nurse with safeguarding children responsibility</li> <li>The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>Further checks should be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>See actions for Children's Social Services in this column</li> </ul>
<b>Police</b> <i>(Family or unaccompanied child comes to notice through criminal activity, illegal immigrant status, domestic violence home visits, missing persons referrals or other)</i>	Police officer, community safety officer	<ul style="list-style-type: none"> <li>Local police complete a Coming to Notice (CTN) report and send it to the Child Abuse Investigation Team (CAIT)</li> <li>Local police discuss case with CAIT</li> <li>Further investigation is undertaken as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>All CTNs are sent to Children's Social Services</li> <li>Where immediate action is needed the CAIT will have a strategy discussion with Children's Social Services</li> <li>See actions Children's Social Care in this column</li> </ul>

Setting/circumstance where a child may be identified as a trafficked child	Practitioner or volunteer who may identify a child who has been trafficked	Initial action & assessment within a single agency where there are concerns that a child may have been trafficked	Early multi-agency intervention: referral and the involvement of other agencies where there are concerns that a child may have been trafficked
<p><b>Children's Social Services</b></p> <p><i>(Adult(s) and child/ren or an unaccompanied child seeks help directly from the referral and Assessment Team, a child already receiving services or looked after is identified as being trafficked, a referral of concern is received from another agency/person)</i></p>	<p>Children's social worker, family support worker, foster carer, reception/administrator, residential worker, children's rights officer</p>	<ul style="list-style-type: none"> <li>• Children's Social Services staff discuss case with their supervising line manager, foster carers with their supervising social worker and the child's social worker, children's rights officer with the child's social worker</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• Further checks can be made by the child's social worker. HOWEVER not if this will heighten risk of harm or abduction to the child</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Children's Social Services</li> <li>• will advise the referrer which plan is in place.</li> </ul>
<p><b>Local Authority Asylum Team</b></p> <p><i>(The child, accompanied or unaccompanied, is referred by Children's Social Services Referral and Assessment Team to their Local Authority's asylum team)</i></p>	<p>Asylum team social worker</p>	<ul style="list-style-type: none"> <li>• Asylum team staff discuss case with their supervising line manager</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• Further assessment can be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to the Child Protection social work team</li> <li>• See actions for Children's Social Services (Child Protection team) in this column</li> </ul>
<p><b>Youth Offending Teams, youth clubs &amp; Connexions</b></p> <p><i>(The child, accompanied or unaccompanied, commits an offence and is referred to the YOS, joins or attends a youth club, receives services from Connexions)</i></p>	<p>YOS practitioner, youth worker, youth work volunteer, Connexions Personal Advisor, reception/ administrator</p>	<ul style="list-style-type: none"> <li>• YOS practitioner's discuss case with their supervising line manager, youth worker and volunteer with their team leader</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• Further checks should be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>• See actions for Children's Social Services in this column</li> </ul>

Setting/circumstance where a child may be identified as a trafficked child	Practitioner or volunteer who may identify a child who has been trafficked	Initial action & assessment within a single agency where there are concerns that a child may have been trafficked	Early multi-agency intervention: referral and the involvement of other agencies where there are concerns that a child may have been trafficked
<p><b>Immigration Service, Asylum Screening Unit, Refugee Council's Children's Panel</b></p> <p><i>(Adult(s) and child/ren or an unaccompanied child present at port of entry or at Lunar House in Croydon after entering the UK. In the latter case they may have first made contact with another service e.g. Children's Social Services)</i></p>	<p>Ports immigration officer, asylum screening staff at Croydon and Liverpool</p>	<ul style="list-style-type: none"> <li>• Immigration and screening staff member:               <ol style="list-style-type: none"> <li>a) considers the case in the light of information about trafficked children in this Policy</li> <li>b) makes further checks where possible</li> <li>c) discusses concern with the designated officer with safeguarding children responsibility</li> <li>d) discusses the case with Children's Social Services and Police colleagues located at the port of entry</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services and the Police</li> <li>• See actions for Children's Social Services in this column</li> </ul>
<p><b>Fire Service</b></p> <p><i>(Family or unaccompanied child comes to notice through fire-related or other accidents and incidents)</i></p>	<p>Fire Service staff</p>	<ul style="list-style-type: none"> <li>• Fire service staff member discusses concern with the designated officer with safeguarding children responsibility</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• Further checks should be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>• See actions for Children's Social Services in this column</li> </ul>
<p><b>Local Authority Housing</b></p> <p><i>(Homeless adult(s) and child/ren or an unaccompanied child apply for to be housed)</i></p>	<p>Housing officer, reception/administrator</p>	<ul style="list-style-type: none"> <li>• Housing staff member discusses case with the designated officer with safeguarding children responsibility, makes further checks where possible</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• Further checks should be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>• See actions for Children's Social Services in this column</li> </ul>

