



Newport Safeguarding Children Board
Bwrdd Diogelu Plant Casnewydd

**NSCB PROTOCOL
SAFEGUARDING CHILDREN WHO
MAY HAVE BEEN TRAFFICKED**

**PROTOCOL TO SUPPLEMENT THE
ALL WALES GUIDANCE ISSUED
APRIL 2008.**

NEWPORT SAFEGUARDING CHILDREN BOARD

March 2009

Safeguarding Children who may have been Trafficked

Protocol to supplement the All Wales Guidance issued April 2008.

The NSCB advises all practitioners to become familiar with the practice guidance issued in the Guidance which can be found on the NCC Staff Manual, and on the NSCB web page at www.newport.gov.uk/nscb.

Trafficked victims are coerced or deceived by the person arranging their relocation. On arrival in the country of destination the trafficked child 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 Protocol has established that any child transported for exploitative reasons is to be considered as a victim whether or not they are aware of any deception, as it is not possible for a child to give informed consent. A child may appear to understand what has happened, and may appear to submit willingly, but it is important that they are protected.

Children are trafficked for financial gain, and may be forced to work in the following areas: sex industry, domestic work, sweatshop and restaurants, credit card fraud, begging or pick pocketing, tending plants in cannabis farms, benefit fraud, drug mules, drug dealing, adoption.

Possible Indicators:

- 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- Is withdrawn and refuses to talk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

Action to be taken:

Any person who has concerns that a child might have been trafficked or be at risk of being trafficked should always make a referral to Newport Children & Family Services or Newport Police. The NSPCC Child trafficking Advice and Information helpline will provide additional guidance. It is vital that practitioners act promptly without consulting possible family members as this can add to the risk to the child. Delay can mean that a child may be moved out of the area, adding further to the risk.

The initial phone call to the Local Authority should be confirmed in writing within 24 hours using the attached Multi-Agency Referral Form.

Children & Families will follow the guidance issued by the WAG in conjunction with the All Wales Child Protection Procedures 2008.

Useful contact numbers:

Newport Children & Families: contact Centre 01633 656656 office hours, or
Duty manager on 01633 235404, or
0800 328 4432 out of hours

Newport Police: 01633 244999

UK Human Trafficking Centre: 0114 252 3891

NSPCC Child Trafficking Advice & Information help Line: 0800 107 7057

Useful Links:

Safeguarding Children who may have been trafficked:

<http://wales.gov.uk/topics/childrenyoungpeople/publications/guidance/trafficked/?lang=en>

Wales Strategic Migration Partnership:

