

Safeguarding Children Policy – Making a Referral

Safeguarding Framework Guidance



Scope	Organisational
Approved by	Board (Impact and Safeguarding Committee)
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1. Aim

1.1. Staff and volunteers must never feel inhibited to seek advice and guidance about concerns around the safety or well-being of a child or young person (anyone under the age of 18). When staff or volunteers identify children and families who are not safe or who are at risk, they must act early before the situation or the problem becomes worse. To ensure they do not act in isolation, conversations with relevant managers and referring partners must take place and assessments made leading to shared understanding of decisions and actions to be taken, which are clearly communicated to relevant staff, organisations, and managers.

Safeguarding is the action that is taken to promote the welfare of children and protect them from harm. Safeguarding means:

- Protecting children from abuse and maltreatment
- Preventing harm to children's health and development
- Ensuring children grow up with the provision of safe and effective care
- Taking action to enable all children and young people to have the best outcomes

2. Recognising abuse of a child or young person

2.1. This guidance covers how to respond to concerns, observations or allegations in relation to the safeguarding children and young people.

2.2. *Who is a child?* A child is anyone under the age of 18.

2.3. *What do we mean by abuse?* There are many kinds of abuse, some of which are listed below:

- Physical:
- Child Sexual Abuse
- Child Sexual Exploitation
- Harmful Sexual Behaviour
- Child Trafficking and Slavery
- Emotional.
- Neglect.
- Domestic Violence.
- Female Genital Mutilation.
- Bullying and Cyber Bullying
- Radicalisation.
- County Lines

2.5. Abuse can be either deliberate or be the result of ignorance or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

2.6. *Who may be an abuser?* The person who is responsible for the abuse may be a stranger but is often well known to the person abused and could be:

- A relative / family member
- Professional staff
- Paid care worker
- Volunteer
- Other service user
- Neighbour
- Friend or associate
- Peer on peer

2.7. *What are the signs?* Some of the signs to look for are (and are age related):

- regular flinching in response to sudden but harmless actions, for example someone raising a hand quickly
- showing an inexplicable fear of particular places or making excuses to avoid particular people
- knowledge of 'adult issues' for example alcohol, drugs and/or sexual behaviour which is inappropriate for their age or stage of development
- angry outbursts or behaving aggressively towards other children, adults, animals, or toys
- becoming withdrawn or appearing anxious, clingy, or depressed
- self-harming or thoughts about suicide
- changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes
- in older children, risky behaviour such as substance misuse or criminal activity
- running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries.

See appendix 1 for more details

3. Responding to Safeguarding Concerns

Staff and volunteers may become concerned about a child in a number of ways

- A child or young person may tell (disclose) that s/he or someone else has been or is being abused
- There may be concerns due to the person's behaviour or how they appear
- Concerns may be raised about the behaviour of an adult, who may be a member of staff, volunteer, another professional or a member of the public
- A parent, carer, relative or member of the public might share their concerns about a child, young person, or vulnerable adult

When a child, young person or vulnerable adult wants to confide in you

- Stay calm and listen carefully to what they are saying
- Show them that you take what they are saying seriously, if they are struggling ask them if they would like to write it down
- Tell them they have done the right thing telling you
- Encourage the child, young person, or vulnerable adult to talk, but do not interrupt whilst they are recalling events.
- Ask questions **only** to clarify your understanding of what you are being told.
- **Do not investigate.** Do not ask them to repeat his/her account
- Do not promise to keep the information secret. Explain that you have to pass the information on to those who can help.
- Do not confront any alleged abuser or carry out your own investigation
- Explain to the child what you will do next
- As soon as you can, please use Youth Firsts safeguarding reporting form to write down what the young person has said, using the child's own words (if possible). Note the date, time, any names mentioned, to whom the information was given, and the name of any other person who was present at the time of disclosure and ensure that the record is signed and dated.

Reporting a young person's disclosure of abuse is not a betrayal of the young person's confidence. It is your duty and is also necessary to allow protective action to be taken in relation to the young person and any other children.

If you feel a young person may be going to tell you about abuse, but then stops or tells you something else, let them know that you are always ready to listen to them and/or remind them of the Childline number 0800 1111

If the child, young person, or vulnerable adult has communication difficulties or English is not their first language, pass this information on so that an appropriate interpreter can be identified.