Setting/circumstance where a child may be identified as a trafficked child	Practitioner or volunteer who may identify a child who has been trafficked	Initial action & assessment within a single agency where there are concerns that a child may have been trafficked	Early multi-agency intervention: referral and the involvement of other agencies where there are concerns that a child may have been trafficked
<b>Benefits Agency</b>  <i>(Adult(s) and child/ren or an unaccompanied child apply for, or notify alterations in, benefits)</i>	Benefits officer, assessor, reception/administrator	<ul style="list-style-type: none"> <li>• Benefits service staff member discusses case with the designated officer with safeguarding children responsibility, makes further checks where possible</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• Further checks should be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>• See actions for Children's Social Services in this column</li> </ul>
<b>LA Leisure Centres, Libraries</b>  <i>(Adult(s) and child/ren or an unaccompanied child use leisure centres or libraries)</i>	Leisure centre worker, librarians, reception/administrators	<ul style="list-style-type: none"> <li>• Leisure centre and libraries' staff member discusses case with the designated officer with safeguarding children responsibility</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• Further checks should be made. HOWEVER not if this will heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>• See actions for Children's Social Services in this column</li> </ul>
<b>Independent private &amp; voluntary agencies</b>  <i>(Families and children, including unaccompanied children, receive a range of social care and other services from these agencies)</i>	Solicitor, interpreter and others coming into contact with children, young people and families	<ul style="list-style-type: none"> <li>• Solicitors, interpreters and others coming into contact with children should telephone the local Children's Social Services for advice about whether to make a referral</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>• See actions for Children's Social Services in this column</li> </ul>
<b>Community, faith groups and others</b>  <i>(Families and children, including unaccompanied children, participate in a range of social care activities and other services from these agencies)</i>	Organisers & volunteers for community and private sports, music, drama, church and other activities	<ul style="list-style-type: none"> <li>• Concerned adult discusses case with the designated person with safeguarding children responsibility</li> <li>• The concerns should be considered in the light of information about trafficked children in this Policy.</li> <li>• HOWEVER concerned adults should not do anything which could heighten risk of harm or abduction to the child</li> </ul>	<ul style="list-style-type: none"> <li>• In all cases where action, including further assessment is felt to be needed, a referral should be made to Children's Social Services</li> <li>• See actions for Children's Social Services in this column</li> </ul>

## ***Appendix 4: Health issues for consideration by professionals working with trafficked children***

### ***Immunisation and child surveillance***

1. Immunisation and child surveillance programmes vary from country to country. Children may arrive with incomplete immunisation schedules, an unknown immunisation history, or with no immunisations or screening having previously occurred; the latter situation is more likely in children arriving from countries with either no or very little health infrastructure as a consequence of extreme poverty, war, or both. Catch-up immunisation is recommended by the DoH and a schedule advising how to do this is provided by the UK Health Protection Agency<sup>1</sup>.
2. Health for All<sup>2</sup> provides evidence-based recommendations on child health surveillance and health promotion. It would seem reasonable to ensure that children arriving from countries without a comprehensive surveillance programme should have access to a catch-up health review which allows screening for common developmental problems, congenital abnormalities, and parental access to age appropriate health promotion advice. The RCPCCH advises this for all newly arrived refugees<sup>3</sup>, but children arriving not as refugees but from resource-poor countries have similar immunisation and surveillance needs. Screening for genetic disorders, such as the haemoglobiopathies or G6PD deficiency, must be considered in high-risk populations.
3. Rarely children may have been exposed to environmental toxins in their country of origin, or to cultural practices that inadvertently cause harm to children, e.g. the application of lead-containing kohl. Clinicians need to be alert to these possibilities and respond appropriately.
4. Without a system in place to identify newly arrived children, children in need of catch up immunisation and surveillance will be missed, with consequences for public health, and for their own health, welfare, and education. It is vital that all Primary Care Trusts or their equivalents implement procedures to identify such children. Health visitors, school nurses, and schools are key players in this.

### ***Screening for infections and infectious diseases***

5. Children newly arrived from abroad may, depending on their country of origin, or their route of travel to the UK, be at risk of specific infections, some of which may also be infectious and thus have wider public

health implications. Some children may be frankly ill, but others with no history, signs or symptoms suggestive of any infection. The Department of Health “Yellow Book” is an invaluable resource with information on disease risks by continent and country<sup>4</sup>.

6. The well child. The history needs include country of origin and the travel route to their new home, which may highlight high risk of certain infections. It is also advisable to ask about exposure to unpasteurised milk, uncooked meat, poor access to water and sanitation facilities, blood transfusion, re-used syringes for immunisation, and any relevant family history e.g. of tuberculosis (TB), hepatitis B, or HIV. Occasionally it is necessary to inquire about sexual activity including sexual abuse or rape.
7. There is some debate about the breadth of screening indicated in a well child. The clinician ought to be clear as to whether any screening test is for the benefit of the child or for the benefit of the wider community, and bear in mind the costs of tests for unlikely conditions, which may be expensive. It is reasonable to consider the likelihood of TB, HIV infection, hepatitis B, and gut helminths, which are all easy to do (although HIV testing needs to be done sensitively and have appropriate backup to deal with positive results). New arrivals from high-risk areas should technically have been screened on entry, although it is our experience that this system misses many at risk children and cannot be relied upon. If clinicians have any doubts or queries they should consult their local consultant in communicable disease surveillance and control (CDSC), . Do not over screen – this is a waste of money.
8. The unwell child. A brief guide to pointers from the history and examination is given in Fig 1. This paper will not discuss the investigation and management of imported infections, which requires a separate review.

