



THE SLAVERY AND TRAFFICKING SURVIVOR CARE STANDARDS

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This update of the 2015 Trafficking Survivor Care Standards has been coordinated and compiled by Kate Roberts, Head of Office at the Human Trafficking Foundation.

The update, which has been produced by the Human Trafficking Foundation (HTF), has depended on the expertise and significant time given by a great number of experts from across the anti-slavery sector who are listed below as contributors. Without the generosity and commitment of these individuals, and the support of the organisations who employ them, this publication of the Slavery and Trafficking Survivor Care Standards simply would not have been possible. HTF would particularly like to acknowledge the work of Tamara Barnett and Euan Fraser at the Human Trafficking Foundation for re-readings, drafting and comments, and to thank Briony Balsom, Vicky Brotherton and Katherine Lawson for assistance with proof-reading.

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FOREWORD

Anthony Steen CBE
Kevin Hyland OBE

FOREWORD

Currently there are no publicly available standards of care for victims of trafficking found in the UK. Furthermore, there is a total absence of national data or relevant information as to what happens to individual victims when they leave the shelters.

The National Audit Office report, 'Reducing Modern Slavery' (2017) highlights the fact that the Home Office has failed to *'put in place a robust inspection regime to check the quality of care and support provided in safe houses'*. The report found that 'In the absence of care standards and a robust inspection regime, the Home Office has no way of evaluating the quality of care provided'.

I'm glad that the government has now addressed these shortcomings through the Minister's commitment to adopt the Human Trafficking Foundation's Slavery and Trafficking Survivor Care Standards. As a result, future government Victim Care Contracts will include the Foundation's Care Standards. These standards were originally drafted in 2014 by Cristina Andreatta for The Human Trafficking Foundation, collaboratively working together with 25 NGOs to ensure common standards and procedures in all shelters where victims were accommodated offering a pathway to a brighter future for them. Four years later these standards have been comprehensively updated by 32 expert organisations and agencies to take account of changes in law and best practice.

I would like to personally thank the contributors from the voluntary, statutory, legal and academic sectors who have given their time voluntarily to make this update possible. I am also grateful for the collective support the Foundation has received for this initiative from over 90 organisations nationwide who attend our quarterly advisory forum. It is important that the First Independent Anti-Slavery Commissioner, Kevin Hyland OBE, has endorsed this revised and updated version. I am indebted to Kate Roberts, Head of Office, for her determination and commitment in bringing everyone together to get this revised edition ready for Home Office implementation.

Anthony Steen, CBE

Chairman of Trustees,
Human Trafficking Foundation

Throughout my tenure as the UK's inaugural Independent Anti-Slavery Commissioner, the provision of appropriate, high-quality support for survivors of modern slavery has remained my utmost priority.

In 2015, I was pleased to endorse the first Trafficking Survivor Care Standards, which have been widely disseminated among frontline practitioners and universally viewed as a valuable tool in the provision of essential care to victims of modern slavery, many of whom suffer from an array of serious physical and psychological health issues.

It is now my pleasure to endorse these updated Trafficking Survivor Care Standards which reflect recent developments in policy and improved practice in victim care. I want to extend my thanks to the Human Trafficking Foundation and all stakeholders who have been involved in the development of this manual.

Individuals who have been subjected to modern slavery often require sustained care to enable long-term healing, to reintegrate into society, and to rebuild their lives. With the number of victims identified rising year on year, the provision of high-quality and holistic support which places the needs of the individual at its heart is more important than ever before. Those who feel safe, believed and valued are more likely to engage with statutory agencies such as law enforcement and become resilient to future exploitation.

I warmly welcomed the Government's commitment in October 2017 to incorporate these Standards into the Victim Care Contract. Compliance, however, should not be limited to those government-funded support organisations who fall under the Victim Care Contract; all individuals and organisations that provide services to victims should adhere, at a minimum, to these standards.

To ensure professionalism and consistency of support for modern slavery victims, it is now imperative that an independent inspection regime is in place to monitor the implementation of these Care Standards. Greater accountability will increase confidence in the system and help ensure that all victims, regardless of where they are identified across the UK, are afforded the care and support they are entitled to.

Kevin Hyland OBE

Independent Anti-Slavery Commissioner

A.1 INTRODUCTION

A.1.1 The Human Trafficking Foundation

The Human Trafficking Foundation is a UK-based charity which grew out of the work of the All Party Parliamentary Group on Human Trafficking. It was established in 2010 with the aim of supporting and adding value to the work of the many charities and agencies operating to combat modern slavery in the UK.

The Human Trafficking Foundation holds a vision of a UK which presents a hostile environment for traffickers, where there is wide-spread public awareness of the evils of trafficking and better support for survivors. More specifically, it is committed to:

- Shaping policy and legislation by equipping parliamentarians and policy makers, lead government departments, local authorities, police and statutory agencies to better understand the extent and nature of human trafficking, and the need to adjust rapidly to changing trends;
- Providing a sustained and collective voice amongst NGOs, civil society, and voluntary organisations fighting modern day slavery so that short-comings in current policy can be identified and addressed;
- Identifying opportunities for new and different types of intervention within the rapidly evolving landscape of human trafficking.

A.1.2 The Survivor Care Standards

The need for the Trafficking Survivor Care Standards (first published in 2014) grew out of the work of an Expert Working Group made up of practitioners working in anti-trafficking. The group produced the standards with the aim of ensuring that adult survivors of trafficking would consistently receive high quality care wherever they are in the UK. The standards were re-published in 2015 following the Modern Slavery Act 2015. This 2018 update, 'The Slavery and Trafficking Survivor Care Standards', accounts for changes in

law, policy and practice in the rapidly changing landscape of preventing and combatting trafficking and modern slavery and supporting its victims to rehabilitate and rebuild their lives.

A.1.3 The Importance of Establishing Care Standards

Establishing Trafficking Survivor Care Standards is essential to ensure that, no matter who delivers the service, certain standards can be expected in the way support is delivered prior to, during and beyond the recovery and reflection period.

Trafficking survivors are entitled to good protection and care under the Council of Europe Convention on Action Against Trafficking in Human Beings (2005) and the EU Directive on Preventing and Combating Trafficking (2011/36/EU). In order to promote their sustained recovery, it is crucial that service providers have a minimum range of organisational and care standards in place. They should provide support that is integrated, holistic and trauma-informed and geared towards meeting the individual needs of each survivor including material needs. They should adopt a multi-agency approach, and work in partnership with other agencies to ensure that survivors can fully access their entitlements while they are supported to gain confidence and the skills they need to recover from trafficking and rebuild their lives.

In October 2017, the government committed that the Human Trafficking Foundation's care standards would be adopted in future victim care contracts. As the then Minister responsible, Sarah Newton MP explained during a backbench debate on the Modern Slavery Act:

"If a potential victim opts to enter the NRM, we must ensure that the care they receive is consistent and meets minimum standards, regardless of where in the country they are being cared for. That is why the Government will adopt the Human Trafficking Foundation's trafficking survivor care standards as a minimum standard for victim support".¹

The Government has made a commitment that future support delivered through the victim care contract will be externally inspected using Key Performance Indicators (KPIs). In light of the Government's 2017 commitment to adopt the Trafficking Survivor Care Standards, these KPIs should be developed from these standards. Such independent, external inspection based on clear minimum standards is vital to ensure that victims who consent to enter the NRM can be certain about the minimum levels of support and advice they will receive and that they will be empowered to reach decisions regarding their individual needs and circumstances.

¹ Sarah Newton MP, then Minister responsible for Modern Slavery, during the backbench debate 'Modern Slavery Act 2015' 26 October 2017 <https://hansard.parliament.uk/commons/2017-10-26/debates/D9B8BD1A-F0D6-42D5-9490-741950800859/ModernSlaveryAct2015>

A.1.4 The Target Audience

The guidance in this document is aimed at all professionals who work with possible victims, victims or survivors of trafficking and modern slavery. These include specialised, independent anti-trafficking NGOs, sub-contractors under the Government's Victim Care Contract and other support services, including statutory organisations which provide assistance to survivors before, during or after the recovery and reflection period.

A.1.5 Structure, Approach and Methodology

This document builds on the Trafficking Survivor Care Standards (2014) which were authored by Cristina Andreatta together with 25 NGOs. The updated Slavery and Trafficking Survivor Care Standards (2018) are divided into thematic chapters which offer guidance on the minimum organisational and support standards that should be adhered to and provided when working with slavery and trafficking survivors. This update to the standards has entailed extensive consultation. The standards are realistic, proportionate, fair and transparent. Support agencies were regularly consulted and involved in drafting and reviewing the content and their individual contributions informed key sections. A wide range of professionals - including lawyers, medical practitioners and clinical psychologists - were involved at various stages of the process to ensure the accuracy, completeness and reliability of the information provided.

A.1.6 Limitations

These standards cannot replace each organisation's or professional's responsibilities to ensure that their systems, structures, approaches and practice comply with their legal and professional duties.

A.1.7 Copyright

The content of this document remains the property of the Human Trafficking Foundation so any use should be fully acknowledged.

A.2 MODERN SLAVERY AND TRAFFICKING: NATURE, SCALE AND LEGAL FRAMEWORK

A.2.1 Definition

The UN's Palermo Protocol defines human trafficking as the 'recruitment, transportation, transfer, harbouring or receipt of persons by means of threat, or use of force, coercion or deception...to achieve the consent of a person having control over another person, for the purpose of exploitation'. This has become the commonly accepted definition of human trafficking in international law. According to this definition, trafficking includes sexual exploitation, forced and bonded labour, domestic servitude, any form of slavery and removal of organs.

The Modern Slavery Act 2015 redefines the legal terms of trafficking and slavery offences in England and Wales. These new offences – an amalgamation of pre-existing legislation and 'new' modern slavery terminology – cover definitions of 'slavery, servitude and forced or compulsory labour', 'human trafficking' and 'exploitation'. Similar legislation has also been passed in Scotland and Northern Ireland.

The terms 'human trafficking' and 'modern slavery' are often used interchangeably. However, there is a distinction: the Modern Slavery Act differentiates human trafficking offences from offences of slavery, servitude and forced or compulsory labour. The Government has described the difference as follows:¹

For a person to have been a victim of human trafficking there must have been:

- **action** (recruitment, transportation, transfer, harbouring or receipt, which can include either domestic or cross-border movement)
- **means** (threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability - however, there does not need to be a means used for children as they are not able to give informed consent)
- **purpose of exploitation** (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs)

¹ <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales>

For a person to have been a victim of slavery, servitude and forced or compulsory labour there must have been:

- **means** (being held, either physically or through threat of penalty – e.g. threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability. However, there does not need to be a means used for children as they are not able to give informed consent)
- **service** (an individual provides a service for benefit, e.g. begging, sexual services, manual labour, domestic service)

A.2.2 Nature

The Government has produced a Typology of Modern Slavery Offences,² which provides an overview of the various forms of exploitation which are prevalent in the UK (labour exploitation, domestic servitude, sexual exploitation and criminal exploitation), common *modus operandi*, as well as victim and offender profiles. In 2018, the most common form of exploitation for both adults and minors referred into the NRM was labour exploitation, which includes criminal exploitation.

It is, however, important to note that cases of trafficking will often not sit neatly into one category or the other. Frequently, exploitation can take multiple forms, and people can be manipulated and controlled in various ways. Therefore, whilst it is useful to understand the various forms which trafficking and modern slavery might take, it is essential to understand that in reality there may be no clear distinction between the exploitation types.

For more information about the different types of trafficking and their indicators, please consult the Human Trafficking Foundation's Modern Slavery Protocol for Local Authorities (Definitions and Indicators).³

A.2.3 Scale

The true scale and extent of human trafficking and modern slavery in the UK and globally is unknown. Due to the very nature of the exploitation involved, victims may be unknown to the authorities, or may be unwilling or unable to communicate or cooperate with them. In 2017, 5,145 possible victims were referred into the National Referral Mechanism. However, a significant number of victims are known to remain unidentified or to have declined consent to an NRM referral and so this represents only part of the picture.

In 2014, the Government estimated in its Modern Slavery Strategy that there are 10,000-13,000 victims of modern slavery in the UK.

In 2018, the Global Slavery Index estimated that there were 136,000 victims of modern slavery on any given day in 2016. It remains unknown precisely how many victims continue to suffer exploitation.

Our understanding of slavery is developing and improving, and new types of exploitation are being identified. Where once an individual might have been prosecuted for a crime committed, increasingly there is an understanding that this may have been part of their exploitation and that they should be treated as a victim of crime, rather than a perpetrator.

A.2.4 Victims' Entitlements: Legal And Policy Framework

A.2.4.1 International

The European Convention on Action against Trafficking in Human Beings ('the Convention'), which was adopted by the Council of Europe in 2005, sets out minimum standard requirements for victims' identification, protection and assistance (Arts. 10-16). In addition to the Convention, in 2011 the EU adopted the Directive on Preventing and Combating Trafficking ('the Directive') which reinforced the need for an integrated, holistic, and human rights-based approach to trafficking. The Directive creates a legal obligation for EU Member States to provide victim-centred support that is tailored to survivors' needs and delivered for an adequate length of time (2011/36/EU, para.18, Arts. 11-12).

The Directive requires that victims are granted assistance which includes 'at least standards of living capable of ensuring victims' subsistence'. This includes:

- Access to a recovery and reflection period of at least 30 days to recover;
- Access to safe accommodation and material assistance;
- Access to translation and interpretation services;
- Access to legal advice;
- Access to medical services; and psychological services;
- Access to compensation;
- Access to vocational training and employment opportunities (when a resident permit is granted);
- Assistance for a safe repatriation and return.

For more information, refer to 'The EU Rights of Victims of Trafficking in Human Beings on the Rights and Entitlements of Trafficking Survivors' (EU Commission, 2013).

² A typology of modern slavery offences in the UK, Home Office, October 2017

³ Adult Modern Slavery Protocol for Local Authorities; Definitions and Indicators, Human Trafficking Foundation, 2018

A.2.4.2 Domestic

The UK has ratified the Convention and opted into the Directive. In 2009 the UK government established a National Referral Mechanism (NRM) to identify possible victims of human trafficking and provide them with the protection and support during the identification process. The NRM is a policy scheme, rather than a statutory system. All children are required to be referred into the NRM, however adults are required to consent to a referral into the NRM and to receive support and accommodation. Where the individual does not consent to an NRM referral there is a duty on certain organisations to notify the Home Office of individuals they suspect may have suffered human trafficking or modern slavery without identifying that individual.