If you become concerned about a child, young person or vulnerable adult (due to the young person's behaviour, presentation or other reason)

- Do not trivialise or dismiss your concerns
- If the behaviour may be sexually harmful to other young people do not explain it away as 'normal'
- Report your concerns to your Designated Person (YPC, Team leader or Deputy/Designated Safeguarding Lead) as soon as you can, and definitely before the end of the shift/day (see next section for relevant designated people)

Information that may seem trivial can frequently form the missing piece of the puzzle and lead to protective action being taken.

Helpful statements to make

- Showing acceptance of what the young person says e.g. 'that must have been upsetting/frightening'.
- You are doing the right thing in telling me
- It's not your fault

Do not say

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure that this is true?
- Why? Who? When? Where?
- Never make false promises such as agreeing to keep information confidential – you can't.

Designated Person

YPC / Team Leader / One-to-One Practitioner / Adventure Playground Manager

Aminata Swaray – Designated Safeguarding lead 07580 777 851

Muhammad Rahmani – Deputy Designated Safeguarding Lead 07730 637 169

Chris Price – Deputy Designated Safeguarding Lead 07931 717 897

[Safeguarding Support | Youth First](#)

All Designated Persons have received specific training to fulfil this role and this training is renewed at least every three years. If you feel you want refresher or additional training, please discuss this with your line manager.

4. Historical Abuse

4.1 Allegations of child abuse are sometimes made by adults and children many years after the abuse has occurred. There are many reasons for an allegation not being made at the time including fear of reprisals, the degree of control exercised by the abuser, shame, or fear that the allegation may not be believed. The person becoming aware that the abuser is being investigated for a similar matter or their suspicions that the abuse is continuing against other children may trigger the allegation.

These cases may be complex as the alleged victims may no longer be living in the situations where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. Such cases should be responded to in the same way as any other concerns. It is important to ascertain as a matter of urgency if the alleged perpetrator is still working with, or caring for children.

4.2 Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
- Criminal prosecutions will still take place despite the fact that the allegations are historical in nature and may have taken place many years ago.

An allegation may be made against (for example) a foster carer, adoptive parent, residential care staff, teacher, doctor, police officer, volunteer or any other person who currently has, or previously had contact with children and young people. The alleged abuse may not have been an isolated incident. If it comes to light that the historical abuse is part of a wider setting of institutional or organised abuse, these allegations must be reported to the Local Authority Designated Officer (LADO) for the area in which the alleged abuse took place / where the professional worked, and the LADO procedures must be followed.

5. Guidance on Making a Referral to Children's Social Care

5.1 When we have concerns that a child, young person, or adult may be at risk of harm or not safe or abused these concerns must be reported immediately to the named Designated Safeguarding Lead.

5.2 If the usual Designated Person is not available the concern must be discussed with the Deputy Designated Leads or CEO.

5.3. All safeguarding concerns about a service user must be recorded appropriately by Youth First. Where the concern is about someone who is not a service user this must be reported to the Designated Safeguarding Lead who will record the information and make a decision regarding the required action.

5.4. Once the staff member or volunteer has shared their concerns with a Designated Safeguarding Lead . A record of the details of the referral must be logged by the staff member/volunteer.

5.5 The Designated Person should complete the referral and send to the Designated Safeguarding Lead for approval, once this has been received the manager should send referral to Social Care.

5.6 If the incident occurs out of hours and the child or young person is at immediate risk the staff member should inform Social Care directly and/or contact the police.

5.7 Once a referral has been made it is the responsibility of the Designated Person making the referral to pursue feedback from Social Care. If the response from the local authority is considered inappropriate a discussion should take place with the Designated Safeguarding Lead, followed by a plan

of action to ensure an appropriate response is obtained which should be recorded in Youth First Case Recording systems.

5.8 If there are concerns regarding radicalisation Youth First will contact the local Prevent team for support and advice, they will then inform Social Care directly of the risks to the child.

6. Allegations or concerns raised regarding a member of staff, Trustee or volunteer – (the following to be used in conjunction with Guidance on Managing Safeguarding Allegations - Staff and Volunteers Whistleblowing)

6.1 If an allegation is made against a member of staff or volunteer it should **immediately be reported** to your line manager and the Designated Safeguarding Lead.