**Figure 1:**

<b>Symptom/Sign</b>	<b>Consider</b>
<ul style="list-style-type: none"> <li>• Persistently febrile</li> </ul>	Various but don't miss malaria
<ul style="list-style-type: none"> <li>• Seizures</li> </ul>	Cysticercosis
<ul style="list-style-type: none"> <li>• Dermatitis</li> <li>• Recurrent URTI</li> <li>• Widespread lymphadenopathy</li> <li>• Oral candida</li> <li>• Recurrent pneumonias</li> <li>• Faltering growth</li> </ul>	HIV
<ul style="list-style-type: none"> <li>• Cough or other respiratory symptoms</li> </ul>	TB Parasitic worms whose life cycle involves a Pulmonary transit
<ul style="list-style-type: none"> <li>• Acute diarrhoea. If bloody, more likely to be:</li> </ul>	Rotavirus Giardia Amoebae and cryptosporidium Enteropathogenic E coli Shigella Salmonella Campylobacter
<ul style="list-style-type: none"> <li>• Recurrent diarrhoea</li> </ul>	Gut helminth infection Giardia
<ul style="list-style-type: none"> <li>• Worms in stools</li> </ul>	Gut helminth infection
<ul style="list-style-type: none"> <li>• Oral thrush or widespread caries</li> </ul>	HIV
<ul style="list-style-type: none"> <li>• Dermatitis; healed scars from furunculosis</li> </ul>	HIV
<ul style="list-style-type: none"> <li>• Rash</li> </ul>	Dengue Typhoid Typhus Brucellosis
<ul style="list-style-type: none"> <li>• Lymphadenopathy</li> </ul>	Rickettsial infections Brucellosis Dengue HIV Visceral leishmaniasis
<ul style="list-style-type: none"> <li>• Jaundice</li> </ul>	Hepatitis Malaria Yellow fever Leptospirosis Relapsing fever
<ul style="list-style-type: none"> <li>• Abnormal respiratory examination</li> </ul>	TB Pulmonary helminths Nematodes
<ul style="list-style-type: none"> <li>• Hepatomegaly</li> </ul>	Amoebiasis Malaria Typhoid Hepatitis Leptospirosis
<ul style="list-style-type: none"> <li>• Splenomegaly</li> </ul>	Malaria Typhoid Brucellosis Visceral leishmaniasis Dengue

## ***Accident prevention***

9. The risk from accidents for migrant children are likely to be related to an interplay of factors that include living in poverty, homelessness, and unfamiliarity with their surroundings<sup>5</sup>. For some, the mental or emotional trauma through displacement affects their concentration and emotional availability - an added risk factor. A child used to low level road traffic faces difficulties trying to negotiate heavy urban UK traffic. This is compounded by a parent's lack of knowledge of safe crossing procedures and possible inability to read road signs.
10. The adverse effects of hostel dwelling for the general population have been well described elsewhere. Migrant families, especially large families, placed in temporary accommodation are at an increased risk of accidents with over-crowding and lack of space a particular feature<sup>3</sup>. There is a real possibility of accident to infants who cannot be placed on a floor because of lack of space<sup>6</sup>. Some cultural practices may increase likelihood of accidents e.g. a potential cause of serious scalding is very hot black tea. Children with special needs living in poor housing conditions are at a particular risk, as they may not have gained access to services and become frustrated within a confined space.
11. Health visitors are well placed to address structural issues such as poor quality accommodation and dangerous living conditions. The assessment of all migrant children is therefore of the highest importance to ensure health and social service access, including referrals to community projects such as Sure Start. These supportive measures for the families may be further promoted by the use of culturally accessible information on services and home and road safety.

## ***Vulnerability of adolescent girls***

12. Girls and women are often victims of sexual exploitation, sexual coercion and rape in conflict zones and refugee camps, or this may have been why they were trafficked. Services need to be in place to address the needs of these adolescents who may arrive needing antenatal care, termination of pregnancy, access to the genitourinary medicine clinic, contraceptive advice and support, and counselling services to help them come to terms with what has happened to them.

## ***Children with disabilities or chronic illness***

- Children may not have had access to therapeutic and rehabilitation services and so have an urgent need for intervention e.g.

- A child with growth failure who has undiagnosed coeliac disease
  - A child may have undiagnosed HIV infection
- Language and cultural differences may make an accurate assessment of special educational needs difficult
- For those areas accepting a large number of asylum seekers, stretched special educational needs services may not be able to respond quickly to place these children in school.
- Children and young people may be unaware that they have an entitlement to care, or that effective interventions are available. Conversely they may have wildly unrealistic expectations of Western medicine, e.g. arrive in outpatients expecting their post-polio paralysis to be cured. These situations are distressing for all, and need sensitive responses.
- Think about infections as a cause of developmental delay, e.g. delay with diplegia may be HIV encephalopathy; delay with chorioretinitis, hearing loss, heart murmur may follow congenital infection with toxoplasmosis, rubella, or syphilis.

### ***Trafficked Roma Children***

13. There is only space here to highlight what is an immensely complex issue. Roma from parts of Eastern Europe started to arrive in the UK as asylum seekers in the 1990s fleeing racial persecution in their countries of origin. Some of them were successful in this; others were not. Roma from these same countries, as a result of the changed status of these countries in relation to actual or perspective membership of the European Union, are now entering the country legally as migrant EU workers. There is no doubt that Roma in many Eastern European countries experienced racial discrimination, were highly economically disadvantaged, and profoundly socially marginalised, and continue to experience disadvantage after their arrival in the UK. Children arriving here will carry the sequelae of these disadvantages. For women living in isolation from extended family networks, the highly patriarchal nature of *some* Roma communities can make their lives very parlous; this in turn increases the vulnerability of their children.
14. Paediatricians need to be mindful of these factors. The social predicament of such children may require modified responses. This may be quite simple, such as delaying discharge from hospital following an acute illness. Responding to a child with long-term health care needs is much more challenging. Professionals must work closely with other agencies to ensure that children have all the services they require, and that services are provided in an appropriate way.

<sup>1</sup> [http://www.hpa.org.uk/infections/topics\\_az/vaccination/vac\\_guidelines.htm](http://www.hpa.org.uk/infections/topics_az/vaccination/vac_guidelines.htm)  
(accessed 12/04)

<sup>2</sup> Hall D, Elliman D. *Health for All Children: 4th Report*. Oxford University Press 2003.