In 2014 the UK government adopted the **Modern Slavery Strategy**⁴ which provides the structure to the Government's approach to addressing modern slavery. The Strategy is based upon a 'four P' framework:

- Pursue: prosecute and disrupt individuals and groups responsible for modern slavery
- Prevent: prevent people from engaging in modern slavery
- Protect: strengthen safeguards against modern slavery by protecting vulnerable people from exploitation and increasing awareness of and resilience against this crime

- Prepare: reduce the harm caused by modern slavery through improved victim identification and enhanced support

In 2015, legislation was passed throughout the UK, intended to improve the response to human trafficking and modern slavery. The Human Trafficking and Exploitation Acts passed in Scotland and Northern Ireland detail the support to which (possible) victims of human trafficking are entitled. The Modern Slavery Act provides two mechanisms by which victims' right to support might be set out and protected:

- Section 49 requires the Secretary of State to issue guidance about identifying and supporting victims
- Section 50 gives the Secretary of State the authority to make regulations regarding assistance and support to victims of trafficking

In October 2017, the Government re-committed to implementing section 49, and announced that it would introduce section 50 regulations. At time of writing neither have been implemented.



CHAPTER 1

Professional Standards for Delivery of Care and Support to Survivors of Modern Slavery and Trafficking

⁴ Modern Slavery Strategy HM Government, November 2014

PROFESSIONALS OF ALL DISCIPLINES WHO ARE WORKING WITH SURVIVORS OF TRAFFICKING AND MODERN SLAVERY SHOULD ADOPT AND INCORPORATE THE FOLLOWING MINIMUM PROFESSIONAL STANDARDS TO ALL ASPECTS OF THEIR WORK.

1.1 OVERARCHING PRINCIPLES

1.1.1 Accessibility and non-discrimination

Identification, protection, care and support should be equally accessible to all survivors of trafficking and modern slavery regardless of characteristics of their race, nationality, ethnic origin, language, age, disability, gender including gender reassignment, pregnancy, religion and belief, marital status and sexual orientation. Providers should actively promote equality and diversity, making sure that survivors are treated fairly and with dignity, and service provision should be diverse, inclusive and flexible to meet the various requirements of each person.

Support should be accessible to all survivors, including those with specialist or complex needs. It may not be possible for every safe house to cater for the differing needs of every victim but for every victim there should be provision and a pathway to appropriate provision. All safe houses should be aware of provision and pathways available within the overall service for the wide range of differing survivor needs. All staff should strive to meet each person's individual needs within their organisation or service and keep records to demonstrate that they have done this.

1.1.2 Human rights-based approach

Trafficking and modern slavery is a serious crime that violates basic human rights and has a devastating impact upon victims. Support should never be contingent upon a survivors' ability or willingness to cooperate with the authorities. Support should always be offered on an informed and consensual basis, respecting survivors' choices and human dignity and promoting their rights.

1.1.3 Holistic and victim-centred approach

For every survivor there should be an appropriate pathway for provision which considers, and is tailored to, their specific individual risks and needs. This includes all survivors who have a high level of need and require specialist provision.

Integrated, appropriate support should be provided in collaboration with each individual person and must consider all aspects of their psychological, physical, spiritual, financial, legal and social well-being. Survivors must be placed at the centre of any decision-making process and support must be prioritised in accordance with their individual needs.

1.1.4 Empowering approach

Supporting survivors to regain trust in their own ability to control their lives is a crucial step towards reducing their vulnerability and preventing re-victimisation. This can be challenging because the ability of survivors to rebuild a sense of self-worth, confidence and empowerment will often depend on a combination of factors. These factors may include (but are not limited to) their own resources, their general and mental health, as well as external drivers such as long term certainty and safety, which are likely to depend on circumstances including immigration status and access to housing and income.

It is not empowering to end support for survivors before they are ready or to push them to take decisions without advice, support and information. Individuals are likely to need to rebuild their independence and initiative in gradual stages which they can manage at their own pace, taking account of the hierarchy of needs and their individual circumstances.¹

In order to promote empowerment, it is important that service providers:

- recognise that survivors are individuals with goals, dreams and aspirations;
- empower and support survivors to make choices and restore their decision-making power by providing or facilitating therapeutic and professional support and advice to make sure that survivors are able to understand their rights and entitlements and work towards their own recovery;
- provide support in a way that recognises individual strength, resourcefulness and resilience as well as vulnerabilities and difficulties.

1.1.5 Freedom of thought, religion and belief

Services should be provided equally to those of any religion, or belief, or none.

Survivors may wish to access religious support. Service providers should be prepared to signpost to pastoral care or religious support if requested. This might include, for example, directing to an appropriate local place of worship. Service providers must not engage in proselytisation - that is seeking to persuade someone to join a religion, cause or group.

¹ Malow, A.H. (1943) 'A theory of Human Motivation'.

In order to enable freedom of thought, religion and belief it is important that service providers:

- are careful about discussing religious views with, or offering to pray for, service users, as survivors are vulnerable persons and may experience this as an imposition or coercion;
- refrain from inviting survivors to participate in religious activities, unless the survivor has previously expressed an interest in doing so;
- avoid discussing personal religious views, unless such a conversation has been initiated by the survivor;
- are willing to facilitate and support access to faith-based services as requested by survivors as long as there are no identified risks in doing so.

1.1.6 Multi-agency approach

Multi-agency working is fundamental to provision of appropriate care for survivors and to the prevention of trafficking. It is essential that all professionals adopt a multi-agency approach to working effectively with survivors and initiate, and maintain, contact with other related services on behalf of their clients and in order to remain up to date and informed on issues arising in the field of counter-trafficking generally.

Working in partnership with other providers and support services ensures that survivors are able to access all of their necessary rights and entitlements, including access to healthcare services, legal advice and representation, police services, financial and housing assistance. It can also support the continuity and consistency of care for survivors over time by establishing ongoing provision from other professionals in accordance with individual needs.

1.1.7 Professional boundaries

Survivors of trafficking and slavery are vulnerable persons. Their vulnerability may not be immediately obvious or visible. Therefore, it is essential that policies and procedures are in place which set limits for safe, acceptable and effective behaviour by those who support and work with them. As a general rule, front-line workers should be 'friendly professionals' rather than 'professional friends'. Fostering positive attachments and healthy relationships within clear and overt boundaries is a crucial step to keeping both survivors and workers emotionally safe. Breaches may lead to survivors feeling betrayed and/or dependent on individual workers. For this reason, staff must also be clear about the limitations of their role and the service they are able to provide and make sure not to over commit or make promises about things which are outside of their control. In cases where this happens, survivors can swiftly lose trust in professionals and services, leading to a risk of loss of contact.

1.1.8 Safe working approach

The safety of survivors, staff and volunteers can be supported by adopting and implementing appropriate policies and procedures which cover health and safety, professional boundaries and supporting staff, and by ensuring these are checked and updated regularly and that implementation across all organisational activities is monitored.

1.1.9 Trauma-informed approach

Services must recognise the impact of traumatic experiences upon survivors' lives and behaviours and strive to do no further harm by ensuring that all support is provided in a way that is respectful of the survivor's need for safety, respect, and acceptance and is compliant with the **Trauma-Informed Code of Conduct** (TiCC) below.



1.2. THE TRAUMA-INFORMED CODE OF CONDUCT FOR ALL PROFESSIONALS WORKING WITH SURVIVORS OF TRAFFICKING AND SLAVERY (TiCC)

Trauma-informed methods of working with survivors of human trafficking and slavery are based upon an understanding of the harmful effects of traumatic experiences, together with principles of compassion and respect. The therapeutic methods contained in the Trauma-Informed Code of Conduct are designed to support all professionals to establish and maintain a working relationship of trust with survivors and to impart a consistent sense of calm, security and safety throughout the course of their work. Appropriate, trauma-informed communication techniques support professionals to increase the confidence of survivors and minimise the risks of distress and re-traumatisation.

Professionals also need to ensure their own safety and well-being in the course of their work. Following a procedural code of conduct can help to protect them from secondary traumatisation and burnout: it means that they can avoid relying solely and repeatedly upon their personal intuitive skills and emotional resources. This benefit applies to all professionals, including those who are highly adept and experienced.

The Trauma-Informed Code of Conduct contains advice on how professionals can:

- Provide a calm, consistent and welcoming environment
- Maintain awareness of communication in all forms
- Understand survivors' presentation
- Focus on current and future safety needs
- Demonstrate interest in survivors' immediate safety, health and practical needs
- Vet other people who accompany survivors to meetings or appointments
- Work appropriately with interpreters
- Explain the identity, role and duties of all professionals in the room.
- Ensure that survivors' consent is informed and given freely
- Use and record survivors' names appropriately
- Work effectively and safely with parents who are with children and babies.
- Set realistic goals and objectives
- Request sensitive and personal information
- Enable survivors to disclose sensitive personal information or full trafficking histories (only for purpose of acting professionally in survivors' best interests and with their informed consent)
- Minimise any distress by referring back to the 'Here and Now'
- Work with survivors who have instilled beliefs and fears (including from ritualised violence).

The Trauma-Informed Code of Conduct for All Professionals Working With Survivors of Trafficking and Slavery, Rachel Witkin and Dr. Katy Robjant, Helen Bamber Foundation (2018). The full version can be found at www.helenbamber.org and is also available, together with the online version of these standards, on the Human Trafficking Foundation's website.

The TiCC draws upon the following core advice for all professionals:

Applying Basic Therapeutic Principles to Contact Work with Survivors of Trafficking

Psychological problems can affect mood and behaviour in a variety of ways and at different times. This means that the presentation of clients can vary distinctly from session to session, and in-between. Frequency of contact with the same professional person is helpful in building and establishing trust, which can help clients to feel secure and calm. Any changes in mood should be observed carefully. It is good to maintain awareness throughout contact work that symptoms (including, for example, flashbacks, dissociation, intrusive thoughts, or neurological symptoms resulting from head injuries) can cause the person to be distracted, lose their focus, or to become completely disconnected from their current surroundings.

Symptoms may not be immediately obvious, so it is important to keep an open mind and not make assumptions about what any client may be experiencing. For example, apparent detachment or even hostility should not be assumed to mean that the person is disengaged or reluctant to converse. Likewise, outward confidence, eye contact and engagement may be masking problems that emerge later on.

It is essential that all professionals working with survivors of trafficking are able to initiate early referral for appropriate medical services and therapeutic care. However, it is also useful for them to know that they can apply simple therapeutic principles to their work which can help to manage psychological symptoms and minimise distress. These are straightforward and can be maintained consistently in the course of any task. Training for non-clinicians in applying basic therapeutic principles to contact work is strongly recommended. It should be initiated in consultation with treating clinicians to promote consistency of approach and high standards of care.

People who have suffered inter-personal violence in any form need to feel they are in a place of safety, kindness and professionalism. All professionals who work with victims of trafficking should be aware that they are communicating with them at all times; not only through speech but also movement, gesture, eye contact and expression, so these should be calmly paced and positive. A non-judgmental attitude, together with respect for cultural, religious and gender issues as well as the person's integrity and privacy, are integral to this.

A Safe, Calm, Consistent Environment and Approach

Any working environment should feel safe and confidential for the survivor. All actions which take place within it should be calm and predictable, helping the survivor to feel secure, and therefore more confident. It is good to maximise light and space in the room, both in terms of the room's physical arrangements and also in the movements and choices that the survivor is able to make. This can be particularly helpful to those who have been held in confined spaces by traffickers or have been previously detained or imprisoned. It is best to avoid a 'formal interview' setting in which a professional faces a survivor across a desk as this can be experienced as intimidating and distancing. It suggests that the professional is an authority figure. Sitting as equals in the room creates a feeling of safety and openness which assists communication.

This approach is possible even in a tiny room and is helped by the presence of plants or other comforting, natural objects. In terms of being able to make choices, clients should be offered a drink and given the opportunity to make small choices such as where to sit, and whether to have the window open or the heating on. Demonstrating attentiveness to individual needs is especially reassuring for people who have been subjugated, and for some it can be a small step towards their recovery of agency and autonomy.

If this calm and consistent environment and approach remains the same at each point of contact, survivors' confidence and trust should gradually increase over time and enable them to speak more openly.

Survivors should know who is working with them

People who have been trafficked may be easily confused about who is working with them. There are many reasons for this, but it is good to bear in mind that they may have had multiple interviews or exchanges with a wide range of professionals, including those who work for the authorities. Some will have come directly out of their trafficking situation or other disorienting experience, such as detention or prison. It is important to explain who each person in the room is at the outset their professional role, why they are there and their professional obligations, including the strict maintenance of client confidentiality. It is important to check that survivors understand that they can ask questions about any aspect of the work or professionals' roles at any time.

Demonstrating interest in survivors' immediate safety, health and practical needs

Care for survivors can be demonstrated immediately through concern for their physical comfort, acknowledgement of any pain or discomfort they may be experiencing and an interest in helping them to solve their immediate practical needs. It is important to establish trust, with mutually agreed, realisable objectives. Avoid making any promises or guarantees to survivors which may not be possible to keep.

Survivors should know that they have time to be heard: the 'Illusion of Time'

It is important not to make assumptions about a person's initial presentation which may have little bearing on how they are actually feeling. A clear and demonstrated willingness to listen and lend time builds trust. For those professionals who work in a busy or 'crisis' environment, this consistent approach can actually be a time-saver because it enables people to explain their needs and their background more easily.

Professionals can increase trust and confidence of survivors by communicating in a way that creates the 'illusion of time'. This means that no matter how restricted their time is, or how busy they are in the course of their daily work, they ensure that the pressure of time does not feel like a problem or concern for the person they are working with. There is no need to share the frantic nature of a work schedule with them, halt a discussion abruptly or walk quickly past them on the way to other parts of the building. This can set back the relationship of trust and inhibit survivors from feeling confident enough to speak freely. It is far more effective to listen carefully to each person, maintain conversation at a normal, moderate pace, then simply agree a time for a further appointment in order to hear more.