<http://www.newport.gov.uk/wsmp>

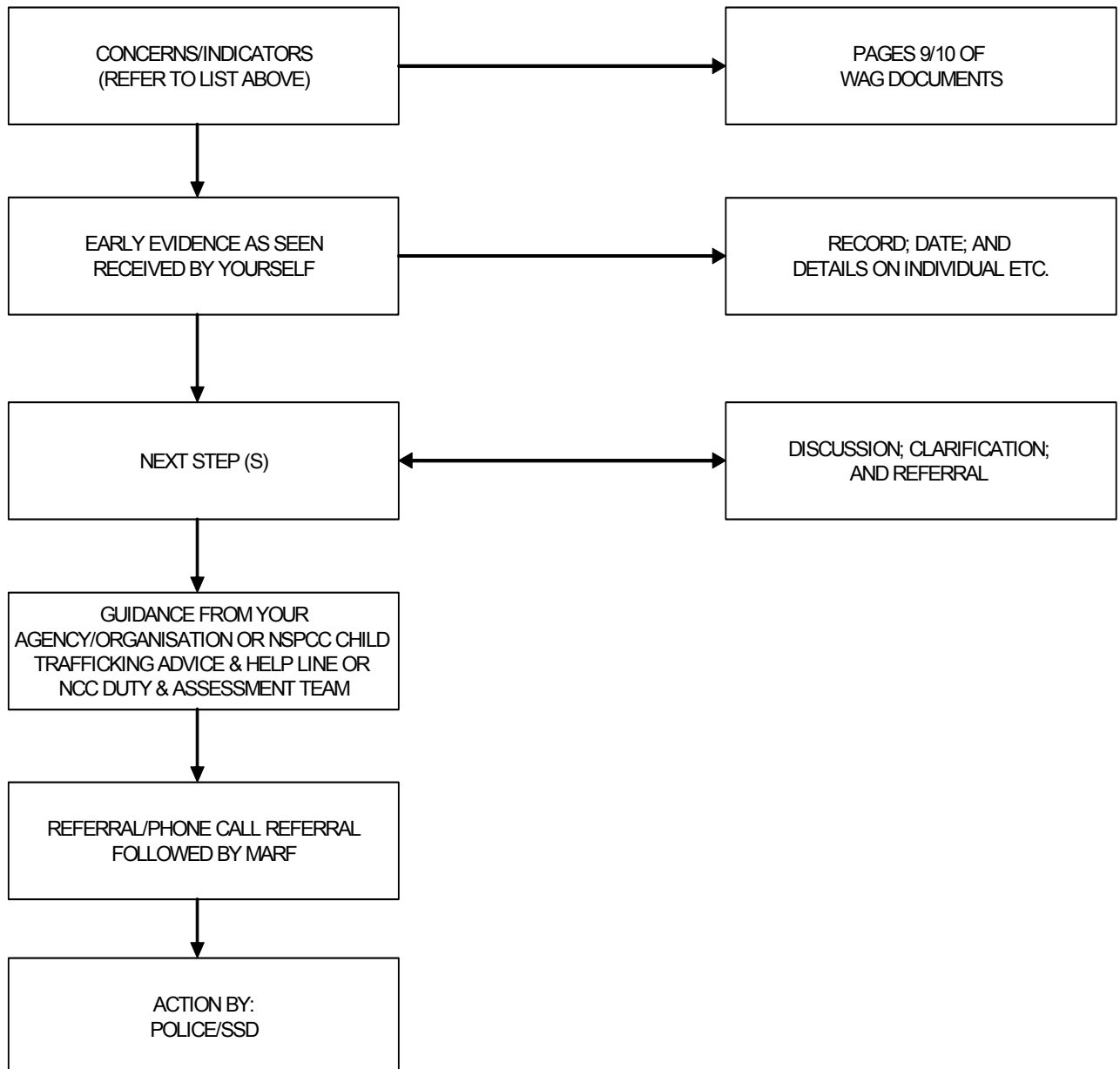
March 2009

March 2009

FLOWCHART OF ACTION PROCESS

TRAFFICKING OF CHILDREN

(Also look at Appendices for further information if needed)



Newport Children & Family Services ICS - Referral and Information Record

The Referral and Information Record gathers together the essential information about a child or young person. There is an expectation that within **one working day** of a referral being received there will be a decision about what response is required (paragraph 3.8, *Framework for the Assessment of Children in Need and their Families, 2001*).

SSD Case Number:		Date referral received:	
Is the Parent/Carer aware of the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a re-referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, does the reason for the re-referral indicate that the response to the original referral did not appropriately address the client's needs:			Yes <input type="checkbox"/> No <input type="checkbox"/>
Has consent been obtained to make this referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, is consent:	Written <input type="checkbox"/> Verbal <input type="checkbox"/>
In No, give reason:			

CHILD/YOUNG PERSON'S DETAILS

Surname:	Forenames:	Child/Young Person's first language or preferred means of communication:	
Alias:	DOB or expected date of delivery:		
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>		Is an interpreter/signer required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address:		Social Services Team:	
Postcode:	Tel:	Responsible Authority:	
Current address if different from above:			
Postcode:	Tel:		

CHILD/YOUNG PERSON'S ETHNICITY

Black or Black British		Asian or Asian British		White		Mixed		Other Ethnic Groups	
Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Any other ethnic group	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any White Background	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Not given	<input type="checkbox"/>
		Any other Asian Background	<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>	If other, please specify:	
Further details regarding Child/Young Person's ethnicity:						Child/Young Person's Religion:			
Child/Young Person's Nationality (if not British):						Home Office Registration Number:			
Immigration Status:				Asylum Seeking <input type="checkbox"/>	Refugee Status <input type="checkbox"/>	Exceptional leave to remain <input type="checkbox"/>			