<sup>3</sup> Levenson R, Sharma A. *Health of Refugee Children - Guidelines for Paediatricians*. London 1999. RCPCH. Also at [http://www.rcpch.ac.uk/publications/past\\_publications.html](http://www.rcpch.ac.uk/publications/past_publications.html) (accessed 12/04)

<sup>4</sup> Department of Health. *Health information for overseas travel*. The Stationary Office 2001 (also at <https://www.the-stationery-office.co.uk/doh/hinfo/travel02.htm> - accessed 18/1/04)

<sup>5</sup> Department for Transport *Road accident involvement of children from ethnic minorities (review No.19)*. London 2002. DfT (Also at [http://www.dft.gov.uk/stellent/groups/dft\\_rdsafety/documents/page/dft\\_rdsafety\\_504597.hcsp](http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/page/dft_rdsafety_504597.hcsp) - accessed 9/1/05)

<sup>6</sup> McLeish J. *Mothers in exile: Maternity experiences of asylum seekers in England*. Maternity Alliance; 2002.

# Appendix 3: Useful Contacts in Plymouth or the UK

## Plymouth Lead Officer Contacts

Elody Mene-Garue Specialist social worker  
Plymouth Advice & Assessment service  
Children's Services  
Ballard House

Maureen Grimley  
Safeguarding Children's manager  
Chairing & Reviewing Team  
Ginkgo House  
T.306440

Detective Inspector  
Devon & Cornwall Constabulary

Named Doctor for Child Protection

Named Nurse Child Protection  
PCT Safeguarding Unit

Head of Inclusion

United Kingdom Border Agency

Voluntary Action

## Plymouth Voluntary Agencies

### **Start;**

Unit 4, HQ Building  
237 Union St  
Plymouth  
PL1 3HQ  
T 01752 255200

### **Path;**

The Harwell Centre  
28-42 Harwell Court  
Plymouth  
PL1 1PH  
T 01752 255889

### **DCRSC Devon & Cornwall Refugee support Council**

7 Whimble street  
Plymouth  
T 01752 265952

### **Refugee Action**

4<sup>th</sup> Floor Prideaux Court  
Palace street

Plymouth  
PL1 2AY  
T 01752 235030

**Refugee First & Africa House**

Floor 1, Anglia House  
Derrys Cross  
Plymouth  
PL1 2SH  
T 01752 242155/6/7

**All Nation Ministries**

Quaker House  
74 Mutley plain  
Plymouth  
PL4 6LF  
T 01752 227739

**Devon Travellers Education Services**

Ann Walker  
T 01752 386811

## **Additional Contacts**

NSPCC Child Trafficking Advice and Information Help Line  
Tel: [To be available shortly]  
United Kingdom Human Trafficking Centre  
Tel: 0114 252 3891  
[www.ukhtc.org](http://www.ukhtc.org)

Children's Legal Centre  
[www.childrenslegalcentre.com](http://www.childrenslegalcentre.com)

Details of the appropriate consulate or embassy in London can be found in the London Diplomatic List (ISBN 0 11 591772 1), available from the Government Stationary Office – Tel: 0870 600 5522.  
or on the website – [www.fco.gov.uk](http://www.fco.gov.uk)

International Social Services of the UK,  
Cranmer House, 3<sup>rd</sup> Floor  
39 Brixton Road, London SW9 6DD  
Tel: 020 7735 8941/4  
Fax: 020 7582 0696

Foreign and Commonwealth Office  
Tel: 020 7008 1500

CEOP (Child Exploitation Online Protection Centre)  
33 Vauxhall Bridge Road, London, SW1V 2WG  
Tel: 020 7238 2320/2307  
[www.ceop.gov.uk](http://www.ceop.gov.uk)

ECPACT UK (End Child Prostitution, Pornography and Child Trafficking)  
Grosvenor Gardens House, 35 – 37 Grosvenor Gardens, London, SW1W OBS  
Tel: 020 7233 9887  
[www.ecpat.org.uk](http://www.ecpat.org.uk) or [info@ecpat.org.uk](mailto:info@ecpat.org.uk)

UNICEF  
Africa House, 64 – 78 Kingsway, London, WC2B 6NB  
Tel: 020 7405 5592  
[info@unicef.org.uk](mailto:info@unicef.org.uk)

Afruca (Africans Unite Against Child Abuse)  
Unit 3D/F Leroy House, 436 Essex Road  
London N1 3QP  
Tel: 020 7704 2261  
[www.afruca.org](http://www.afruca.org)

Childwatch  
19 Springbank  
Hull, East Yorkshire, HU3 1AF  
Tel. 01482 325 552  
Fax. 01482 585 214

## Appendix 4: Contact Details for Embassies and Consulates

We thank the NSPCC and the London Child Safeguarding Committee for allowing the inclusion of this list of worldwide organisations concerned with children's welfare; also accessible at:

[www.nspcc.org.uk/Inform/OnlineResources/CH\\_Resources.asp\\_ifega26416.html](http://www.nspcc.org.uk/Inform/OnlineResources/CH_Resources.asp_ifega26416.html)

The list is arranged A-Z by country, however organisations that work internationally (i.e. in more than one country) are listed under [International Organisations](#).