Hurried, swift movements, lack of eye contact or any form of action which suggests that professionals are in a hurry or have authority over a person has the opposite effect, and can exacerbate any anxiety they may be feeling. The appearance of having time to listen to each person is calming and increases their confidence.

Maintaining focus on the 'Here and Now'

Survivors often find discussion of their traumatic history, or uncertain future distressing and overwhelming, and this can exacerbate existing psychological problems and symptoms. Although such discussions may be necessary in the course of professional work, it is important to be aware that immediate 'debriefing' or in-depth questioning of a survivor (which involves discussion of their traumatic history) is not recommended and can even be harmful. This engagement needs to be managed at a pace that survivors can cope with, so that they do not become overwhelmed.

Consistent return to practical issues and the discussion or planning of small actions that belong in the current moment or '*here and now*' can be very effective in helping clients to feel safe. It can be helpful to tell an anxious person that they are *safe right now*, and *everything is fine here*.

Sometimes dissociation is experienced as a response to severe trauma. This is the perceived detachment of the mind from the emotional state and the body and it is frequently observed across the clinical spectrum of cases in which interpersonal violence has occurred. Survivors might talk about feeling numb psychologically or in certain areas of their body. They may appear transiently confused and unaware of where they are. Movement is helpful in managing this, so the client can be encouraged to take a break and walk around. Ensure that clients have breaks wherever needed but do not leave them on their own if they are very distressed or appear emotionally 'cut off' or 'numb'.

All people have to establish a relationship of trust before they can be expected to discuss issues of rape and other forms of assault, shame, stigma or intricate family details. There is a lot to be said for a few simple words or expressions of positivity, kindness and recognition of the experiences a person has been through. For professionals whose work involves obtaining detailed information from survivors it is important to remember that any outward expression of disbelief or indifference, no matter how minor, can be detrimental to building a trusting relationship.



1.3 DUTY OF CONFIDENTIALITY

All professionals must ensure that they explain their professional duty of confidentiality to survivors at their initial meeting and that this is re-emphasised and explained throughout the course of the professional relationship.

The personal information and history of each survivor is extremely sensitive to them and it carries implications for their legal status in all respects and therefore for their ongoing and future safety. As detailed in chapter 6, 'Access to healthcare for survivors of modern slavery and trafficking' and Annex 1. Helen Bamber Foundation: 3-Stage Therapy Model for Survivors of Trafficking & Slavery', many survivors who have traumatic histories suffer mental health difficulties, which makes disclosing information particularly challenging and often distressing. It is essential that they are able to make an informed choice in disclosing information and in permitting it to be shared with other professionals and services. This is the only way in which they will be able to provide informed consent.

Therefore, other than in exceptional circumstances, personal and background information which is provided by survivors should only be disclosed to third parties or agencies with their prior informed consent. This duty relates to information that is held on paper, computer, visually or audio-recorded or held in the memory of the professional.

Any agency interacting and working with survivors of trafficking should have a confidentiality policy in place. This policy should cover service users, staff and volunteers and also include how interactions are to be managed with other services and statutory agencies, in addition to how information will or can be shared and used.

Organisational procedures need to be in place to ensure staff and volunteers understand the confidentiality policy issues regarding informed consent and the need to adhere with the Data Protection Act and General Data Protection Regulations (GDPR).

It is essential that survivors are made aware, at the earliest opportunity, of the organisation's and its staff's duties of confidentiality and the circumstances under which these duties would have to be breached.

Exceptional circumstances in which the duty of confidentiality may be overridden should be set out clearly in each service's policies and procedures and explained clearly to each person. They include cases in which provision of information to others is necessary to safeguard an individual(s), or is in the public interest, or where there is a legal duty to do so, for example a court order. The question of whether a disclosure is in the public interest is not a decision to be taken lightly. Solid justification is required before individual rights are set aside and specialist or legal advice should be sought before the information is disclosed. Any decision to disclose should be fully documented. (See also chapter 2.2 'Confidentiality').

The individual to whom it applies should give informed consent as to who will be in receipt of any confidential information relating to them (for more information regarding 'Informed consent' see chapter 2.1 of these standards). Once consent has been obtained, it is the responsibility of the person passing on any information to ensure that this is only done on the terms agreed.

Any signed information-sharing agreement should specify who the information can be shared with and specifically which information will be shared. It should not be a blank authorisation that agencies can share.

If a person does not give informed consent for their personal details to be shared with a particular agency, confidentiality should not be breached unless it is strictly necessary for safety and well-being. Where there is a concern that a child is at risk of harm, information must be shared with the appropriate authorities as a matter of priority.

Unlawful breaches of confidentiality should be subject to disciplinary proceedings. It should be remembered that service users are entitled to a private life so staff should not access their rooms without prior consent unless it is deemed necessary for safety or safeguarding reasons. Likewise, their phones and personal belongings are private and should not be accessed without survivors' consent. The circumstances where either of the above would happen must be explained to survivors in advance.



1.4 INTERNAL POLICIES AND PROCEDURES

Each organisation or service should adopt policies and procedures which are centrally held and utilised in the training of all staff. At minimum these should cover the items below, and their implementation should be recorded and monitored.

- Equality, Diversity and Non-discrimination
- Health and Safety
- Referral policies
- Informed consent
- Disclosure and Confidentiality
- Data Protection and GDPR compliance
- Professional boundaries
- Risk Identification and Management
- Supporting and safeguarding vulnerable adults and children
- Working with service users with particularly complex needs
- Recruitment
- Staff Support, Supervision and Development
- Staff Training
- Working with Interpreters
- Outreach
- Lone Working Policy
- Stress Management Policy
- Volunteer Policy
- Complaints procedures
- Whistleblowing procedures



1.5 STAFF INDUCTION, TRAINING AND SUPPORT

Organisations and service providers must ensure that all staff members (including volunteers) are properly inducted, trained and supported. Front-line workers in particular will need ongoing training and appropriate support.

Any employee in a position of management or supervision of support workers should either hold a relevant degree or professional qualification in Social Care or related fields or have at least 3 years direct experience supporting vulnerable adults or children. All staff and volunteers should have a valid DBS certificate.

1.5.1 Staff Induction

As part of their induction, all staff should be introduced to:

- the specific remit of the organisation or service;
- the purpose, aims and objectives of the service and how these are to be achieved;
- their specific role within the organisation or service;
- organisational policies and procedures including the professional code of conduct;
- the support available to them;
- complaints and whistleblowing procedures.

All staff members who work with survivors should be recruited based on their skills, particular competencies and suitability for the job. In order to ensure the best quality of support for survivors they should also receive ongoing training on issues relating to human trafficking, modern slavery and survivors identification, support and protection. Training should include a comprehensive introduction to the following key areas:

- Equality, Diversity and Non-discrimination;
- Health and Safety;
- accepting and making referrals;
- informed consent;
- disclosure and confidentiality;
- Data protection and GDPR compliance;
- professional boundaries;
- risk identification and management;
- supporting and safeguarding vulnerable adults and children;
- working with service users with particularly complex needs;
- working with interpreters;
- staff support and care, including risks of vicarious traumatisation for staff;²
- human trafficking and modern slavery;
- asylum and immigration systems;
- entitlements under Article 12 Council of Europe Convention for Action Against Trafficking in Human Beings;
- a trauma-informed approach to working with and supporting trafficked people and use of the trauma informed code of conduct;

- welfare rights and entitlements;
- working with the police and criminal justice system (including rights of witnesses);
- working with local authorities and the role of a local authority's statutory duties and powers; around safeguarding and support;³
- long term support planning.

1.5.2 Staff Development

Staff should also be encouraged to access further ongoing training and development opportunities in order to improve their work skills and to further their professional development. Staff should attend professional development training at least once per year. Training on offer should include topics such as:

- counselling/listening skills/ motivational interviewing;
- legal rights including rights under the European Convention on Action Against Trafficking in Human Beings (ECAT), the European Convention on Human Rights (ECHR), immigration, community care, welfare, compensation, employment, criminal process and housing;
- advocacy skills;
- diversity and cultural issues;
- domestic violence and other forms of violence against women (VAW), including Female Genital Mutilation (FGM);
- homelessness;
- debt bondage;
- mental health issues;

- learning difficulties and mental capacity;
- substance misuse;
- working with trauma;
- report writing skills;
- staff and project management.

1.5.3 Staff Management & Welfare

Working with survivors of trafficking who have been severely abused, violated and traumatised can be a stressful and emotionally challenging experience for front-line staff at all levels. The nature of this work puts them at risk of vicarious traumatisation which can seriously impact upon their emotional well-being and their ability to function and carry out their work.

Front-line workers may experience symptoms of Post-Traumatic Stress Disorder (PTSD) or behaviours such as intrusive thoughts, nightmares, avoidance, irritability, increased sensitivity to violence, feelings of hopelessness and powerlessness, sadness, social withdrawal and disconnection from others, as well as physical symptoms such as panic attacks, poor sleep and headaches. Vicarious traumatisation and burnout can seriously impact frontline workers' capacity to work effectively with survivors if workers become cynical, detached, and/or have difficulty empathising or alternatively become over-identified and over-involved with clients impacting on their capacity for independence and self-efficacy.

² Vicarious Traumatisation is defined as 'a transformation of the helper's inner experience, resulting from empathic engagement with clients' trauma material' (Saakvitne & Pearlman, 1996, p.40).

³ See 'Adult Modern Slavery Protocol for Local Authorities; Statutory Duties and Powers', Human Trafficking Foundation, 2018

In order to promote the welfare of staff and the survivors whom they support, it is recommended that the managers of an organisation or service:

- fully understand and acknowledge the traumatic nature of the work and its potential impact upon the well-being of staff;
- acknowledge the importance for staff to feel valued and supported at all times, and ensure that processes such as regular supervision and pastoral support is in place to enable this;
- promote a culture where it feels safe, appropriate and valid for staff to share their experiences and talk openly about how their work affects them (within the bounds of client confidentiality);
- ensure effective management of individual caseloads, including an understanding of size of caseloads and complexity and intensity of each case;
- are responsible for supporting staff in the maintenance of professional boundaries and ensuring that organisational policies and approach do not make staff feel personally responsible for the well-being of individual service users.

It is also recommended that front-line workers should be:

- trained to recognise, and to raise with management, any signs of vicarious traumatisation and/or burnout;⁴
- encouraged and supported to develop an understanding of themselves, to recognise their own strengths and weaknesses, their resources and boundaries. This could be via a self-appraisal system;
- encouraged to regularly attend group or other support sessions where they can share experiences and benefit from the support of their peers (minimum once per month);
- expected to take time off in lieu for hours worked beyond the normal working day;
- not covering night shifts if they have worked a day shift;
- encouraged to interact with other colleagues, both within and outside the organisation. They should be encouraged to engage in advocacy activities and training to further develop their knowledge and skills, feel supported and to understand their positive impact.

1.5.4 Management and reviews

Supervisors must take responsibility to ensure that staff caseloads remain manageable and do not become overwhelming. Caseloads will inevitably vary depending on the nature of individual cases and each staff member's overall workload. However, each safe house and support provider should have an allocation system and a supervisor who has oversight of caseloads. There should be a maximum number of cases per staff member and a clear organisational rationale for this. It must be recognised that some service users will need intensive support. Staff supporting these individuals should have a far lower number of service users in their caseload. Other advisable practices for consideration are:

- management should undertake a regular (at least quarterly) review of a sample of case files, commenting on the file and actions taken and suggesting follow up and learning;
- front-line workers should receive regular supervision meetings with their line-manager to discuss any issues they may encounter in their work at least once per month in addition to on an ad hoc basis, if necessary;

Although time pressures can result in supervision with line management becoming case management focussed, space should be made to reflect upon and assess the emotional impact of the work. In order to guard against workers becoming traumatised and burned out the management should:

- review the worker's caseload so that each worker has a balanced mix of clients where possible, rather than a caseload of only very high risk and high need clients, with highly distressing trauma histories;
- ensure that front-line workers should be offered at least once a month (or more often if required) confidential external supervision and debriefing sessions with professionals who can support their work with victims as well as provide them with an opportunity to talk about their own emotional well-being;
- ensure that paperwork is kept to a minimum and doesn't negatively impede on case work time. There should be tools to enable efficient qualitative and quantitative data input.

⁴ Burnout refers to "a state of physical, emotional and mental exhaustion caused by long term involvement in emotionally demanding situations", Pines and Aronson, 1988 p.9.

1.5.5 Volunteer induction, training and welfare

Volunteering can provide a useful and fulfilling experience for the volunteer and the service they are giving their time to. However, due to the skills necessary and high levels of responsibility involved in supporting survivors of trafficking and modern slavery, core services must be carried out by paid professional staff members.

Volunteers can add value to this work but any use of volunteers in the provision of front-line support services to survivors of trafficking and modern slavery must always be carefully monitored and supported.

Volunteers must be Disclosure and Barring Service (DBS) checked, inducted and trained as appropriate before they begin volunteering in a front-line service working with survivors of trafficking. In addition to the direct supervision of their work, the organisation is responsible for the welfare of volunteers and must recognise the potential emotional impact of the work on them and have appropriate supervision and emotional support in place. Volunteers must be prepared and supported to maintain appropriate boundaries and self-care when exposed to survivors' traumatic stories and this exposure should be minimised and never sought from survivors other than on a need to know basis. Volunteers should also know how to respond to and refer to staff members any new disclosure or issue raised by survivors.

The sections in these standards on Staff Induction, training (including training on confidentiality), and welfare should be used and adapted for work with volunteers.

It is important that volunteers are never put in a position of responsibility which is inappropriate for them or for the survivors they work with such as assessment of need or coordination of services. Volunteers must always have direct supervision in any of their work with survivors with a suitably qualified paid staff member being ultimately accountable and responsible for the delivery of that work.

Every organisation which uses volunteers should have a volunteer policy and procedure which includes dismissing volunteers, a whistleblowing policy, a code of conduct, problem solving procedure and systems for grievances and complaints in relation to volunteers (see Policies above). There should also be a role description for volunteer roles.



