What to do if you’re concerned about a child

1. Do not raise your trafficking concerns directly with an accompanying adult.
2. Follow your child protection procedures if you are concerned about a child who may have been trafficked. For further information on this and for government guidance visit nspcc.org.uk/childtrafficking
3. Ensure a referral is made to your local children’s services or police department – highlighting your concern for trafficking.
4. Offer reassurance to the child or young person, explaining that you can help them and that it’s safe for them to talk to you.
5. Try to find out more about the child and speak with them on their own, with an interpreter if required. Ask the child who their primary carer is and how they are related to them.
6. It’s likely that trafficked children and young people will find it hard to trust interpreters. It’s good practice to avoid the interpreter being from the same area in the country of origin as the victim. This reduces any perceived link the child may make between the interpreter and known people in their country of origin.
7. If age-appropriate, explain to the child or young person who you are and what your role is. They come into contact with many professionals and can be confused by the different roles.
8. If you think a child may be heavily influenced by a religious, spiritual or cultural belief, acknowledge their beliefs. This will help you to gain their trust.
9. In order to make necessary checks, record all details for the child and accompanying adults, as well as information including names and addresses of relatives overseas.
10. Ensure a referral to the National Referral Mechanism (NRM) is made. The NRM is a framework for identifying victims of human trafficking and ensuring they receive appropriate care. Contact CTAC for advice on how this can be done.
11. For support, information or advice, call the Child Trafficking Advice Centre on 0808 800 5000, email ctac@nspcc.org.uk or visit nspcc.org.uk/ctac

NSPCC

Stop child trafficking and slavery in its tracks

The NSPCC’s Child Trafficking Advice Centre is here for you to talk through any concerns you may have for a child. We can also deliver free awareness-raising presentations to professionals.

For more information, call 0808 800 5000 and ask for the Child Trafficking Advice Centre, email ctac@nspcc.org.uk or go to nspcc.org.uk/ctac


Since September 2007, the Child Trafficking Advice Centre has worked on more than 1,300 cases†, which had either clear trafficking or safeguarding concerns.

† Figure correct to September 2015

“There’s no family here or back home. I feel lonely when I don’t have anyone to check up on me or show that they care.”
Juma, trafficked to the UK from Nigeria

* name changed to protect identity
The NSPCC’s Child Traficking Advice Centre (CTAC) is a specialist service. It provides free guidance and support to professionals with safeguarding concerns for children being moved across international borders, either to or from the UK.

The service is staffed by experienced social workers and a National Crime Agency police liaison officer. It provides free training and awareness-raising presentations, attends network and child protection meetings and produces child trafficking reports for courts.

WHAT IS CHILD TRAFFICKING?

Child trafficking is the movement of a child or children for the purpose of exploitation. It is a criminal offence under Modern Slavery legislation. A child is any person under the age of 18, and children cannot consent to being exploited.

Children can be trafficked into and out of the UK, and within the UK itself. They can be trafficked by parents, extended family members, known adults from a child’s community or by strangers. Trafficking often involves organised international networks of criminal gangs.

Child trafficking is child abuse. It requires a child protection response and multi-agency working irrespective of the child’s immigration status or whether they have engaged in criminal activity.

Children can be exploited through:
- sexual exploitation
- criminal activity (e.g., cannabis cultivation, street crime, moving drugs, benefit fraud, immigration fraud)
- domestic servitude
- labour exploitation (e.g., restaurants, nail bars, agricultural work, factories)
- illegal adoption
- forced marriage
- unreported private fostering arrangements
  (for any of the above exploitative purposes).

This is not an exhaustive list and children are often exploited in more than one way.

IDENTIFYING TRAFFICKED CHILDREN

Many trafficked children are not known to any professional agency and they’re kept hidden in places such as houses, brothels, restaurants or properties used to cultivate cannabis.

Trafficked children and young people may only come to the attention of health professionals when seriously ill, injured or presenting. For example, a trafficked young person might escape from their exploitative situation and independently seek help at a local hospital, or they may be taken to A&E by their trafficker for treatment following an accident.

Trafficked children may also present at A&E for less serious medical issues that should ordinarily be treated by local GPs. Traffickers take children to urgent or emergency care settings as there is more anonymity than at a GP surgery. Fewer details are likely to be taken, and there’s less chance of follow-up by the same professional.

Young people – most commonly those working in brothels – may be taken to GUM clinics for sexual health checks, often presenting as an adult and giving rehearsed stories. Trafficked children may also be taken for dental treatment following an assault or due to poor dental health, which may affect their ability to work for their traffickers. False names, ages and addresses may be used if asked for ID.

In some cases, trafficked children will have a GP and be enrolled in school or college, with the exploitation occurring out of school hours. The GP or practice nurse will see the child but they’ll be accompanied by an adult and their presentation will not raise any obvious concerns.

Health professionals may also see victims of trafficking once they have come to the attention of authorities, but haven’t been identified as a possible victim of child trafficking. For example, it could be a teenager brought to A&E by Immigration police after injuring a wrist while running away from them.

In some cases the child will already be in a safe place and identified as a victim. Their psychological needs should be taken into account during any treatments given to them. Frontline staff including receptionists, nurses and doctors, may have contact with a trafficked child and have a responsibility to raise concerns.

SPEAKING WITH CHILDREN WHEN YOU HAVE A CONCERN

Child trafficking and modern slavery are not terms that most children will understand. Some children know they are being abused but others may not realise until they are out of the exploitative situation.

Children and young people are more likely to engage with you when they feel safe and the trafficker can trust you. They may be afraid of traffickers, which could prevent them from opening up to you or other professionals. Even if they are in a situation where they feel safe they still may not want to or be able to give clear details of their experiences.

Some children and young people may also be heavily influenced by religious, spiritual and cultural beliefs, or be afraid of UK authorities. Many young people may view the police and social workers with suspicion, rather than as professionals who can help. Health professionals are in a good position to identify victims as they may be more trusted.

RISK INDICATORS – QUESTIONS TO CONSIDER†

1. Is the child registered with a GP or with a school/college?
2. Does a child or young person present with an adult? If so, do you have reason to doubt the relationship between them?
3. Does the child come from another country?
4. Does the child appear scared or cautious of the adult they are with?
5. Does the child appear scared or cautious when talking to you?
6. Do you think the child or young person could be withholding information or telling you a rehearsed story?
7. Does the patient present as an adult, but you think they could be under 18?
8. Is the young person pregnant and not accessing antenatal care or is late in booking?
9. Is the young person brought in by police following arrest for illegal entry, uses false documents, petty crimes or cannabis cultivation?
10. Has the young person been assaulted? Can they provide an address or next of kin?
11. Does the child have unusual scarring or marks on the body?
12. Does an adult who cannot prove they are the next of kin insist on interpreting for a child or being seen with the child or young person?
13. If the child is living with unrelated adults or extended family, has the Local Authority been informed as a priority? Has a fostering assessment been completed? Any adults caring for a child under 16 (or 18 if they have a disability) who is not a close relative for more than 28 days have to inform the Local Authority. A private fostering assessment can then be undertaken to ensure the living arrangement is safe and appropriate for the child. This applies to all children irrespective of their immigration status. Many children who are trafficked to the UK live in unsafe situations because the living arrangement is not reported to the Local Authority.

† These indicators are based on CTAC’s experience in working on over 1,300 cases, as well as the UK government’s guidance. Safeguarding children who may have been trafficked, 2012.