- A -

### AFRICA

#### **African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)**

PO Box 1768

00200 - City Square

Nairobi

Kenya

Tel: 254 20 3873990/3861086

Fax: 254 20 3876502

[www.anppcan.org](http://www.anppcan.org)

#### **Anti-Child Abuse Society of Africa (ACASA)**

P.O. Box 8179 Wuse

Abuja

NIGERIA

Tel: 234 09 6705329 / 234 08 044135581

*Further details available on the Child Rights Information Network (CRIN)*

### ARGENTINA

#### **Association Argentina Para La Prevencion Del Abuso y Abandono Infantil (APAI)**

Casacuberta 2881

Avellaneda

Buenos Aires 1872

ARGENTINA

Tel: 54 1 203 1900

### AUSTRALIA

#### **Australian Childhood Foundation**

PO BOX 525

Ringwood, VICTORIA 3134

Tel: (03) 9874 3922

Fax: (03) 9874 7922

[www.childhood.org.au](http://www.childhood.org.au)

- B -

### BELGIUM

#### **Vertrouwenscentrum Kindermishandeling**

AZ-VUB

Laarbeeklaan 101

1090 Brussel  
BELGIUM  
Tel: 32 02 477 6060  
Fax: 32 02 477 8750  
[www.kindinnood.org](http://www.kindinnood.org)

- C -

#### CANADA

##### **Canadian Red Cross**

National Office  
170 Metcalf Street  
Suite 300  
Ottawa  
Ontario  
K2P 2PZ  
CANADA  
Tel: (613)740-1900  
Fax: (613)740-1911  
[www.redcross.ca](http://www.redcross.ca)

##### **Ontario Association of Children's Aid Societies**

75 Front Street East  
2<sup>nd</sup> Floor  
Toronto  
Ontario  
CANADA  
Tel: 1 416 987 7725  
Fax: 1 416 366 8317  
[www.oacas.org](http://www.oacas.org)

#### CZECH REPUBLIC

##### **Detskaprava.cz**

##### **Project for Support of Children's Rights**

Ustavni, 91/95  
181 21 Praha 8  
CZECH REPUBLIC  
Tel: (+420) 266 727 933  
Fax: (+420) 266 727 911  
[www.detskaprava.cz/english/index.htm](http://www.detskaprava.cz/english/index.htm)

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#### DENMARK

##### **Red Barnet (Save the Children Denmark)**

Red Barnet  
Rosenørns Allé 12  
DK - 1634 Copenhagen V  
Tel: (+ 45) 35 36 55 55  
Fax: (+ 45) 35 39 11 19  
[www.redbarnet.dk](http://www.redbarnet.dk)

- E -

**ENGLAND**

**ChildLine**

45 Folgate Street

London

E1 6GL

Tel: 020 7650 3200

Fax: 020 7650 3201

Helpline: 0800 1111 (24-hr/every day)

[www.childline.org.uk](http://www.childline.org.uk)

**Children's Society**

Edward Rudolf House

Margery Street

London

WC1X 0JL

ENGLAND

Tel: 0845 300 1128

Fax: 020 7837 0211

[www.the-childrens-society.org.uk](http://www.the-childrens-society.org.uk)

**National Children's Bureau (NCB)**

8 Wakley Street,

London

EC1V 7QE

ENGLAND

Tel: 020 7843 6000

Fax: 020 7278 9512

[www.ncb.org.uk](http://www.ncb.org.uk)

**NCH**

85 Highbury Park

London

N5 1UD

ENGLAND

Tel: 020 7704 7058

Fax: 020 7704 7006

[www.nch.org.uk](http://www.nch.org.uk)

**Save the Children UK**

17 Grove Lane

Camberwell

London

SE5 8RD

ENGLAND

[www.savethechildren.org.uk](http://www.savethechildren.org.uk)

**UNICEF**

Africa House  
64 – 78 Kingsway  
London  
WC2B 6NB  
Tel : 020 7405 5592  
info@unicef.org.uk

**ESTONIA**

**Estonian Children's Fund**

Lai31/Suurtuki 1  
10133 Tallin  
ESTONIA  
Tel: +372 641 1188  
Fax: + 372 64 111 89  
[www.elf.ee](http://www.elf.ee)

**FINLAND**

**Central Union for Child Welfare in Finland**

Armfeltintie 1  
FIN-00150 Helsinki  
FINLAND  
Tel: +358- 9-3296 011  
Fax: +358-9-3296 0299  
[www.lskl.fi](http://www.lskl.fi)

**Mannerheim League For Child Welfare**

The Central Office  
Toinen linja 17  
FIN-00530 Helsinki  
FINLAND  
Tel: +358 753 2451  
Fax: +358 9 3481 1508  
[www.mll.fi](http://www.mll.fi)

**FRANCE**

**Centre Français de Protection de l'Enfance (CFPE)**

23, Place Victor Hugo  
94270  
Kremlin Bicêtre  
Paris  
FRANCE  
Tel: 01 43 90 63 00  
Fax: 01 43 90 63 07  
[www.cfpe.asso.fr](http://www.cfpe.asso.fr)

**Union Nationale des Associations de Sauvegarde des Enfants, des Adolescents et des Adultes (UNASEA)**

118, rue du Château des Rentiers

75013 Paris

FRANCE

Tel: +33 [0] 1 45 83 50 60

Fax: +33 [0] 1 45 83 80 36

[www.unasea.org](http://www.unasea.org)

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**GERMANY**

**Arbeitsgemeinschaft für Kinder und Jugendhilfe**

Bonner Str. 147

50968 Köln

GERMANY

Tel: 030/400 40-200

Fax: 030/400 40-232

[www.agj.de](http://www.agj.de)

**Deutscher Kinderschutzbund**

Bundesgeschäftsstelle

Hinüberstr. 8

30175 Hannover

Tel: 0511 30 4850

Fax: 0511 30 48549

[www.dksb.de](http://www.dksb.de)

**Die Kinderschutz-Zentren**

Spichernstr. 55

50672 Köln

Tel: 0221-56 97 53

Fax: 0221-56 97 550

[www.kinderschutz-zentren.org](http://www.kinderschutz-zentren.org)

**GHANA**

**Rights of the Child Foundation**

PO Box 2502

Accra GA District

GHANA

Tel: 233 21 767271

Fax: 233 21 772753

**GUATEMALA**

**Nacional Contra el Maltrato Infantil**

3a.Avenida

11-28 Zona 1

4o. Nivel

Guatemala

Tel: (502) 253-5303

Fax (502) 253 2984

Email: [conacmi@concyt.gob.gt](mailto:conacmi@concyt.gob.gt)

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**HONG KONG**

**Hong Kong Family Welfare Society**

Room 2010 20/F.