If the allegation states that a member of staff, Trustee or volunteer has:

- behaved in a way that has harmed a child, or may have harmed a child;
- committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates s/he would pose a risk of harm if they work regularly or closely with children

A referral form should be sent to the LADO (Local Authority Designated Officer) within 24 hours of becoming aware.

- To make a referral to the Local Authority Designated Officer (LADO), please email a LADO Referral Form to LewishamLADO@Lewisham.gov.uk.

Named Lewisham LADO: Lovona Brown, London Borough of Lewisham, 1st Floor Laurence House, 1 Catford Road, SE6 4RU.

- There is also a Deputy LADO system, as such you may speak with and be supported by a member of the team.
- LADO Voicemail service: 020 8314 7280. Please note this is a staffed voicemail, so please leave a clear message and the LADO or Deputy LADO will respond to you as soon as possible within 24 hours.

7. Recording Guidance

7.1. Whenever concerns are raised about a child or young person, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate record .

7.2. The following steps should in every case be observed:

- Whenever possible and practical, take notes during any conversation.
- Explain that the person giving you the information can have access to the records you have made in respect of their own information (age appropriate);
- Where it is not appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day;
- Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and the persons present when the information was given;
- Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate;
- Include the context and background leading to the disclosure.
- Pass all original records to the Designated Safeguarding lead who will pass on to the CEO and HR manager where necessary.

7.3. All staff and volunteers in Youth First must report any concerns they are made aware of about a child who may be at risk of harm or not safe or abused to a Designated Safeguarding Lead . If their Designated Safeguarding Lead is not available, the concern should be discussed with the Deputy Designated Safeguarding Lead.

N.B. If the child/young person disclosing information to you is at risk of immediate harm ring 999 and report to the police. However, it is vital that Social Care or children's services within the local authority are also contacted at the same time, to ensure that the safeguarding element is covered fully.

Appendix 1

Signs of Child Abuse (from NSPCC)

Definitions and signs of child abuse. Guidance for professionals who work with children on how to recognise the signs of child abuse - July 2020

What is child abuse?

Child abuse happens when a person harms a child. It can be physical, sexual or emotional, but can also involve neglect.

Children may be abused by:

- family members
- friends
- people working or volunteering in organisational or community settings
- people they know
- strangers.

General signs of abuse

Children experiencing abuse often experience more than one type of abuse over a period of time. Children who experience abuse may be afraid to tell anybody about the abuse. They may struggle with feelings of guilt, shame, or confusion – particularly if the abuser is a parent, caregiver or other close family member or friend. Many of the signs that a child is being abused are the same regardless of the type of abuse. Anyone working with children or young people needs to be able to recognise the signs.

These include a child:

- being afraid of particular places or making excuses to avoid particular people
- knowing about or being involved in 'adult issues' which are inappropriate for their age or stage of development, for example alcohol, drugs and/or sexual behaviour
- having angry outbursts or behaving aggressively towards others
- becoming withdrawn or appearing anxious, clingy, or depressed

- self-harming or having thoughts about suicide
- showing changes in eating habits or developing eating disorders
- regularly experiencing nightmares or sleep problems
- regularly wetting the bed or soiling their clothes
- running away or regularly going missing from home or care
- not receiving adequate medical attention after injuries.

These signs do not necessarily mean that a child is being abused. There may well be other reasons for changes in a child's behaviour such as a bereavement or relationship problems between parents or carers. If you have any concerns about a child's wellbeing, you should report them following your organisation's safeguarding and child protection procedures.

Physical abuse

What is physical abuse?

Physical abuse happens when a child is deliberately hurt, causing physical harm. It can involve hitting, kicking, shaking, throwing, poisoning, burning, or suffocating. It's also physical abuse if a parent or carer makes up or causes the symptoms of illness in children. For example, they may give them medicine they don't need, making them unwell. This is known as fabricated or induced illness (FII).

Spotting the signs of physical abuse

All children have trips, falls and accidents which may cause cuts, bumps, and bruises. These injuries tend to affect bony areas of their body such as elbows, knees and shins and are not usually a cause for concern. Injuries that are more likely to indicate physical abuse include:

Bruising

- bruises on babies who are not yet crawling or walking
- bruises on the cheeks, ears, palms, arms, and feet
- bruises on the back, buttocks, tummy, hips, and backs of legs
- multiple bruises in clusters, usually on the upper arms or outer thighs
- bruising which looks like it has been caused by fingers, a hand or an object, like a belt or shoe
- large oval-shaped bite marks.