CHILD/YOUNG PERSONS MAIN CARERS

Name	Relationship to Child/Young Person	First Language	Ethnicity	Parental Responsibility
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Parents/Carers First Language:			Is an interpreter/signer required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other main Carers: Yes <input type="checkbox"/> No <input type="checkbox"/>			Please specify name:	
Are any of the main Carers disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>			Please specify Carer:	
Name of disabled Carers Local Authority and LASS Number:			If Yes, please specify name of disabled Carers, main Carer:	

PARENT'S DETAILS IF NOT MAIN CARERS

Mother's name:		SSD Case Number (if appropriate):		DOB:	
Address:			Postcode:		Tel:
Mother's first language:			Mother's ethnicity:		
Father's name:		SSD Case Number (if appropriate):		DOB:	
Address:			Postcode:		Tel:
Father's first language:		Father's ethnicity:		Does Father have parental responsibility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is either Parent disabled?		Mother <input type="checkbox"/> Father <input type="checkbox"/> None <input type="checkbox"/>	Is an interpreter/signer required?		Mother <input type="checkbox"/> Father <input type="checkbox"/> None <input type="checkbox"/>

Referral Reason:		Priority Level:	
Reason for referral/request for services:			
Referred by:			Date:
Address:			Tel:
Agency/relation to Child/Young Person:			Does the referrer wish to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILD/YOUNG PERSON AND FAMILY NETWORKS

Significant family members who are not members of the Child/Young Person's household					
Name	DOB	Relationship	Address	Postcode	Tel

Other Social Services cases associated with the Child/Young Person	
Name:	SSD Case No:
Name:	SSD Case No:

KEY AGENCIES

Agency	Name	Address including postcode	Telephone	Parental Consent	Date of Consent
General Practitioner				<input type="checkbox"/>	
Health Visitor				<input type="checkbox"/>	
Nursery or School				<input type="checkbox"/>	
Other Agencies <i>(please specify)</i>				<input type="checkbox"/>	

OTHER HOUSEHOLD MEMBERS (including non-family members):

Surname	Forename	DOB	If known to SS – DRAIG case number	Relationship to Child/Young Person	Tick if also referred to SS at same time as Child/Young Person
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

FURTHER DETAILS ABOUT THE CHILD/YOUNG PERSON AND FAMILY

Disabled – The Child/Young Person referred is disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>		The Child/Young Person referred is on a disability register: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Child Protection – The Child/Young Person referred is on the Child Protection Register of another Local Authority: Yes <input type="checkbox"/> No <input type="checkbox"/>			
The Child/Young Person referred has been registered previously by any Local Authority: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Local Authority:		Category:	
Date of Registration:		Date of De-Registration:	
Looked After – Is the Child/Young Person referred Looked After by another Local Authority? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Child/Young Person referred has been Looked After previously by any Local Authority: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name of Local Authority:		Start Date:	End Date:
Relevant information:			
Other Child(ren)/Young Person(s) in the family is/has been on a Child Protection Register: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name:	Date of Registration:	Date of De-Registration:	

Name:	Date of Registration:	Date of De-Registration:
Name:	Date of Registration:	Date of De-Registration:
Other Child(ren)/Young Person(s) in the family(s) is/has been Looked After by a Local Authority:		
Name:	Start Date:	End Date:
Name:	Start Date:	End Date:
Name:	Start Date:	End Date:
Person Completing Form:	Signature:	Date:
<p>Further Action – For Social Services Use Only Practice note: ensure this referral is collated with previous referrals or files</p> <p>No further action <input type="checkbox"/> Provision of information and advice <input type="checkbox"/> Referral to other agencies <input type="checkbox"/></p> <p>Initial Assessment <input type="checkbox"/> <i>(please specify other):</i> <i>(to be completed within 7 working days)</i></p> <p>Referrer informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date this be done:</p> <p>Parent's informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date this be done:</p> <p>Child/Young Person informed of action taken: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, date this be done:</p> <p>Other action(s) <i>(please specify):</i></p> <p>Name of Social Worker: Signature: Date:</p> <p>Name of Team Manager: Signature: Date:</p>		

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