Southorn Centre

130 Hennessy Road

Wanchai

HONG KONG

Tel: 2527 3171

[www.hkfw.org.hk](http://www.hkfw.org.hk)

**Hong Kong Society for the Protection of Children (HKSPC)**

387 Portland Street

Mogkok

Kowloon

HONG KONG

[www.hkspc.org](http://www.hkspc.org)

- I -

**INDIA**

**ChildLine India**

2nd Floor, Nana Chowk Municipal School,

Frere Bridge, Low Level, Nana Chowk

Near Grant Road Station,

Mumbai - 400007

INDIA

Tel: (91-22) 2388 1098 / 2384 1098 / 2387 1098

Fax: (91-22) 2388 1098

[www.childlineindia.org.in](http://www.childlineindia.org.in)

**INDONESIA**

**Indonesian Child Welfare Foundation**

Jl.Teuku Umar No:10

Jakarta Daerah Khusus Ikubot 10350

Tel: 62 21 310 7030

Fax: 62 21 310 6977

Email: [icwfikt@lbn.net](mailto:icwfikt@lbn.net)

## **INTERNATIONAL ORGANISATIONS**

### **Child Rights Information Network (CRIN)**

c/o Save the Children  
1 St. Johns Lane  
London EC1M 4AR  
UK  
Tel: (+44) 20 7012 6865  
Fax: (44) 20 7012 6952  
[www.crin.org](http://www.crin.org)

### **Childwatch International Research Network**

Secretariat  
P.O. Box 1132 Blindern  
N - 0317 Oslo  
NORWAY  
Tel: +47 22 85 43 50  
Fax: +47 22 85 50 28  
[www.childwatch.uio.no](http://www.childwatch.uio.no)

### **Defence for Children International**

1 rue de Varembe PO Box 88  
1221 Geneva 20  
SWITZERLAND  
Te: +41 22 734 0558  
Fax: +41 22 740 1145  
[www.dci-is.org/](http://www.dci-is.org/)

### **ECPAT (End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes)**

[www.ecpat.net](http://www.ecpat.net)

### **International Forum for Child Welfare**

20 Spadina Road  
Toronto, Ontario  
M5R 2S7  
Tel: +1 416 968 0650  
Fax: +1 206 694 4509  
[www.ifcw.org](http://www.ifcw.org)

### **International Save the Children Alliance**

Second Floor  
Cambridge House

100 Cambridge Grove  
London  
W6 0LE  
UK  
Tel: +44 (0) 20 8748 2554  
Fax: +44 (0) 20 8237 8000  
[www.savethechildren.net](http://www.savethechildren.net)

**International Society for the Prevention of Child Abuse and Neglect (ISPCAN)**

245W. Roosevelt Road  
Building 6, Suite 39  
West Chicago  
IL 60185  
USA  
Tel: +1 630 876 6913  
Fax: +1 630 876 917  
[www.ispcan.org](http://www.ispcan.org)

**United Nations Children's Fund (UNICEF)**

[www.unicef.org](http://www.unicef.org)

**IRELAND**

**Irish Society for the Prevention of Cruelty to Children (ISPCC)**

29 Lower Baggot Street  
Dublin 2  
IRELAND  
Tel: (01) 679 7960  
Fax: (01) 679 9012  
[www.ispcc.ie](http://www.ispcc.ie)

**ISRAEL**

**National Council for the Child**

38 Pierre Koenig St.  
Jerusalem 93469  
ISRAEL  
Tel: 00 972 2 678 0606  
Fax: 00 972 2 679 0606  
Email: [ncc@children.org.il](mailto:ncc@children.org.il)

**ITALY**

**Centro di Documentazione sul Maltrattamento e Abuso sui Minori**

c/o la Biblioteca Provinciale di Salerno  
V. Valerio Laspro  
n. 1  
84100 Salerno  
ITALY

Tel: +089 22 61 95  
[www.infanziaviolata.org](http://www.infanziaviolata.org)

**Centro per il bambino Maltrattato e la cura della crisi familiare (CBM)**

Via Spadini, 15  
20161  
Milano  
Tel: +02 66201076  
Fax: +02 6456705  
[www.cismai.org](http://www.cismai.org)

- J -

**JAPAN**

**Association for the Prevention of Child Abuse (APCA)**

[www.apca.jp](http://www.apca.jp)

- K -

**KENYA**

**Child Welfare Society of Kenya**

PO Box 43982  
Child Welfare Building  
Langata Road  
Nairobi  
KENYA  
Tel: +254 02 603301  
Fax: +254 02 605382  
Email: [cwsk@nbi.ispkenya.com](mailto:cwsk@nbi.ispkenya.com)

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**NETHERLANDS**

**Netherlands Institute for Care and Welfare / NIZW**

[www.nizw.nl](http://www.nizw.nl)

**NEW ZEALAND**

**Barnardos New Zealand**

National Office  
85-87 Ghuznee Street  
PO Box 6434  
Wellington  
NEW ZEALAND  
Tel: +04 385 7560