Burns or scalds

- any burns which have a clear shape of an object, for example cigarette burns
- burns to the backs of hands, feet, legs, genitals, or buttocks.

Other signs of physical abuse include multiple injuries (such as bruising, fractures) inflicted at different times. If a child is frequently injured, and if the bruises or injuries are unexplained or the explanation doesn't match the injury, this should be investigated. It's also concerning if there is a delay in seeking medical help for a child who has been injured.

Neglect

What is neglect?

Neglect is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing, or shelter
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse. Spotting the signs of neglect

Neglect can be difficult to identify. Isolated signs may not mean that a child is suffering neglect, but multiple and persistent signs over time could indicate a serious problem.

Some of these signs include:

- children who appear hungry - they may not have lunch money or even try to steal food
- children who appear dirty or smelly
- children whose clothes are inadequate for the weather conditions
- children who are left alone or unsupervised for long periods or at a young age
- children who have untreated injuries, health, or dental problems
- children with poor language, communication, or social skills for their stage of

development

- children who live in an unsuitable home environment.

Sexual abuse

What is sexual abuse?

Sexual abuse is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve

contact abuse and non-contact abuse. Contact abuse happens when the abuser makes physical contact with the child. It includes:

- sexual touching of any part of the body whether the child is wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina, or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals.

Non-contact abuse involves non-touching activities. It can happen online or in person and includes:

- encouraging or forcing a child to watch or hear sexual acts
- making a child masturbate while others watch
- not taking proper measures to prevent a child being exposed to sexual activities by others
- showing pornography to a child
- making, viewing, or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images.
- meeting a child following online sexual grooming with the intent of abusing them.

Online sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting
- persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video, or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped. Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

Spotting the signs of sexual abuse

There may be physical signs that a child has suffered sexual abuse. These include:

- anal or vaginal soreness or itching
- bruising or bleeding near the genital area
- discomfort when walking or sitting down
- an unusual discharge

- sexually transmitted infections (STI)
- pregnancy.

Changes in the child's mood or behaviour may also cause concern. They may want to avoid spending time with specific people. In particular, the child may show sexual behaviour that is inappropriate for their age. For example:

- they could use sexual language or know things about sex that you wouldn't expect them to
- they might become sexually active or pregnant at a young age.

Child sexual exploitation

What is child sexual exploitation?

Child sexual exploitation (CSE) is a type of sexual abuse. Young people may be coerced or groomed into exploitative situations and relationships. They may be given things such as gifts, money, drugs, alcohol, status or affection in exchange for taking part in sexual activities. Young people may be tricked into believing they're in a loving, consensual relationship. They often trust their abuser and don't understand that they're being abused. They may depend on their abuser or be too scared to tell anyone what's happening. They might be invited to parties and given drugs and alcohol before being sexually exploited. They can also be groomed and exploited online. Some children and young people are trafficked into or within the UK for the purpose of sexual exploitation. Sexual exploitation can also happen to young people in gangs (Berelowitz et al, 2013). Child sexual exploitation can involve violent, humiliating and degrading sexual assaults and involve multiple perpetrators.

Spotting the signs of child sexual exploitation

Sexual exploitation can be very difficult to identify. Young people who are being sexually exploited may:

- go missing from home, care, or education
- be involved in abusive relationships
- hang out with groups of older people
- be involved in gangs or anti-social groups
- have older boyfriends or girlfriends
- spend time at places of concern, such as hotels or known brothels
- be involved in petty crime such as shoplifting
- have access to drugs and alcohol
- have new things such as clothes and mobile phones, which they aren't able to easily explain
- have unexplained physical injuries.

Harmful sexual behaviour

What is harmful sexual behaviour?

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people, and which may be harmful or abusive. It may also be referred to as sexually harmful behaviour or sexualised behaviour. HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children, or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards.

HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't (Davies, 2012). However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled (Rich, 2011).