1.6 WORKING WITH INTERPRETERS

In order to communicate fully, and therefore work effectively with survivors, it is crucial that the use of an in-person interpreter is routinely offered in all cases where English is not their first language.⁶ Interpreters should only be used with the informed consent of each person. This should be obtained prior to working with an interpreter and also again after they have met with the interpreter.

Personal information and background history is highly sensitive for every individual survivor, and they should be able to feel confident in asserting any need to work with an interpreter of a specific gender, culture or origin, to cease working with an interpreter at all at any stage or to change to another preferred interpreter. They should not be required to justify or explain such preferences or changes and communications to the interpreter regarding any changes should always be managed by professionals.

In cases where interpretation is required, it is important to ensure that:

- > family, friends and associates of any kind should never be used to interpret for survivors. It is always better to wait for a professional interpreter to attend;
- > survivors are able to choose the gender and, where possible, ethnicity of their interpreter. If this is not possible, avoid asking for personal details of their account until an interpreter of the requested gender can be present;
- > interpreters are qualified professionals who have been Disclosure and Barring Service (DBS) checked;
- > interpreters fully understand the duty of confidentiality. This should be explained clearly to the survivor at the outset of the first session with the interpreter present;
- > interpreters appreciate the importance of interpreting word by word questions or explanation and any answer or information that survivors give. Interpreters should use appropriate eye contact, presentation and linguistic skills - including speaking the right dialect and language and signing (for the deaf and those with hearing disabilities);
- > interpreters do not indicate, either through verbal or non-verbal means, any judgement regarding the survivor's conduct or experiences and do not try and summarise or explain in their own words;

⁶ Council of Europe, 2005, Art. 12(1) (c). Anti-trafficking Directive Article 11 (5)



interpreters are briefed prior to and following appointments. It is helpful to brief interpreters who are not used to working with trafficking survivors to ensure they are comfortable about interpreting sensitive and personal information and are familiar with legal terminology;



the case worker never asks the interpreter's opinion about any aspect of the survivor's behaviour and/or presentation unless this is solely to clarify the potential for cultural differences;



survivors understand what is being said and are comfortable with the interpreter. This should be explained to survivors at the outset of the first session with the interpreter so that they know they can raise any difficulty they have with the interpretation at any stage. Remember that survivors might not always feel able to assert their needs so staff should remain vigilant and notice any behavioural changes that could be indicative of discomfort;



interpreters should be questioned if what they have said does not seem to fit, has not been understood or appears incorrect;



it is important to ensure, if at all possible, that the same interpreter is used across multiple meetings with an individual survivor in order to facilitate that person's sense of safety and comfort and respect for their confidentiality;



a telephone interpreting service should be available if face-to-face interpretation is not an option. However, it is always best to have face to face interpreting and give the survivor a choice of options when possible;



all information received via an interpreter should be recorded as such in the case notes, including the time of session/call and the name and contact details of the interpreter and/or translation service;

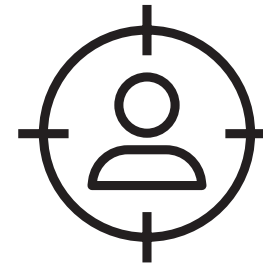


formal complaints should be raised by the support agency if there are concerns about the interpreter's practice. Any concerns should be recorded in case notes;



translation must be provided in the correct local dialect of the victim, not just the main dialect linked to the victim's country of origin.

Note that: In any record of a meeting or discussion, a record of the name of the interpreter should be taken, and it should be clear which items of information were interpreted into English. This is good practice for record keeping generally but it also can be useful in case of any questions arising further on as to accuracy.



CHAPTER 2

Working with the National Referral Mechanism for Identifying Victims of Trafficking (NRM)

PROFESSIONALS OF ALL DISCIPLINES WHO MAY IDENTIFY POSSIBLE VICTIMS OF TRAFFICKING AND SLAVERY, AND/OR SUPPORT PEOPLE WHO HAVE CONSENTED TO ENTER THE NRM SHOULD ADOPT THE FOLLOWING STANDARDS IN THEIR WORK.



2.1 INFORMING CONSENT TO THE NRM

As long as there are no immediate safeguarding risks it is recommended that people obtain legal advice prior to a decision to enter the NRM in order to inform consent and for them to understand the possible legal implications of this decision. If required, it may be possible to arrange for them to be housed in a 'safe space' or other safe house accommodation during this time.¹ Legal Aid is not automatically available at this stage but it is possible to apply for Exceptional Case Funding (ECF) for Legal Aid.² It is recommended that an application for ECF is made for survivors, particularly where the immigration history is more complex. An application for ECF can be made by a support worker. It may be possible to secure pro bono legal assistance or support to make the application. The application can be made on a piece of paper which answers a few questions and is signed by the survivor. The Legal Aid Agency says that they accept a minimum of the following information in writing (and signed by the applicant):

- background to the case, including all the main facts;
- what the survivor needs legal advice on or what court proceedings the survivor needs representation in;
- an explanation why they cannot represent themselves;
- what outcome they wish to achieve;
- information that will support the application e.g. court applications and orders, expert and medical reports, copies of any decisions that the survivor wishes to challenge;
- information on the survivor's financial situation.

Applications can be made by email or post to:

Exceptional Case Funding Team (ECF)
Legal Aid Agency (7.38)
102 Petty France
London SW1H 9AJ

Email:
contactECF@legalaid.gsi.gov.uk

Where legal advice is available locally, or where the person has an immigration solicitor, the ECF application should be made in consultation with the legal adviser if they have capacity to discuss this for free. If the lawyer is able to meet with the client and help prepare the ECF application they are unlikely to be able to cover the cost of any interpreter that is needed, as this would not be guaranteed by Legal Aid before an ECF grant is made.

If a referral to the NRM is made, the survivor should be read the content of the NRM form in a language they understand before they sign the form. Consent can only be obtained after they have understood and agreed to the content. All survivors should be provided with a copy of the NRM form at the point it is submitted and know they can request copies in the future.

2.1.1 Referral Procedures

Trafficked persons are identified in different ways. There are a number of front-line agencies, including police forces, NGOs, local authorities, health care workers and immigration officers which may initially come into contact with someone who may have been trafficked and who may need to refer survivors to specialised support agencies. The referral process

is a delicate phase which needs to be handled carefully by referral agencies, First Responders and support agencies to ensure the safety of both survivors and staff involved. For additional guidance on referral pathways for Local Authorities, please see the '[Referral Pathway](#)' and '[Process Guide](#)' of the Modern Slavery Protocol.³

How a possible victim of trafficking or modern slavery is treated on initial identification is likely to affect their ability to trust that agency and other organisations which may be able to assist them and the support they access.

It is best practice for the support workers who are responsible for navigating the referral procedure to be trauma-informed. This is because survivors who have experienced trauma may find the process hugely daunting and be easily overwhelmed by the prospect of having to discuss their past or deal with legal or procedural matters.⁴ For this reason, timing is also key and the prospect of referring a survivor to another agency should only be done in circumstances where the possible victim is rested, not hungry or uncomfortable and feels as safe as possible and where there will be sufficient time for the survivor to be able to have a substantive conversation about the options available to them and to give informed consent (see section 2.2.1 of these standards on Informed Consent).

¹ The Government has committed to introducing 'safe spaces' which will provide three days of accommodation and support to inform consent into the NRM. At the time of writing there is no date for implementation of safe spaces.

² <https://www.gov.uk/guidance/legal-aid-apply-for-exceptional-case-funding>

³ Local Authorities Referral Pathway for Adult Victims of Modern Slavery, Human Trafficking Foundation (2018). Adult Modern Slavery Protocol for Local Authorities; NRM Process Guide for Local Authorities, Human Trafficking Foundation (2018). This Protocol should be adapted as appropriate.

⁴ Helen Bamber Foundation, 'IASC Consultation on the NRM: Identifying, referring and supporting victims of modern slavery in the UK through the National Referral Mechanism' (2017), p.3.

If an adult is identified as a possible victim of trafficking or modern slavery and gives informed consent to a referral into the NRM they should be provided with specialist accommodation and support (which includes referrals to specialist advice and assistance) following a positive Reasonable Grounds decision.

If a vulnerable adult does not consent to a referral, statutory organisations should complete a Duty to Notify MS1 form which does not identify the individual. If the person is a vulnerable adult they may still be entitled to other forms of support from the local authority, both under international legislation (Council of Europe Convention on Action Against Trafficking in Human Beings (ECAT), the European Convention on Human Rights (ECHR), the EU Anti-Trafficking Directive and domestic law (Care Act and guidance, Localism Act, Housing Act and Homelessness Code). The 'Modern Slavery Protocol for Local Authorities' on statutory duties and powers has more detail on these provisions.⁵

2.1.2 Pre-NRM support

In October 2017 the Government made a commitment that 'places of safety' will be created so that adult survivors leaving situations of

exploitation can be given assistance and advice for up to 3 days before deciding on whether to enter the NRM.⁶ It is important that these places of safety, once introduced, comply with these standards, particularly with regard to confidentiality and informed consent (see sections 1.3 and 2.2.1 of these standards). Local authorities in some cases may also be able to provide a survivor with pre-NRM accommodation.⁷ For consent to be informed potential victims should have access to free legal advice. As a minimum, non-British nationals will need immigration advice.

2.1.3 Key considerations prior to a referral

First Responder agencies are responsible for referring potential survivors of trafficking or modern slavery in order for victims who have consented to a referral to receive appropriate support and formal identification through the NRM. First Responders should:

- know and clearly understand the indicators of all forms of trafficking. For a guide on indicators and types of modern slavery and human trafficking please see the 'Identification' section of the Modern Slavery Protocol;⁸

- act within a duty of care, addressing and flagging in any referral the survivor's immediate needs (medical, food, clothing, accommodation, hygiene, children, pregnancy, and the importance of being located within a particular area to maintain treatment, support networks, schooling etc, or of being moved away from risk etc.) including carrying out an immediate risk and needs assessment;
- act only with the survivor's informed consent. This must include considering whether each individual has the capacity to understand and to consent;
- explain to the survivor the referral process and what this will mean in practice. This should include explaining the support entitlements available to a possible victim when entering into the NRM as well as the limitations of support;
- make a referral in person; *in an emergency situation where this isn't possible and the referral is done over the phone, this should be explained clearly on the form. If the form is completed in a rush this should also be stated on the form. In these instances, any professional supporting the individual should send supplementary information to confirm consent, supplement the information on the form when possible, add any later disclosures or relevant information, and highlight any support or safeguarding measures where needed;*
- read through a final draft of the completed NRM form together with the possible victim (with an interpreter if needed) and confirm if the content is accurate. *Provide as much detail as possible with regards to the safeguarding needs and relevant history of the survivor as NRM forms are often one of the few sources of data which can assist a survivor with their future applications for support or their attempts to prove their 'victim' status;*
- ensure that once a referral form has been completed and that the survivor is satisfied with both the content and who the information is being shared with that they check and sign the form.
- *Note that the possible victim should see and understand the whole form and not just the consent page;*
- make sure the survivor has a copy of their NRM referral form if they would like one, and understand its significance, that it includes sensitive personal information, and they have a safe place to keep it;
- *Inform survivors that they can request copies in the future as any legal representative and support workers will be able to support them better if they have seen the form.*

⁵ Adult Modern Slavery Protocol for Local Authorities; Statutory duties and powers, Human Trafficking Foundation (2018)

⁶ <https://www.gov.uk/government/news/modern-slavery-victims-to-receive-longer-period-of-support>

⁷ Adult Modern Slavery Protocol for Local Authorities; Statutory; duties and powers, Human Trafficking Foundation (2018)

⁸ Modern Slavery Protocol for Local Authorities; Definitions and Indicators. Human Trafficking Foundation (2018)

Please note that anyone acting as a First Responder or making a referral via a First Responder into the NRM **has a responsibility towards the survivor**. This means they may be contacted in the future to assist with the case, this might involve providing further information or making a request to the Home Office for a reconsideration of a decision. In line with data protection (please see section 2.2.4 below) and organisational policy it is imperative that accurate notes are kept. See section 2.4 on maintaining case work records and 3.3 on reconsideration requests.

2.1.4 Support available to survivors

Survivors should be enabled to explore and understand both NRM and non-NRM paths of support in order to obtain their informed consent. It is important to be clear that entering the NRM does not oblige the person to consent to receiving support. They may value having a trafficking decision made without wishing to taking up the support offer. The rights of the person to choose if they want to enter the NRM must be respected and if they want to consent to receiving support or not.

Things to consider in terms of NRM support:

- **What are each person’s individual circumstances?** It is important to help each individual to consider their current living conditions, immediate and longer term risks in order to inform their decision. It is important to remember that it sometimes takes a possible victim a long time to trust an agency and accept support.
- **What support options are available to the possible victim if they choose not to enter the NRM?** This is important to consider because someone might be eligible to access support from the Local Authority but there may be barriers in accessing such support. If the person would like to access support via their Local Authority they should be referred to a legal representative⁹ or support organisations outside of the NRM with a good understanding of benefits, housing and community care in order for them to advocate for the individual to access support in line with their entitlements. It may be necessary to contact specialist solicitors. The possible victim should be informed as to how they can enter the NRM at a later date if they so wish.
- **Are there any immediate risks if they do not enter the NRM?** The possible victim should be helped to identify these.

- **What, if any, support will they get if they do enter the NRM?** It should be explained that this support is time limited, and move-on support will be dependent on the outcome of the NRM decision and local agencies.
- **Are there any children at risk?** If this is a possibility, the organisation’s child safeguarding policy should be followed. Where there is a concern that a child is at risk of harm, information must be shared with the appropriate authorities as a matter of priority.
- **Is the individual a victim of a crime?** If so, they should be asked if they would like to report the crime to the police. They should be assured that they do not have to do this to access support and are able to report the crime at any point in the future if they are unsure at this time. The police should also make sure that any meeting or interviews take place in circumstances which are as comfortable as possible for the survivor and that they can have rest breaks or stop when they need to.¹⁰ For guidelines on working with the police and criminal justice system see Chapter 7 of these standards. ***It is important to explain to the possible victim that if they choose to enter the NRM, the NRM form will be shared with the***

Competent Authority and then with the police force local to the exploitation regardless of whether they wish to report the crime. This does not mean that the person is required to engage with the police but they should understand how this information is shared and there is a possibility that the police will proactively investigate.