Fax: +04 382 6700  
[www.barnardos.org.nz](http://www.barnardos.org.nz)

**Office of the Commissioner for Children**

PO Box 5610,  
Wellington  
NEW ZEALAND  
TEL: +64 4 471 1410  
FAX: +64 4 471 1418  
[www.occ.org.nz](http://www.occ.org.nz)

**Royal New Zealand Plunket Society**

Level 5 Plunket House  
126-132 Lambton Quay  
PO Box 5474  
Wellington  
NEW ZEALAND  
Tel: +64 04 471 - 0177  
Fax: +64 04 471 - 0190  
[www.plunket.org.nz](http://www.plunket.org.nz)

**NORTHERN IRELAND**

**ChildLine Northern Ireland**

1st Floor  
Queens House  
14 Queen Street  
Belfast  
BT1 6ED  
Helpline: 0800 1111  
Tel: 0870 336 2945  
Fax: 0870 336 2946  
[www.childline.org.uk/Nl.asp](http://www.childline.org.uk/Nl.asp)

**NSPCC**

Jennymount Court  
North Derby Street  
Belfast  
BT15 3HN  
NORTHERN IRELAND  
Tel: 02890 351135  
Fax: 02890 351100

**Save the Children Northern Ireland**

Popper House  
15 Richmond Park  
Belfast  
BT10 0HB  
NORTHERN IRELAND  
Tel: 02890 431123  
Fax: 02890 431314

## **NORWAY**

### **Redd Barna (Save the Children Norway)**

PO Box 6902, St Olavs Plass

0130 Oslo

NORWAY

Tel: +47 22 99 09 00

Fax: +47 22 99 08 70

[www.reddbarna.no](http://www.reddbarna.no)

### **UNICEF (Norway)**

Radhusgatea 24

PO Box 438 Sentrum

0103 Oslo

NORWAY

Tel: + 47 24 14 51 00

Fax: + 47 24 14 51 01

[www.unicef.no](http://www.unicef.no)

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## **PAKISTAN**

**Sahil**, [www.unicef.pl](http://www.unicef.pl)

13 Al Babar Centre

F-8 Markaz

PO Box 235

Islamabad

PAKISTAN

Tel: 0092-51-2260636

[www.sahil.org](http://www.sahil.org)

## **PERU**

### **Save the Children**

Tripoli 345

Miraflores

Lima 18

PERU

Tel: (51-1)242-9215

Fax: (51-1)446-1359

Email: [postmaster@savethechildren.org.pe](mailto:postmaster@savethechildren.org.pe)

## **PHILIPPINES**

### **Children and Youth Foundation of the Philippines**

27 Floor Citibank Tower

Paseo de Roxas

Makati City

PHILIPPINES

Tel: 848-1865 to 67: 750-2215 to 17  
Fax: 848-0051

## **POLAND**

### **Nobody's Children Foundation**

#### **Fundacja Dzieci Niczyje**

ul. Walecznych 59

03-926 Warszawa

Tel: (+48 22) 616-02-68

Fax: (+48 22) 6160314

[www.fdn.pl/nowosci/?lang\\_id=2](http://www.fdn.pl/nowosci/?lang_id=2)

### **Polish Committee for UNICEF**

Pl. Defilad 1

00-901

Warsaw

Tel.: ( 22 ) 6566610

Fax: ( 22 ) 6566613

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## **ROMANIA**

### **Children and Family International Foundation**

Str. Occidentului nr.44

Sector 1

78111 Bucharest

ROMANIA

Tel: +401 659 32 61

Fax: +401 311 23 05

### **Foundation Our Children**

Str Frumoasa nr 36

Sector 1

Cod 78116

Bucharest

ROMANIA

Tel: +401 659 3507

Fax: +401 659 3507

### **Heart of Romania's Children Foundation**

[www.heartofromania.com](http://www.heartofromania.com)

### **Save the Children Romania**

Salvati Copiii (Save the Children)

3 Intrarea Stefan Furtuna, Sector 1

010899 Burcharest, Romania

Tel: +40 21 316 6176 / 21 314 4050

Fax: +40 21 312 4486  
Email: [rosc@salvaticopiii.ro](mailto:rosc@salvaticopiii.ro)

## **RUSSIA**

### **Child Abuse Protection Foundation**

Ozon Center  
Leninsky Prospect 88-1-49  
Moscow 117313  
RUSSIA  
Tel: 7.095.138.90.01  
Fax: 7.095 265.26.63  
Email: [Chapf@Vitep3.itep.ru](mailto:Chapf@Vitep3.itep.ru)

### **St Petersburg Social Fund for the Assistance of Children in Need**

195-197 St Petersburg  
Ul. Zhukova, d.23  
Office 225  
St Petersburg  
RUSSIA  
Tel: +812 540 95 63  
Fax: +812 540 12 64

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## **SCOTLAND**

### **ChildLine Scotland**

18 Albion Street  
Glasgow  
SCOTLAND  
Helpline: 0800 1111  
Tel: 0870 336 2910  
Fax: 0870 336 2911  
[www.childline.org.uk/Scotland.asp](http://www.childline.org.uk/Scotland.asp)

### **Children First – Formerly Royal Scottish Society for the Prevention of Cruelty to Children**

83 Whitehouse Loan  
Edinburgh  
SCOTLAND  
EH9 1AT  
Tel: 0131 446 2300  
Fax: 0131 446 2339  
[www.children1st.org.uk](http://www.children1st.org.uk)

## **SEYCHELLES**

### **National Council for Children**

P.O. Box 377  
Bel Eau, Mahé  
Seychelles  
Tel: +(248) 224390  
Fax: +(248) 225688  
[www.seychelles.net/ncc](http://www.seychelles.net/ncc)