Referrals can be made to the Harmful Sexual Behaviour Panel as well as Social Care. Contact Delores McPherson, Clinical Service Lead for ARTs Team, delores.mcpherson@slam.nhs.uk 077364 97552 or DR. Lovedeep Rai, Senior Clinical Psychologist for ARTs Team and Dual Diagnosis Lead for Lewisham CAHMS, Lovedeep.rai@slam.nhs.uk 075968 92293.

Spotting the signs of harmful sexual behaviour

It's normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates, and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

Emotional abuse

What is emotional abuse?

Emotional abuse involves:

- humiliating, putting down or regularly criticising a child
- shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts
- constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality
- not allowing a child to have friends or develop socially

- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

Spotting the signs of emotional abuse

There aren't usually any obvious physical signs of emotional abuse, but you may spot changes in a child's actions or emotions. Some children are naturally quiet and self-contained whilst others are more open and affectionate. Mood swings and challenging behaviour are also a normal part of growing up for teenagers and children going through puberty. Be alert to behaviours which appear to be out of character for the individual child or are particularly unusual for their stage of development.

Babies and pre-school children who are being emotionally abused may:

- be overly affectionate towards strangers or people they haven't known for very long
- not appear to have a close relationship with their parent, for example when being taken to or collected from nursery
- lack confidence or become wary or anxious
- be unable to play
- be aggressive or nasty towards other children and animals.

Older children may:

- use language, act in a way, or know about things that you wouldn't expect for their age
- struggle to control strong emotions or have extreme outbursts
- seem isolated from their parents
- lack social skills or have few, if any, friends
- fear making mistakes
- fear their parent being approached regarding their behaviour
- self-harm.

Domestic abuse

What is domestic abuse?

Domestic abuse is any type of controlling, coercive, threatening behaviour, violence or abuse between people who are, or who have been in a relationship, regardless of gender or sexuality. It can include physical, sexual, psychological, emotional, or financial abuse. Exposure to domestic abuse is child abuse. Children can be directly involved in incidents of domestic abuse or they may be harmed by seeing or hearing abuse happening. Children in homes where there is domestic abuse are also at risk of other types of abuse or neglect.

Spotting the signs of domestic abuse

It can be difficult to tell if domestic abuse is happening, because abusers can act very differently when other people are around.

Children who witness domestic abuse may:

- become aggressive
- display anti-social behaviour
- suffer from depression or anxiety
- not do as well at school - due to difficulties at home or disruption of moving to

and from refuges.

Bullying and cyberbullying

What are bullying and cyberbullying?

Bullying is when individuals or groups seek to harm, intimidate, or coerce someone who is perceived to be vulnerable.

Bullying includes:

- verbal abuse, such as name calling
- non-verbal abuse, such as hand signs or glaring
- emotional abuse, such as threatening, intimidating, or humiliating someone
- exclusion, such as ignoring or isolating someone
- undermining, by constant criticism or spreading rumours
- controlling or manipulating someone
- racial, sexual, or homophobic bullying
- physical assaults, such as hitting and pushing

- making silent, hoax or abusive calls.

Bullying can happen anywhere – at school, at home or online. When bullying happens online it can involve social networks, games, and mobile devices. Online bullying can also be known as cyberbullying.

Cyberbullying includes:

- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' - sending menacing or upsetting messages on social networks, chat rooms or online games
- excluding children from online games, activities, or friendship groups
- setting up hate sites or groups about a particular child
- encouraging young people to self-harm
- voting for or against someone in an abusive poll
- creating fake accounts, hijacking, or stealing online identities to embarrass a young person or cause trouble using their name.

Spotting the signs of bullying and cyberbullying

It can be hard to know whether or not a child is being bullied. They might not tell anyone because they're scared the bullying will get worse. They might also think that the bullying is their fault. No one sign indicates for certain that a child's being bullied, but you should look out for:

- belongings getting 'lost' or damaged
- physical injuries such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to a bully)
- being nervous, losing confidence or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

Child trafficking

What is child trafficking?

Child trafficking is child abuse. It involves recruiting and moving children who are then exploited. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children may be trafficked for:

- child sexual exploitation
- benefit fraud
- forced marriage
- domestic servitude such as cleaning, childcare, cooking
- forced labour in factories or agriculture
- criminal exploitation such as cannabis cultivation, pickpocketing, begging, transporting, drugs, selling pirated DVDs and bag theft. Children who are trafficked experience many forms of abuse and neglect. Physical, sexual, and emotional abuse is often used to control them and they're also likely to suffer physical and emotional neglect. Child trafficking can require a network of organised criminals who recruit, transport and exploit children and young people. Some people in the network might not be directly involved in trafficking a child but play a part in other ways, such as falsifying documents, bribery, owning or renting premises or money laundering (Europol, 2011).