- **Is accommodation required immediately?** It is wise to have a backup plan and/or an identified safe and comfortable place for people to wait to be collected. It should be ensured that the person has enough to eat and drink and is in clean, weather appropriate and comfortable clothes and that they understand where they are going, why they are waiting, how long they are likely to wait and that they have been given a chance to ask questions.

⁹ Usually a Community Care lawyer

¹⁰ https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf



2.2 CONFIDENTIALITY

The duty of confidentiality is explained at section 1.3 of these standards. All professionals must ensure that they explain their professional duty of confidentiality to survivors at their initial meeting, and that this is re-emphasised and explained throughout the course of the professional relationship.

Organisational procedures need to be in place to ensure staff and volunteers understand the confidentiality policy issues regarding informed consent and the need to adhere with the Data Protection Act and General Data Protection Regulations (GDPR).

It is essential that survivors are made aware, at the earliest opportunity, of the organisation's and its staff's duties of confidentiality and the circumstances under which these duties would have to be breached.

2.2.1 Informed Consent

Informed consent means that the person concerned must be given all the information in terms of why an organisation or individual is concerned about them, an explanation of support available to them and an understanding as to what accepting this support would mean. This should include exploring the benefits and risks as well as the likelihood of both of these. In addition, there should be a discussion as to any practical alternatives so that individuals are able to make an informed choice. It should be noted that:

- Consent is issue-specific and should be checked and confirmed for each organisation working with a survivor. When seeking the consent of an individual survivor, the purpose for which consent is sought must be clearly explained. For consent to be informed survivors should be provided with all relevant and specific information. It is also important to inform survivors of their right to withdraw consent, together with the consequences of this.
- Individuals' options must be clearly explained to them, as well as how any particular agency or service can help them. It is important to be clear about the limits of organisational support to manage expectations of survivors and to make them aware of other sources of help available if needed.

- If there are no immediate safeguarding risks, individuals should be given as much time as possible to enable them to reflect and make their own decisions, to understand the information they are being given and the consequences of any actions taken or of inaction.¹¹
- If personal information is required from someone, the reason for seeking that information, who is going to be using the information, and how their personal information is going to be kept must be explained to them.
- Obtaining informed consent successfully requires individuals to feel confident that they can ask questions and have information explained or clarified repeatedly if needed.
- The NRM process must be clearly explained, and it should also be made clear that the possible victim understands that they can choose to enter or leave the support service at any point throughout its duration.
- It must be remembered that the NRM requires full consent and is not an automatic process for every adult who may have been trafficked. To obtain consent the person must have capacity (see section 2.2.3 below) and consent must be voluntary and informed.
- NRM referrals should ideally be conducted in person,¹² in order to foster trust and encourage disclosure and so that the First Responder can be fully aware of the individual's emotional state and be in a better position to identify support or safeguarding measures needed. It is important to flag to a First Responder or the support contract holder if the survivor is currently destitute or has any urgent support needs and to request urgent pre-NRM assistance.

¹¹ Whilst the survivor is making a decision, no NRM form or MS1 should be completed and these should only be done dependant on the outcome of their decision.

¹² This might not always be possible and if not it might be necessary to make a referral by phone. However if it is believed to be necessary it is possible to request that a First Responder conducts a face to face assessment.

2.2.2 Duty to notify the Home Office of potential victims of modern slavery

In cases where an adult is identified as a potential victim of trafficking or modern slavery but does not consent to an NRM referral specific public authorities have a duty to notify the Secretary of State using the MS1: notification of a potential victim of modern slavery form.¹³ **No identifying details should be included on this form.** If the survivor is not entering the NRM and so not accessing related support, the local authority should consider providing assistance under international¹⁴ and domestic legislation.¹⁵ See the 'Statutory duties and powers' guide for local authorities from the Modern Slavery Protocol for more detail on these provisions.¹⁶

2.2.3 Capacity

The person must be capable of giving consent, which means they must be able to understand the information given to them and are able to use it to make an informed decision.

The Home Office states that where an adult is considered vulnerable, for example due to learning difficulties or mental health issues, and there are concerns that they may not have the capacity to give consent appropriate safeguarding procedures with decisions made in the best interests of the adult should be followed.¹⁷

If a person is deemed incapable of giving informed consent under the Mental Capacity Act 2005 by a person who is trained to carry out capacity assessments, a best interest decision should be made. This might include support providers and any advocate. If a decision needs to be made urgently, a temporary decision may be made by a social worker appointed for this purpose. The individual should still be placed at the centre of the decision-making process.

For all survivors, there needs to be periodic reviews on capacity as this can change throughout the course of their experience post escape.

2.2.4 Data Protection

Confidentiality policies must comply with the Information Commissioner's Office's (ICO) rules and regulations.

Any information-sharing provision must adhere to the requirements of the Data Protection Act 1998, the General Data Protection Regulations and any subsequent data legislation. Survivors must be informed in clear, plain language as to the purpose for which information is sought from them, how long information about them will be kept, how it will be used and who that information is going to be shared with (including the purpose of doing so). Survivors must be kept advised of circumstances where information may need to be shared e.g. safeguarding issues, prevention and detection of serious crime or where ordered to do so by the court. No action should be taken without the survivor's 'informed consent', given with full knowledge of any risks involved, probable consequences, and the alternatives.



2.3 RECORDING, RETAINING AND STORING DATA

Processing of data is subject to the General Data Protection Regulation (GDPR- which came into force on 25 May 2018) and replaces the Data Protection Act 1998.

Base principles of data protection under the GDPR are that data must be:

- processed lawfully, fairly and in a transparent manner in relation to individuals;
- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes;
- adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;
- accurate and where necessary, kept up to date. Every reasonable step must be taken to ensure that any personal data which is inaccurate, having regard to the purposes for which they are processed, is erased or rectified without delay;
- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed. Insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals;
- processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

¹³ <https://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery> .

¹⁴ The Trafficking Directive and Convention and ECHR

¹⁵ The Care Act and guidance, the Localism Act, the Housing Act and Homelessness Code.

¹⁶ Modern Slavery Protocol for Local Authorities; Statutory Duties and Powers. Human Trafficking Foundation (2018).

¹⁷ Victims of modern slavery- frontline staff guidance. Version 3.0. Home Office, 2016.

There must be a lawful basis for processing the data. This is not a new requirement but the GDPR does place more emphasis on accountability and transparency. The six lawful bases for processing are set out in Article 6 of the GDPR. At least one of the following must apply whenever organisations process personal data:

CONSENT:



The individual has given clear consent for the organisation to process their personal data for a specific purpose.

CONTRACT:



The processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.

LEGAL OBLIGATION:



The processing is necessary for the organisation to comply with the law (not including contractual obligations).

VITAL INTERESTS:



The processing is necessary to protect someone's life.

PUBLIC TASK:



The processing is necessary for you to perform a task in the public interest or for your official functions and the task or function has a clear basis in law.

LEGITIMATE INTERESTS:



The processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.

As with the Data Protection Act (DPA), there are specific and more enhanced protections of data which are considered to be 'special categories'. This is not dissimilar to the current definition of 'sensitive personal data' under the DPA and personal data is identified as, 'revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership and the process of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation'.

It is more likely than not that organisations working with survivors will be handling data which falls within special categories of data. The threshold is information which reveals those identified characteristics. It is important to identify the specific condition for processing this type of data, similarly to the requirement currently under the DPA to do so in respect of sensitive personal data.



2.4 MAINTAINING CASE WORK RECORDS

It is important to accurately record relevant and objective information in case notes and store them appropriately and in compliance with the law. All records should be complete and accurate to allow all employees working on the case to access this information to undertake appropriate actions in the context of their responsibilities. Survivors have a right to be informed at the time when information is obtained from them, what purposes the information is obtained for, the recipients or categories of recipients of the information, how long the information will be stored for and the right to complain about the processing of their information. Where processing is based on informed consent as the lawful basis then survivors must be informed of their right to withdraw their consent.

Individuals have a right to have access to copies of any information which organisations hold about them. They should be informed of that right from the outset when information is collected about them. They should be provided with copies of all documents and correspondence which is about them automatically, as well as upon request from a legal representative or another advocate who has signed authority from the survivor. They also have a right to request correction or erasure of information or object to/restrict the passing of certain information to another. They should be informed of this right when information is collected about them. These rights should be contained in each organisation's privacy policies.

Information contained in a case note might be used in additional information reports for the Competent Authorities; to support advocacy and to challenge external agencies' misperceptions or poor NRM decisions. It may also be requested by the police and the Crown Prosecution Service, should survivors decide to support a criminal investigation and/or prosecution.

These are all known and foreseeable ways in which information obtained from survivors may be used and processed. It is vital that they are informed of this each time information is collected. It is not enough to tell them the first time they are asked for information. Each time they are, they should be reminded of the purposes and their rights in a clear and plain language. It is vital in the context of information sharing that there is a clear distinction made between ordinary personal data and special categories of personal data to ensure that the conditions for processing (including sharing) are properly met for the specific information.

It is therefore important to:

>	attempt to ensure the authenticity of the records so that the evidence derived from them is shown to be credible and authoritative. This includes recording details such as dates of any meeting that took place as well as of writing up the notes, who was taking the notes, who was spoken to and their contact details;
>	ensure that any work around coping with the victim's distressing thoughts or feelings is documented carefully, so it cannot be misconstrued as inadvertently encouraging or coaching victims in the way they talk about evidence;
>	explain carefully to victims that support workers cannot enter into any discussions about their evidence, as they may be unduly influenced either directly or indirectly by someone who is not a trained investigator;
>	ensure that where counselling or other forms of therapy are accessed, it is important that any discussions with the therapist about the offence itself are recorded. Support staff should ensure that the therapist is aware of this requirement;
>	care must be taken not to offer anything which could be considered as inducements to survivors. For example, giving assurances on immigration status or compensation;
>	encourage survivors not to discuss their own evidence with anyone who is not directly working on their case in a professional capacity. This includes other victims. Such discussions in multi-victim cases could be seen as collusion;
>	ensure that there is no record of a case-worker's personal opinion in case notes unless these can be evidenced and explained;
>	ensure all records are stored in an environment that provides the requisite levels of security and protection (including cyber security) in order to prevent unauthorised access, damage or loss, whilst allowing maximum accessibility to the information appropriate with its frequency of use;
>	be mindful that all personal and sensitive information kept about survivors should be processed in line with the GDPR. Disclosure and disposal of this information should therefore be undertaken in accordance with clearly established policies and supported by appropriate documentation.

2.5 DISCLOSURE

The only privilege which the law recognises is that between lawyer and client. Case notes taken by case workers may need to be disclosed in the event of a legal case. It is important that service users understand that under these circumstances confidentiality of their notes cannot be guaranteed.



CHAPTER 3

**Case Work and Advocacy
Support through the
National Referral
Mechanism Decision
Making Process**

THIS CHAPTER PROVIDES AN OVERVIEW OF THE CASE WORK SUPPORT WHICH SHOULD BE GIVEN TO A POSSIBLE VICTIM ONCE THEY HAVE BEEN REFERRED INTO THE NATIONAL REFERRAL MECHANISM (NRM) AND RECEIVE THEIR INITIAL 'REASONABLE GROUNDS' (RG) DECISION.

This chapter does not cover practical support standards. *These are included in Chapter 4, 'Provision of Appropriate Care and Support', which provides best practice guidance for professionals from all disciplines who are working with survivors (within and outside of the National Referral Mechanism).*

The Competent Authority decides whether or not a person is a victim of trafficking based on the initial information provided by the First Responders in the NRM referral form as well as any additional information provided by the individual concerned, the First Responder and those support agencies which assist survivors during the recovery and reflection period.

It is therefore vital that agencies which support survivors as well as their staff understand the importance of their case work and advocacy in ensuring that survivors receive a high standard of support, including appropriate referrals to health and legal services (with consent).

Advocacy to inform Competent Authority decision making

An organisation acting as a support agency that has been requested, or one that would like to provide additional information to the Competent Authority in respect of a conclusive NRM decision, should make the following provisions to ensure that the victims in their care are thoroughly advocated for:

- Read the most up-to-date Competent Authority guidance;¹
- If they do not already have a copy, support the possible victim to request a copy of the completed NRM form from the First Responders. It will be necessary to show consent. This can take the form of a signed letter of authority. The content of the form may be subject to restrictions under General Data Protection Regulation (GDPR) so further dissemination of the form will require subsequent permission from the person it concerns;
- Check that information on the NRM form is as accurate and thorough as possible;
- If the possible victim has given consent, provide any additional information regarding the possible victim's history and/or trafficking indicators to the Competent Authority;

- Explore reasons for any discrepancy with the original account/information on the NRM form and, following consent being given, prepare submissions as to reasons for these. When they have a legal representative and providing the possible victim has given permission to do so, always liaise with their legal representative before further evidence or submissions are submitted on their behalf.

Additional information for the decision-making process:

- Gather additional and supporting evidence from other organisations which possible victims may be getting support from – such as the Community Mental Health Team, social workers, legal advisors (within the limitations of legal professional privilege), police forces, clinical psychologists, etc. It will be necessary to show consent.
- Where appropriate, request and include medico-legal reports,² including physical and psychological assessments conducted by an appropriately qualified expert such as a specialist doctor or a clinical psychologist or psychiatrist. Again, this should always be done in liaison with a survivor's legal representative if they have one.

Substantive details to include on the NRM referral form or in follow up information

- Include any information on continued contact with traffickers, other risks, concerns etc.
- Give an objective assessment of the possible victim's vulnerabilities and their needs, including their safety needs.
- Provide details of the possible victim's opinions on, and feelings about returning to their country of origin, including any safety concerns they may have.
- Make clear whether the possible victim is planning to engage with the police and/or are likely to consent to being a witnesses in criminal proceedings.
- Use experience and knowledge to support the evidence gathering process and ensure that trafficking indicators are adequately considered by the Competent Authority.
- Make reference to reports, such as the Country Information and Guidance Reports,³ and the Trafficking in Persons Report.⁴ It may be necessary to obtain an independent expert report which has specific detail on trafficking in relation to a particular country.
- Maintain open communication with the Competent Authority and be prepared to provide them with additional information as it arises, making sure possible victims give consent to share this information.