## **SINGAPORE**

### **Singapore Children's Society**

Corporate Office  
298 Tiong Bahru Road  
#09-05 Central Plaza  
Singapore 168730  
Tel: (65) 6273 2010  
Fax: (65) 6273 2013  
[www.childrensociety.org.sg](http://www.childrensociety.org.sg)

## **SOUTH AFRICA**

### **Children's Inquiry Trust**

PO Box 784678  
Sandton 2146  
SOUTH AFRICA  
Tel: +2711 884 2647  
Fax: +2711 784 3142  
Email: [chit@wn.apc.org](mailto:chit@wn.apc.org)

## **SPAIN**

### **Save the Children Spain**

Plaza Puerto Rubio,  
28. 28053  
Madrid  
Tel: +91 513 0500  
Fax: +91 552 3272  
[www.savethechildren.es](http://www.savethechildren.es)

### **Federación de Asociaciones para la Prevención del Maltrato Infantil (FAPMI)**

Delicias 8  
Entreplanta  
28045. Madrid  
SPAIN  
Tel/Fax: +91 4682 662  
[www.fapmi.es](http://www.fapmi.es)

## **SRI LANKA**

**Redd Barna Sri Lanka**

No.15 Bagatelle Road

Colombo 3

SRI LANKA

Tel: 94.1.594799

Fax: 94.1.597246

**SWEDEN****BRIS (Children's Rights In Society)**

Karlavagen 121

SE-115 26 Stockholm

SWEDEN

Tel: +46 8 5988 8800

Fax: +46 8 5988 8801

[www.bris.se](http://www.bris.se)

**Child Centre for Children at Risk in the Baltic Sea Region**

The Council of the Baltic Sea States

Stromsburg

P.O. Box 2010

SE-103 11 Stockholm

SWEDEN

Tel: +46 8 440 19 24

[www.childcentre.info](http://www.childcentre.info)

**Rädda Barnen (Save the Children Sweden)**

Torsgatan 4

107 88 Stockholm

SWEDEN

Tel: +46 8 698 90 00

Fax: +46 8 698 90 10

[www.rb.se](http://www.rb.se)

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**THAILAND****Centre for the Protection of Children's Rights (CPCR)**

185/16 Charansanitwongse 12 RD

Bangkoyai, Bangkok 1090%

THAILAND

Tel: (662) 412-1196, (66 2) 412-0739

Fax: (66 2) 412-9833

**Child Workers in Asia**

PO Box 29

Chandrakasem Post Office

Bangkok 10904

THAILAND

Tel: +66 2 930 0855  
Fax: +66 2 930 0856  
[www.cwa.tnet.co.th](http://www.cwa.tnet.co.th)

## **TURKEY**

### **Turkish Society for the Prevention of Child Abuse and Neglect**

ZuhtuTigrel  
Cad.15/37  
Ankara

## **TURKEY**

Tel: +90 212 230 00 00  
Fax: +90 212 248 40 30  
Email: [magister\\_pco@turk.net](mailto:magister_pco@turk.net)

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## **UNITED STATES OF AMERICA**

### **American Humane**

63 Inverness Drive East  
Englewood  
CO 80112-5117  
USA

Tel: 1.303.792.9900  
Fax: 1.303.792.5333

[www.americanhumane.org](http://www.americanhumane.org)

### **American Professional Society on the Abuse of Children (APSAC)**

Daphne Wright & Associates  
Management Group  
PO Box 30669  
Charleston SC 29417  
USA

Tel: 1.877 402 7722  
Fax: 1.843.744.7188

[www.apsac.org](http://www.apsac.org)

### **Child Abuse Prevention Foundation**

9440 Ruffin Court, Suite 2  
San Diego, CA 92123  
USA

Tel: (858) 278 4400  
Fax: (858) 278 1307

[www.capfsd.org](http://www.capfsd.org)

### **Child Welfare Information Gateway**

Children's Bureau/ACYF

1250 Maryland Avenue, SW  
Eighth floor  
Washington DC 20024  
Tel: 800 394 3366  
Fax: 703 385 3206  
[www.childwelfare.gov/](http://www.childwelfare.gov/)

**Child Welfare League of America**

2345 Crystal Drive, Suite 250  
Arlington, VA 22202  
Tel: 703/412-2400  
Fax: 703/412-2401  
[www.cwla.org](http://www.cwla.org)

**National Center for Missing and Exploited Children (NCMEC)**

Charles B. Wang International Children's Building  
699 Prince Street  
Alexandria, Virginia 22314-3175  
USA  
Tel: 703-274-3900  
Fax: 703-274-2200  
Hotline: 1-800-THE-LOST (1-800-843-5678)  
[www.missingkids.com](http://www.missingkids.com)

**National Council on Child Abuse and Family Violence (NCCAFV)**

1025 Connecticut Avenue NW  
Suite 1000  
Washington D.C. 20036  
USA  
Tel: +202 429 6695  
Fax: +202 521 3479  
[www.nccafv.org](http://www.nccafv.org)

**New York Society for the Prevention of Cruelty to Children (NYSPCC)**

161 William Street  
New York  
NY 10038  
Tel: +212 233 5500  
Fax: +212 791 5227  
[www.nyspcc.org](http://www.nyspcc.org)

**Prevent Child Abuse America**

500 N. Michigan Avenue  
Suite 200  
Chicago  
IL 60611  
USA  
Tel: 312-663-3520

Fax: 312-939-8962

[www.preventchildabuse.org](http://www.preventchildabuse.org)

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