Child trafficking can also be organised by individuals and the children's own families. Traffickers trick, force or persuade children to leave their homes. They use grooming techniques to gain the trust of a child, family, or community. Although these are methods used by traffickers, coercion, violence or threats don't need to be proven in cases of child trafficking - a child cannot legally consent to their exploitation so child trafficking only requires evidence of movement and exploitation. Modern slavery is another term which may be used in relation to child trafficking. Modern slavery encompasses slavery, servitude, forced and compulsory labour and human trafficking (HM Government, 2014). The Modern Slavery Act passed in 2015 in England and Wales categorises offences of slavery, servitude, forced or compulsory labour and human trafficking.

Spotting the signs of child trafficking

Signs that a child has been trafficked may not be obvious but you might notice unusual behaviour or events.

Children who have been trafficked may:

- have to do excessive housework chores
- rarely leave the house and have limited freedom of movement
- not have any documents (or have falsified documents)
- give a prepared story which is very similar to stories given by other children
- be unable or reluctant to give details of accommodation or personal details
- not be registered with a school or a GP practice
- have a history with missing links and unexplained moves
- be cared for by adults who are not their parents or carers
- not have a good quality relationship with their adult carers

- be one among a number of unrelated children found at one address
- receive unexplained or unidentified phone calls whilst in a care placement or temporary accommodation.

There are also signs that an adult is involved in child trafficking, such as:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- having previously acted as the guarantor on visa applications for visitors who have not left the UK when the visa expired.

Female genital mutilation

What is female genital mutilation?

Female genital mutilation (FGM) is the partial or total removal of external female genitalia for non-medical reasons. It's also known as female circumcision or cutting. The age at which FGM is carried out varies. It may be carried out when a child is new-born, during childhood or adolescence, just before marriage or during pregnancy (Home Office et al, 2016). FGM is child abuse. There are no medical reasons to carry out FGM. It's dangerous and a criminal offence.

Spotting the signs of female genital mutilation

A child at risk of FGM may not know what's going to happen. But they might talk about, or you may become aware of:

- a long holiday abroad or going 'home' to visit family
- relative or cutter visiting from abroad
- a special occasion or ceremony to 'become a woman' or get ready for marriage
- a female relative being cut – a sister, cousin or an older female relative such as a mother or aunt
- missing school repeatedly or running away from home.

A child who has had FGM may:

- have difficulty walking, standing, or sitting
- spend longer in the bathroom or toilet
- appear withdrawn, anxious, or depressed
- have unusual behaviour after an absence from school or college
- be particularly reluctant to undergo normal medical examinations
- ask for help but may not be explicit about the problem due to embarrassment or fear.

Reporting requirements

Regulated health and social care professionals and teachers in England and Wales must report 'known' cases of FGM in under-18s to the police (Home Office, 2016).

Radicalisation

Radicalisation can be really difficult to spot, Signs that may indicate a child is being radicalised include:

- Isolating themselves from friends and family
- Talking as if from a scripted speech
- Unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especial around internet use

Children who are at risk from radicalisation may have low self-esteem or be victims of bullying or discrimination. Extremists might target them and tell them they can be part of something special, later brainwashing them into cutting themselves off from friends and family.

However, these signs don't necessarily mean a child is being radicalised, it may be normal teenage behaviour or a sign that something else is wrong. However, you should always discuss your concerns with your manager.

County Lines

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or "deal lines". Children as young as 12 years old have been exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs.

This can include:

- Airbnb and short term private rental properties
- budget hotels
- the home of a drug user, or other vulnerable person, that is taken over by a criminal gang- this may be referred to as cuckooing.

Signs that cuckooing has taken place include:

- Signs of drug use
- More people coming and going from property than normal
- More cars or bikes outside
- Litter outside
- They haven't seen the person who lives there recently or when you have, they seemed anxious, distracted and not themselves

Self-Harm & Suicide Risk Escalation Flow Chart