¹ Victims of human trafficking: Competent Authority guidance. Home Office (2016).

² From an Istanbul protocol trained doctor

³ Issued by UKVI and The Upper Tribunal - Immigration and Asylum Chamber

⁴ The Trafficking in Persons Report (TIP) is produced by the U.S. Government. It is a comprehensive resource of governmental anti-trafficking efforts.



3.1 REQUESTS TO EXTEND SUPPORT

Although the recovery and reflection period is time limited, announced reforms to the NRM have resulted in a commitment that once a CG decision is made, the recovery and reflection period will be extended. The length of time confirmed victims have access to 'move-on' support, such as ongoing accommodation, counselling, expert advice and advocacy, will increase from 14 days to 45 days.⁵ This is in addition to the minimum 45 days of support victims already receive before a final decision is reached. The total period of recovery and reflection including move-on support will therefore be a period of at least 90 days.

If a victim's circumstances warrant more than the statutory support period this should be raised in time to consider an extension. The decision-maker on extensions of support is the Modern Slavery Unit in the Home Office. Extension requests should either be raised directly with them or through the contracted support provider.

The Modern Slavery Unit (MSU) should consider all representations made in deciding whether an extension is appropriate to provide the potential survivor with a further period of recovery. Likely reasons for the extension include health issues, mental health/psychological issues (including Post-Traumatic Stress Disorder), pending legal decisions and victim intimidation. In requesting the MSU for an extension the following steps should be taken:

- the MSU should be provided with as much notice as possible and there should be a clear explanation as to the reasons for requesting an extension (e.g. vulnerable due to late stage of pregnancy, ongoing trauma, mental and/or physical health issues etc. or if at risk of further trafficking or exploitation without continued support). If there is a wait for a medico-legal report, approximate timescales should be provided;
- any request in writing to the MSU and/or any discussions with the MSU should be recorded in the case notes;
- take note of the date and time and the names of the MSU's officials with whom there has been contact and the details of the conversation;
- if an extension is refused request a written explanation for this.

⁵ Home Office Press Release, October 2017 <https://www.gov.uk/government/news/modern-slavery-victims-to-receive-longer-period-of-support>



3.2 DELAYS IN DECISION MAKING

If consent has been given by the victim and after informing any legal representatives, the Home Office can be written to about delays that occur after 45 days unless the survivor has requested an extension. A supporting letter or email that explains the detrimental impact of delay on the survivor should be provided and a request for a decision to be made as soon as possible, in line with Competent Authority guidance.

The survivor should be made aware of the option of making a complaint about delays that occur after the 45 days when the survivor has not wanted an extension. If they choose to complain, their complaint should be sent to: complaints@homeoffice.gsi.gov.uk with the form of authority attached. A supporting letter should be provided with the complaint that explains the detrimental impact of delay on the survivor and any other evidence that might show the impact of delay. If the survivor has a lawyer, it is important to liaise with them and support them to make a complaint on the survivor's behalf.

⁶ Victims of modern slavery - Competent Authority guidance. Home Office (2016).

If delays continue, facilitate the survivor to seek legal advice to challenge a delay by way of court action. If the survivor does not have a lawyer or the lawyer is unwilling or unable to assist, ask a lawyer with a public law Legal Aid contract if they will consider taking action.



3.3 RECONSIDERATION REQUESTS

It is vitally important that the Competent Authority is provided with complete and accurate information to make an informed NRM decision. If a negative NRM decision is made and there are reasons to believe that the Competent Authority was ignorant of a material fact, such facts should be submitted to the Competent Authority together with a formal request for reconsideration of the negative decision. In order to do so effectively, it is important to:

- be familiar with current Home Office guidance on the reconsideration process, including time frames;⁶
- put requests in writing, even if this is to summarise previous discussions;
- clarify the reasons for requesting a reconsideration and provide evidence of concerns. Where the survivor has a legal representative liaise with them before submitting the information and ensuring that the survivor's consent to do so has been obtained;

⁶ Victims of modern slavery - Competent Authority guidance. Home Office (2016).

- provide clarification on any contentious comments (including comments that are subjective and/or factually incorrect) contained in the NRM decision;
- be familiar with the relevant Convention articles and reference these in the request;
- if the survivor has consented, speak to other agencies who may be providing support and reference them;
- notify the Competent Authorities of any new or 'fresh' information that has come to light;
- if necessary, refer the survivor to a solicitor who has a civil contract with the Legal Aid Agency under which they can currently apply for a judicial review of negative NRM decisions. This could be a lawyer that undertakes immigration law or 'public' law. A Judicial Review will challenge the way a decision has been made. It is important to have an awareness of the time limits for putting in a claim to court (at the time of writing this must be done no later than 3 months from the date of decision, but the survivor should always act 'promptly' in any case). If it is thought that there may be a case for Judicial Review, specialist legal advice should be sought (with consent) as early as possible.



CHAPTER 4

Provision of Appropriate Care and Support

THIS CHAPTER PROVIDES BEST PRACTICE GUIDANCE FOR PROFESSIONALS FROM ALL DISCIPLINES WHO ARE WORKING WITH SURVIVORS (WITHIN AND OUTSIDE OF THE NATIONAL REFERRAL MECHANISM) IN ORDER TO ENSURE THAT THEY RECEIVE QUALITY CARE AND SUPPORT, AND ARE ABLE TO ENGAGE EFFECTIVELY WITH ESSENTIAL SERVICES. ALL CARE AND SUPPORT SERVICES SHOULD PROVIDE A SERVICE THAT IS COHESIVE AND CONSISTENT FOR SURVIVORS, ENSURING THAT QUALITY STANDARDS ARE IN PLACE FROM THEIR REFERRAL TO THEIR EXIT.

Making Referrals for Care, Support and Assistance

The process of making referrals to other professionals and services is one that requires serious consideration and careful management. The aim in all such cases is to ensure that each survivor feels personally respected, that their information is in safe hands and that it is not being viewed, or dealt with, by any person who is not professionally trained to work with it.

It is essential that any exchange of information about survivors is always tailored to the specific task in hand. Sensitive, personal information should only be provided with each survivor's informed consent (see also section 2.2.1 on informed consent and 1.2 for the Trauma Informed Code of Conduct) and should be used strictly for the purpose of ensuring that a survivor obtains the support that they need which falls within the recipient's remit. For example, there is no need to provide a survivor's full history and medical records to a service that does not require them in order to lend particular support to a survivor. Any requests for further information can

always be made with specific written reasons attached. Conversely, not to share information which is needed by another professional, when the survivor has requested this, can damage an individual's case and can result in them having to repeat sensitive and traumatic information unnecessarily.

In some cases highly detailed information including a full history, together with a description of the work which has been done with a survivor, is required in order to ensure that a particular professional or service has a full understanding of the case in order to be able to take on a referral. To ensure that a survivor has the best chance of having their referral accepted, this should always be tailored in writing for the specific purpose of the referral rather than files being simply forwarded.

In cases where information concerning survivors is provided to others at any level, the procedures for confidentiality, information sharing, data protection and record keeping should be followed and receipt of all correspondence acknowledged and kept (See also sections 2.2, 2.3, 2.4 and 2.5 of these Standards).



4.1 ACCEPTING REFERRALS INTO SUPPORT SERVICES

Prior to accepting a new referral, support services should:

- Gather as much information about the case as is required for provision of the support service including individual advocacy work and referrals. This should include: any risk indicators, known support, advice and health needs. Also whether a referral has been made to the National Referral Mechanism, and if so the stage of the case in terms of decisions made by the Competent Authority and information on other legal procedures that survivors are involved in.
 - Ensure the service is appropriate for the individual survivor and that the service is equipped to support that individual person's needs. Individual needs will vary depending on many factors which may include gender identity, whether people are accompanied by children or other family members, or are pregnant, whether there are substance abuse issues, mental health problems or serious risk factors including self-harm and suicidal ideation or planning.
- In cases where survivors are required to travel to safe accommodation or to a particular support service location, it is important to make arrangements for a safe and comfortable journey in accordance with the needs of each person. Due to the nature of trafficking crime, it is essential that any journey taken does not recreate aspects of survivors' traumatic experiences. Check that the person travelling understands the purpose of their journey, where they are going and their estimated time of arrival. They should have some understanding as to what the accommodation they are going to will consist of and the support they will receive when they get there. All other people who are travelling with them should be of the gender of their choice and should be properly introduced to them prior to getting into the vehicle and they should have an opportunity to ask any questions before the journey begins. It is important that all practical details can be communicated in a language that is easily understood by the person travelling, that interest in their physical comfort needs are demonstrated, and light, friendly conversation is made with them throughout the journey. See also section 1.2 for the Trauma Informed Code of Conduct.

4.1.1 Key considerations following entry into support services

Once someone has been accepted (with consent) into a support service:



IMMEDIATE SUPPORT PROCEDURES:

- Manage any immediate risks which have been identified for the survivor and their children in accordance with the support agencies' Risk Assessment and Risk Management policies. This should be discussed sensitively with each person once they have settled in and a collaborative plan made with them in order to minimise all risks.
- Address immediate practical needs including providing a bedroom in which the survivor is able to rest as needed, ensuring their healthcare needs are prioritised, providing nutritious food, appropriate clothing and toiletries (See chapter 9 Material Assistance). Ensure that each person is able to contact friends and family as needed as long as this can be done safely.
- Ensure that survivors understand the remit of the support service that is being offered, the duration of time they can remain in the service and the basic rules, expectations and procedures.



ONGOING SUPPORT PROCEDURES:

- Use trauma-informed methods of communication: Always work with survivors in a way that is sensitive to their individual needs and minimises any distress (See section 1.2 for the Trauma-Informed Code of Conduct). Ensure that interpreters are available in all cases where this is required and work with interpreters in accordance with section 1.6 on working with interpreters.
- Ensure that adult safeguarding (Protection of Vulnerable Adults) policies are adhered to, especially when there are reasons to believe that the survivor does not have capacity, has learning disabilities or has a disability.
- Ensure that appropriate child protection and safeguarding policies are in place and adhered to at all times when working with adult survivors who have children or young dependants. Parents and children's practical and safety needs should be met by all support services.
- Ensure that all of the basic information on the referral form is accurate by requesting copies of the NRM referral form if necessary, discussing it with each person and using appropriate interpreters where required.

- Ensure that survivors are able to provide their informed consent for the support service to keep and share their information with other professionals and services. The service's confidentiality policy, consent forms and methods for recording case notes and maintaining case file should all be explained carefully to them. They should know that they can request to see, and receive a copy of any aspect of their file at any time. See chapter 2 for more on informed consent, confidentiality, storing data and maintaining case work records.
- Work collaboratively with other professionals who have previously supported the survivor, and all those who will support the survivor on an ongoing basis. The purpose is to ensure the cohesion and consistency of any ongoing support or case work for survivors' ongoing safety. In all cases this should be done only with the survivor's informed consent.
- Ensure active referrals to external services to make sure that service users' entitlements under the council of Europe Convention for Action Against Trafficking in Human Beings and the Trafficking Directive are realised. These will include healthcare, including mental and physical health, and legal advice. Be prepared to advocate for access to these services if necessary. See chapter 5 Access to healthcare, and chapter 6 Access to specialist legal advice.

4.1.2 Risk Assessment and Risk Management Plan

Prior to accepting new referrals, each service should conduct a preliminary crisis Risk Assessment based on the information received from the referral agency to ensure the safety of survivors, staff and other service users in the house. A short, preliminary Risk Assessment should be conducted upon arrival. Within 24 hours of a survivor's arrival in the service, a full Risk Assessment should be carried out with a view to establishing their immediate needs and putting a Risk Management Plan in place. This plan should be a working document and updated regularly.

When conducting a risk assessment, it is crucial to:

- draw relevant information from the referral agency or other agencies involved with the survivor, by checking any existing Risk Assessments and asking for other relevant information. This will require the survivor's consent;
- have a conversation directly with the survivor to check whether they feel safe or if they feel they are at risk for any reason;¹

¹ This should be done with reference to the Trauma-Informed Code of Conduct (TiCC), section 1.2 of these standards.

- conduct the Risk Assessment in a culturally sensitive and tactful way with a view to minimising any potential distress for survivors. This should include explaining the reasons for the Risk Assessment and what will be done with the information;
- work with survivors to identify key areas of concern and put in place a Survivor Safety Plan which works to mitigate the following risks:
 - Risk from traffickers or their associates.
 - Any physical, sexual or mental health issues.
 - Risk of self-neglect.
 - Risk of suicide.
 - Risk of self-harm.
 - Any substance misuse.
 - Any risk-taking behaviours, including contacting traffickers.
 - Risk of harm to others.
 - Any spiritual abuse.
 - Risk of the victim leaving accommodation without notifying staff.
 - Managing risk after leaving the service/ following identification.
 - Risk on return to place of origin.
- listen to and respect the survivor's own assessment of their situation whilst bearing in mind that people who are trusted by the survivor may in fact present a risk to them;
- ensure that all information collected is kept confidential and only used in survivors' best interests, with their informed consent;
- make sure assessment of a survivor's well-being is balanced and avoid subjective comments such as 'well presented' or 'failing to engage' without explaining the reason for these judgements;
- identify priority questions based on the level and likelihood of risk to each person. Carry out a more in-depth assessment at a later stage when the survivor feels safer and more settled;
- agree ways to work collaboratively together with individual survivors to regularly review their Risk Management Plan.
- inform all survivors of the service's health and safety policies, encouraging them to take all appropriate measures to keep themselves and other service users safe. It is important to encourage survivors to use technology safely (including phones, internet and social media) in order to minimise any potential risks of being found or approached by traffickers or other exploiters;
- put in place appropriate Risk Management Plans to ensure the survivor's safety and mitigate risks to the other residents and also to the organisation;
- ensure all identified risks are incorporated in the survivors' individual care plans;
- bear in mind that risks can change, therefore you should review the Risk Management Plan regularly to ensure that all safety needs are met at any given time.

4.1.3 Needs Assessment

As soon as it is safe to do so, a more in-depth assessment to establish support needs should be carried out. A complete Needs Assessment should include the following key areas:

- physical and sexual health needs;
- psychological and emotional needs;
- cultural and spiritual needs;
- practical needs;
- legal advice and representation needs;
- other advice and assistance needs;
- welfare and subsistence needs;
- longer term support needs in the context of existing life skills, education, language skills, financial literacy, debt management and, if appropriate, planning for future employment.

4.1.4 The Survivor Support Plan

A care or support plan should be produced with the direct involvement of the individual it concerns and with reference to risk and needs assessments. It should serve as a blueprint for how survivors will be supported. During this process, it is crucial to establish trust, with mutually agreed, realistic objectives and to avoid making any promises or guarantees to people which may not be possible to fulfil. For example, survivors need to understand that a positive trafficking decision will not necessarily lead to a grant of leave or long term support. Relevant referrals and applications should be made.

The plan should record the areas of needs identified, what action is to be taken, by whom and within what timescale. These needs assessments and care plans should be regularly reviewed as needs may become more apparent over time and with the building of trust.

With appropriate support, survivors are well placed to identify their own needs. The role of case workers should be to help them identify and address those needs. This should be clearly documented in case notes. It is important to remember that as part of their trafficking experience survivors may have learnt to be very compliant. They may also wish to please those trying to assist them. This may lead to them agreeing to things they may not wish to do. Therefore it is important to always consider non-verbal as well as verbal communication and give survivors an opportunity to carefully consider decisions whenever possible. Survivors must be assisted by case workers to understand their rights and entitlements in relation to support and make their own informed choices. Survivors should always feel in control of the support plan process and not compelled to follow suggestions made by those supporting them.

Survivors should be supported to access their entitlements under the Council of Europe Convention for Action Against Trafficking in Human Beings, Article 12 Assistance to Victims. This refers to assistance with physical, social and psychological recovery.²

These entitlements include:

- accommodation, psychological and material assistance;
- medical assistance;
- translation and interpretation services;
- counselling and information – particularly regarding legal rights;
- assistance to enable rights to be presented during legal proceedings against offenders;
- access to education for children;
- taking account of safety and protection needs.

Services must be provided on an informed and consensual basis and are not dependent upon willingness to act as a witness or give evidence to the police.

When planning support, services should make sure that:

- the survivor support plan respects the needs and aspirations of the survivor as much as possible. It needs to be realistic in its objectives and not over promise or set the survivor up to fail. Remember that basic needs – such as food, clothing, shelter, and immediate physical safety - should be met before working on higher level needs, such as self-confidence, empowerment and self-realisation. (See Maslow’s Hierarchy of Needs);³
- the survivor support plan is seen as an organised and manageable structure through which survivors can identify problems, prioritise needs, set realistic goals and tackle problems;
- the survivor support plan has a long-term approach and helps survivors to acquire skills, knowledge, self-confidence and self-awareness, while providing them with a means for identifying available support;
- the survivor support plan promotes the survivor’s empowerment, by establishing autonomy and helping them to feel part of a team with mutually agreed goals and expectations;
- the survivor support plan encourages survivors to take responsibility for making decisions and provide clear evidence of their ability to take control of their own life;

- the survivor support plan identifies areas of development and achievable goals and wherever possible, encourage survivors to take small steps towards meeting their goals rather than having goals achieved for them;
- the survivor support plan is agreed and owned by survivors. Their direct feedback should be facilitated. There should be a record of anything the survivor is not happy with, as well as concerns or difficulties they are having;
- the survivor support plan is a working document, subject to regular reviews to allow survivors to alter their goals and aspirations and to respect any change in need, circumstance or desired outcome;
- the survivor support plan is used to monitor progress made by survivors as well as the effectiveness of the support provided by support services and by external agencies;
- any further amendments to the survivor support plan are clearly recorded and survivors have an up-to-date copy;
- where a survivor expresses a wish to be repatriated to their home country, their options and any risks are explored with them. This may require specialist legal advice. Relevant support services and entitlements in the UK as well as their home country are identified. For more information on voluntary returns, see Chapter 8 of these standards.

4.1.5 Assisting Survivors to engage with Support Services

All professionals working with survivor, should strive to do no further harm and remain aware that eliciting information without establishing a relationship of trust can undermine the support process and risk loss of contact with survivors.

Recommended practice for meetings with survivors is to:

- set the context for the meeting at the start of the meeting particularly if sensitive issues are likely to be discussed;
- keep the number of staff attending the session to a minimum, making sure survivors are clear about who is working with them and why;
- remain observant for signs of pain, disability, injury or trauma and make survivors as comfortable as possible;
- avoid a structured interview format which could intimidate survivors and try instead to gather the information as part of an organic conversation;
- be prepared to be led by what the survivor considers to be their most pressing issue, problem or need;
- demonstrate respect for survivors’ cultural, spiritual and gender needs as well as for their personal integrity and privacy;
- demonstrate an interest in helping survivors to solve their immediate practical needs;
- ensure survivors feel in control of what information they share;

² Council of Europe Convention for Action Against Trafficking in Human Beings <https://rm.coe.int/168008371d>

³ ‘A theory of Human Motivation’. Maslow, A.H. (1943)

- ensure survivors know that they can stop or take a break at any time;
- be prepared to respond sensitively to any emotional distress resulting from the conversation;
- be prepared to respond appropriately to any new disclosures made.

Having secured consent, it is important to work with other professional services the survivor may be in contact with to manage the number of interviews and repetition of disclosure about trauma during the reflection and recovery period. Repeated interviews of victims can have a negative impact on recovery if not managed carefully.⁴



4.2 REFERRALS AND APPROPRIATE RECOGNITION OF THE AGE OF YOUNG PEOPLE

Child trafficking is first and foremost a child protection issue which must take immediate precedence over any potential dispute around age. As a child protection issue, due consideration must be made regarding: safety, welfare, housing, therapeutic care and related needs as well as contact with the authorities/police.

If there is concern that a survivor being supported as an adult may be a child or any other concerns which relate to the safety of the child or other children, **an immediate referral to Local Authority Children Services must be made.**

For unaccompanied or separated children the consequences of being wrongly identified as an adult and being treated thus are potentially devastating. Their 'Reasonable or Conclusive Grounds'⁵ NRM decision and/or application for asylum may be refused and the child detained within the adult immigration detention estate and removed without ever having their age formally assessed.

Many children and young people will not be able to provide evidence of their age, and some may not even know their chronological age. A trafficked, unaccompanied or separated child may have experienced physical, mental, sexual or emotional abuse on their journey to the UK and have undiagnosed traumatic disorders. These experiences may affect a child's ability to participate fully and openly in conversations related to their age and experiences and appear to an untrained professional as being uncooperative or deceptive. This may simply be an expression of a lack of trust in adults in positions of authority or the child may be traumatised or frightened. Disputing the age of a

child as opposed to applying the benefit of the doubt can affect the way they engage, as they may perceive it as another aspect of mental and or emotional abuse through questioning of their credibility and identity.

With this in mind and where there is uncertainty as to the age of someone you are working with, when deciding to refer a child for age assessment, adherence to and application of the benefit of the doubt is crucial. The threshold should be low with the potential benefits for a child high.

The statutory guidelines, '*Care of unaccompanied migrant children and child victims of modern slavery*'⁶ provide helpful guidance to practitioners in affording children the benefit of the doubt: 'where the person's age is in doubt, they must be treated as a child unless, and until, a full age assessment shows the person to be an adult'.⁷ Affording a child this

right is also recognized by the United Nations: 'minors must be given the benefit of the doubt where there is uncertainty as to their age' as reflected in the UN Committee on the Rights of the Child, General Comment N° 6 v(2005).⁸

When a young person's age is disputed by authorities or when a contracted service provider has concerns that someone they are working with may be a child, any safe system of referral must be guided by the relevant UK statutory guidance on children,⁹ including the ADCS Association of Directors of Children's Services 'Guidance to assist social workers and their managers in undertaking age assessments in England'.¹⁰ It must reflect the various rights afforded to a child under UN Conventions¹¹ and referred to in UN General Comments.¹²

⁴ GRETA, 'Report concerning the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings by the United Kingdom (2016), p.55.

⁵ First and second stage decision within the National Referral Mechanism for identifying victims of trafficking (NRM).

⁶ Care of unaccompanied migrant children and child victims of modern slavery statutory guidance for local authorities November 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf

⁷ Department for Education, statutory guidance, Care of unaccompanied migrant children and child victims of modern slavery 2017, 8.p5 "where the person's age is in doubt, they must be treated as a child unless, and until, a case-law compliant age assessment shows the person to be an adult.

⁸ UN Committee on the Rights of the Child, General Comment N° 6 (2005).

⁹ Department for Education, statutory guidance, Care of Unaccompanied and Trafficked Children, 2017.

¹⁰ Association of Directors of Children's Services Guidance to assist social workers and their managers in undertaking age assessments.

¹¹ The UNCRC's Article 8 obliges an authority to respect "the right of a child to preserve his or her identity" which includes their age and date of birth. Article 12 of the UNCRC states that "State Parties shall assure to the child who is capable of forming his or her own views the right to express those views in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child" Article 39 of the UNCRC states, "all appropriate measures should be taken to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation or abuse".

¹² CRC General Comment No. 6 (2005) also stipulates that identification measures "should not only take into account the physical appearance of the individual, but also his or her psychological maturity". UNCRC General Comment No. 6 addresses the benefit of the doubt and presumption of minority. If there is a chance that the individual is a child, he or she should be treated as such.

4.2.1 Consent and Children

When considering sharing information related to a trafficking survivor who is - or could be - a child, the needs of the child and their protection, safeguarding and welfare take precedence. In some instances, certain types of information must be shared with the relevant statutory protection agencies with or without the consent of the child.

If questions arise regarding whether or not information should be shared, refer to the organisations internal Child Protection procedures for guidance. The internal Child Protection Procedures must include information sharing arrangements.¹³

If you have any concern that an adult victim of trafficking within your service provision may be a child you should immediately raise your concerns with the Local Authority Children's Services, who are responsible for age assessments¹⁴ and endeavour to follow the guidance below:

- Act fast to refer them to Children's Services. Share your concerns. Clarify when and where the age assessment will be carried out, bearing in mind the above-mentioned requirement for a potential child to be given the benefit of the doubt and to be "Looked After" by the Local Authority 'until or unless a case-law compliant age assessment shows the person to be an adult' and for Child Protection guidelines - and notably timeframes (24 hour response) - to be applied. Be prepared to advocate for an age assessment or reassessment and, if required, support the process by referring to the relevant statutory guidance pertaining to unaccompanied and trafficked children.
- Advise Children's Services that a survivor will be referred to them and follow up by making that referral in writing, regardless of whether or not survivors have already undergone an age assessment.

- If it's known that an age assessment has already been undertaken, as well as referring the child to your local Children Services department, it is important to contact the same local Children Services that conducted the assessment to see what information is already available.
- Inform the child survivor's legal representative of any concerns as soon as possible and ensure that they are aware of any referral being made to Children's Services.
- The local authority may be one of the ICTA 'Independent Child Trafficking Advocates Early Adopter' sites. As such, they may have a role to play in advocating on behalf of survivors that claim to be or are suspected to be children.
- In cases where a child survivor has already undergone an age assessment, Children Services are required to reassess the survivor's age if new information comes to light. As service providers who may be in daily contact with survivors, the observations which have prompted concerns are valid and should be understood/recognised as part of the holistic age assessment process.

An age assessment for a survivor of trafficking should be:

- in-depth, resulting from multiple sessions with the survivor;
- conducted in a way that is conducive to the survivor's individual needs;
- conducted in a way that takes full account of the specific trafficking aspects of each individual case.

A summary of considerations regarding risks and potential health-related issues, as reflected in the Association of Directors of Children's Services (ADCS) Age Assessment Guidance, to assist social workers and their managers in undertaking age assessments are:

- Is the child or young person in suitable accommodation before and after the assessment?
- Might the child survivor have experienced abuse?
- Does the child survivor have any other additional needs, aside from being alone?
- Might they have physical, mental or emotional health difficulties?
- Might they have learning difficulties?
- Might their experiences in their country of origin or during their journey to the country have an impact on their ability to respond fully to questions asked of them?
- What is the current immigration status of the child or young person and do they need assistance with that before and/or after the assessment?

A child survivor of trafficking should be given the benefit of the doubt. Unless and until their age is established via an in-depth assessment, they should be accepted and treated as a child and provided with full access to appropriate support and services.

¹³ HM Government 'Information sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers July 2018'.

¹⁴ In England and Wales age assessments are undertaken by Local Authority Children Services where a child is an unaccompanied, separated migrant child, including where there are concerns the child may be a survivor of trafficking. For more information about current arrangements to support a co-operative approach to age assessment between refer to (i) The Association of Directors of Children's Services Guidance to assist social workers and their managers in undertaking age assessments in England (ii) Age Assessment Information Sharing for Unaccompanied Asylum Seeking Children: explanation and guidance (iii) Joint Working Guidance.



4.3 EXITING THE NRM SUPPORT SERVICE

There are multiple reasons why a person may exit NRM support which are distinct from reaching the end of their NRM reflection period. In all circumstances the welfare of the individual is paramount. Survivors may exit a service before the end of their NRM reflection period due to:

An age assessment

A person may enter the service believed to be a child but later assessed as an adult or vice versa as detailed in section 4.2. If this occurs, liaison (following consent for adults) with the support organisation that will assume responsibility for the care of the individual to ensure a full handover with the knowledge and input of the survivor. At no point during this process should the individual be made destitute or homeless.

Missing person

If a survivor is believed to be missing as per the policy of the support provider, the local police must be notified. If the survivor returns to the safe house, a risk assessment with the input of the survivor and relevant professionals should ascertain whether it is still safe for them and the other residents for them to remain in the current safe house or if they should be relocated to

another area for safety. If the survivor is relocated, a full handover including contract details for other agencies involved must be conducted with the new agency with consent.

Unresolvable problems within the safe house

If a survivor cannot be housed or continued to be housed in a particular safe house due to incompatibility or risk, their case worker must find them more suitable accommodation in a different safe house or refer to the adult safe guarding team in the council.¹⁵

The latter will require liaison with the council in the first instance and may require legal assistance to ensure the council are aware of their powers and duties under UK and international legislation.

4.3.1 End of NRM support

At the point of a Conclusive Grounds decision, a new risk and needs analysis with the survivor based on their current and changing circumstances should be completed. It should include:

- any changes to legal status/ entitlements and the impact of these on the person;
- the complexities of ongoing legal cases or police investigations;
- psychological, emotional and physical wellbeing assessments;
- ongoing access to appropriate healthcare services;

- the survivor's ability to live independently;
- any safety concerns;
- return to place of origin options;
- the survivor's financial situation;
- housing requirement/situation – short term and long term;
- their level of spoken English and literacy;
- their work options or access to welfare;
- the survivor's own goals;
- any needs relating to their family or childcare requirements;
- their social, community and spiritual networks.

Where other professionals are involved such as solicitors, health professionals, counsellors, police, social workers etc – having obtained consent, ensure that everyone is aware that a CG decision has been made and that an exit plan is being developed.

Where a survivor is believed to be unable to meet their own care and support needs due to physical or mental impairment or illness, adult safeguarding should be contacted to carry out an assessment under the Care Act.

Where needs are complex but not eligible under the Care Act, and with the consent of the survivor, referrals should be made to appropriate support agencies.

Where consent is not given for a referral, and the needs are low, ensure that the survivor has contact details and the information they need to be able to access help if they decide to do so.

4.3.2 Safe Voluntary Return and Reintegration Assistance

Some survivors of trafficking may wish to voluntarily return to their country of origin but require support and legal advice (see chapter 6 'Access to Legal Advice') to explore the options available to them, the assistance they may need and be made aware of any potential risks involved.

Possible victims who express a desire to return home prior to a referral to the NRM should be informed about the NRM and all options available and invited to give informed consent to an NRM referral in order for them to benefit from the recovery and reflection period it provides, to ensure any decisions they make about their future are made in a safe place, with all the potential support that the entitlements and positive NRM decision may bring.

Programmes to provide comprehensive and appropriate assisted voluntary return and reintegration (AVRR) support services should be considered as an integral part of a holistic continuum of care for survivors. They should be carried out by organisations with specialist experience in AVRR and with the capacity to support survivors pre-travel, during travel and post-return. Such programmes should be adequately resourced to ensure that specific support based on individual needs can be provided to make the transition period as smooth as possible and reduce the risk of harm and potential re-trafficking.

¹⁵ For a useful description of the features of unsuitable safe house accommodation, see Helen Bamber Foundation, 'IASC Consultation on the NRM: Identifying, referring and supporting victims of modern slavery in the UK through the National Referral Mechanism' (2017), pp. 9-10.

Supported and safe return

The following primary considerations should be prioritised in all voluntary return and reintegration activities by ensuring that:

- the return is voluntary and respects the individual rights of each survivor;
- the return can be facilitated as safely as possible in a way that ensures risks are properly identified, assessed and managed;
- effective and appropriate reintegration assistance can be provided, according to individual needs;
- agencies in the destination country are able to support the person returning, where possible.

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RETURN IS VOLUNTARY AND RESPECTS THE INDIVIDUAL RIGHTS OF EACH SURVIVOR

For a return to be voluntary, the survivor must be able to make an informed decision. This means:

- They must be provided with accurate and objective information about the return process, the assistance available and the situation in the country they are returning to, including general or specific risks they may face. Voluntary implies freedom of choice, which is defined by the absence of physical/psychological pressure or coercive measures that would compel the person to return to the country of origin or to stay in the destination country.
- Anyone supporting a victim of trafficking with a voluntary return must ensure that the decision to return is voluntary, that the decision has been made following legal advice and based on a survivor's expressed wish which should always be confirmed in the form of written consent. Staff must therefore be alert to identifying survivors possibly at risk of danger in their countries of origin, including re-trafficking.¹⁶ Relevant questions regarding potential threats or risks that a survivor might fear should be

¹⁶ The Directive (2011/36/EU, preamble para.10) recognises that survivors of trafficking have the right to be protected against return to a country where there is a risk of the death penalty, torture or other inhuman or degrading treatment or punishment as prescribed by the Charter of Fundamental Rights of the European Union (2000/C 364/01, Art. 4 and Art 19(2)) and, if found to be a refugee in accordance with the Convention Relating to the Status of Refugees (UN, 1951), not to be returned (*non-refoulement*) to a place where they fear persecution. Furthermore, Article 11(6) of the Directive requires Member States to give victims information about the "...possibility of being granted international protection...".

asked during pre-departure counselling sessions and in initial screening interviews. Survivors who express any unwillingness or inability to return should be referred for further independent immigration advice in order to ensure that all options have been explored. If a survivor would like to return to their country of origin but expresses fear about returning to the place in which they were previously living (due to security concerns or fear of stigmatisation, for example), this should be flagged with the AVRR provider and collaboration with in-country offices, partners, international organisations or government agencies should take place in order to obtain information regarding available reintegration mechanisms in other locations. This information should then be provided to the survivor so they can consider returning to an alternative location in their country of origin.

- All assistance provided to survivors of trafficking in the context of voluntary return and reintegration should proceed on the basis of the individual's full and informed consent throughout the process (see section 2.2.1 of these standards). From the initial admission of the individual to the support service's programme, up to the conclusion of the reintegration support services, it is incumbent on AVRR providers to explain relevant actions, policies and procedures in such a way that the individual can understand them before seeking consent to any proposal or action. Case workers should offer support through this process and confirm that the survivor understands the advice they are being given and the decisions they are making. Confirmation of informed consent and understanding must take place throughout the return and reintegration process as information is likely to change as risk assessments and reintegration plans are developed in greater detail. Given the ill-treatment and exploitation that survivors may have been subjected to during the trafficking process, it is particularly important that the individual's mental health capacity allows them to make an informed decision to return home and engage in a reintegration programme. In some cases, an assessment may be needed to determine the extent to which a person is mentally and physically able to take such a free, informed decision, and who, if necessary could legally take the decision on this person's behalf. Section 2.2.3 of these standards provides guidance on capacity.

THE RETURN CAN BE FACILITATED AS SAFELY AS POSSIBLE IN A WAY THAT ENSURES RISKS ARE PROPERLY IDENTIFIED, ASSESSED AND MANAGED

For survivors who have expressed a clear desire to return to their country of origin and have given consent to a referral, support providers should refer to and work with AVRR providers to ensure that all reasonable measures are taken to identify, assess and manage risks before facilitating the return process. As the majority of risk factors are based around the situation in the place of return, coordination with in-country offices or partners is essential to ensure that there is sufficient knowledge available to assess these factors. Further details on Risks Assessments are provided below.

A general Risk Assessment is the first step in determining threats to the security and safety of survivor, and to his or her social reintegration and recovery (see section 4.1.2). Relevant data to assess these risks should be gathered from multiple sources, such as law enforcement officials and trafficking support organisations in the UK and in the country of origin, international organisations, as well as from speaking to the survivor directly.

A general Risk Assessment should consider factors including:

- the extent to which trafficking in the place of origin is controlled by organised criminal groups;
- the known or estimated capacity of these groups to retaliate against survivors, their family members, and/or staff members of supporting organisations;
- the capacity of local service providers to provide comprehensive protection and assistance to survivors (medical, psychosocial, legal, witness protection, etc.);
- whether the survivor's trafficking experience is related to a common cultural or traditional practice that tends to attract social stigma or inspire other anti-social reactions;
- whether the family members of the survivor were involved in their exploitation;
- whether there is a criminal case against the suspected trafficker(s) and further, whether the victim is required to testify in this case and in what location; among others.

Specific risks which occur as a result of the unique circumstances of the individual survivor should then be assessed by the safe house support provider in conjunction with the AVRR provider. These must also address the occurrence of events that are known to increase the likelihood and severity of the threat posed to the survivor and his or her family or community. These include, in particular, situations where the survivor has cooperated, or has expressed an intention to cooperate, with law enforcement authorities.

Specific risks can include:

- the particular vulnerabilities of the survivor including physical and mental health conditions;
- whether the survivor has been re-trafficked in the past;
- whether the conditions/patterns which are judged to have contributed to the survivor's original enslavement/trafficking are likely to be replicated;
- whether the survivor believes himself or herself, his or her family members or other loved ones, to be in danger;
- whether the trafficker is in a position to know the survivor's current location, his or her home/residence address or intended movements; or the location or home addresses of family members;
- whether the trafficker is known to have the capacity (i.e. human or financial resources, contacts, political or social influence) to physically harm or intimidate the survivor and/or related family members, or otherwise compromise the survivor's efforts towards reintegration and recovery, including the risk of re-trafficking;
- any additional risks raised by the survivor or professionals involved in their case.

A written **Risk Management Plan** should be prepared in response to the risk assessment with clearly defined mitigation actions for each risk. This plan should also include consideration of the human and financial resources required to implement the mitigating actions and whether such resources are available in sufficient quantity or quality to adequately mitigate the identified risk. If not, relevant partnerships should be considered which may require a delay in the implementation of the actions and/or lead to a reconsideration of the safety of the return process.

AVRR providers should continue to update the assessment of specific risks for the duration of its involvement with the survivor which is recommended to continue for at least 6 months following return. This monitoring process should include regular phone calls or meetings with the survivor. This interaction should be documented, and further actions proposed as necessary.

3

EFFECTIVE AND APPROPRIATE REINTEGRATION ASSISTANCE CAN BE PROVIDED, ACCORDING TO INDIVIDUAL NEEDS

Support providers should work to ensure that reintegration assistance services are made available to all survivors who are returning to their country of origin and would like support to restart their lives at home. These services should aim to foster the individual's recovery and restore a survivor's access to their rights and to the opportunities and resources necessary to participate in economic and social life, including being able to secure a standard of living that is considered acceptable in the society in which they live. Accordingly, reintegration support services should include: shelter assistance or other accommodation, medical and psychological care, social and legal counselling, advice and guidance on accessing education, vocational training or the job market and grants to fund education and training needs or start a micro enterprise.

All services should be made available to the survivor on a voluntary basis. AVRR and support providers should explain to the survivor the possible consequences and implications of engaging with all assistance provided. Referrals to in-country services should be provided only with the survivor's informed consent, with due regard for his or her privacy, and in the strictest confidence.

A **reintegration assessment and plan** should be completed for each survivor which considers their individual and situational factors. Individual factors include the physical, psychological, legal, social and economic needs of a survivor, their desires for particular support services, the availability of these services and their capacity to engage in such processes and services. Situational assessments should cover criteria such as the options available to the individual for reintegration. For example, which vocational training opportunities are available in the location of return and if funds are required to undertake them and the availability of shelter and accommodation support, medical services and government welfare in the place the survivor will be based.

The individual reintegration assessment should be conducted pre-departure by staff members who are most familiar with the survivor's case. The situational assessment should be conducted by persons with an understanding of the individual's case but also with relevant information regarding the survivor's particular home region. As such, the development of a comprehensive reintegration plan should be carried out by the AVRR provider through their own offices

or partners in the country to which the survivor is returning and with whoever will be responsible for the provision of reintegration assistance. As part of this process, it is important that the AVRR provider in conjunction with their safe house support worker helps the survivor to set realistic goals suited to their personal needs and skills but also to the opportunities available in the location they will return to. The plan must be based on the actual services that the AVRR provider and/or its partners and local government support structures can provide. It is of the utmost importance to give the survivor a realistic idea of the available options and possibilities and not to create unrealistic expectations which might be detrimental for the effective reintegration of the individual concerned.

Trafficking survivors may be experiencing particular health problems due to the ill-treatment and exploitation to which they have been subjected during the trafficking process. To ensure a successful reintegration process, the survivor's physical and mental well-being should be considered a priority. A pre-departure medical assessment should be carried out to understand the individual's physical and psychological health needs. If this assessment identifies urgent health needs that cannot be appropriately provided for in the location of return, treatment should be provided in the UK. This is particularly important in the case of mental health needs for which provision of adequate services may be limited in certain countries of origin. If long-term follow-up medical treatment is needed, the AVRR provider in conjunction with the safe house should undertake to explore the provision of such treatment at appropriate institutions located in the area of the survivor's proposed residence and facilitated through local organisations or institutions.

It should be recognised that certain types of reintegration assistance might not be available in certain cases, perhaps because of financial constraints or due to the particular national context. Partnerships are essential to ensure that the expertise and capacity of various organisations can be combined to meet the diverse needs a survivor may have throughout their reintegration process. Early integration into national support structures (provided by governments and civil societies) are key to ensure more sustainable reintegration outcomes.

For more detailed information on the provision of voluntary return and reintegration support services, please see [The IOM Handbook on Direct Assistance for Victims of Trafficking](#).¹⁷

¹⁷ http://publications.iom.int/system/files/pdf/iom_handbook_assistance.pdf

4.3.3 Remaining in the UK

Ensure the survivor is linked with organisations offering suitable ongoing support to cover their range of needs.

Strategy for exiting support services safely

Any support offered through the NRM should be offered with the end in mind and all survivors should be made aware from the start of the process that the support being offered is limited. It is therefore crucial that an exit strategy is devised as early as possible, so that survivors can prepare for independent living. Remember, however, that the exit plan should only set realistic expectations.

Before any survivor exits a support service, it is important to:

- give survivors time to explore and understand all the exit options available to them, including repatriation if they have expressed a clear desire to return home, based on an informed decision and following legal advice and a risk assessment;
- assist survivors to move on from the service including finding suitable accommodation, referring to support organisations, ensuring financial support and making appropriate travel arrangements;
- ensure to pass on, with the survivor's consent, all relevant information about a survivor's health, legal situation, history etc. to any safeguarding organisations they are being referring on to in the UK or abroad.

As soon as a decision is received, complete a final risk and needs assessment (regardless of whether this is a positive or negative decision). The assessment should identify areas where survivors have made progress and outstanding or emerging needs and risks. These will help form the basis for referrals to other agencies;

Ensure survivors are aware of their rights. Do not give legal advice but seek to provide guidance from a solicitor or expert in the field. Be aware that it is illegal to give immigration advice without the correct exemption or qualification to do so;

Ensure survivors are properly equipped when leaving the safe house (i.e. if they are heading back to a cold environment ensure they have appropriate clothing etc.).

At the point of exit, provide survivors with the opportunity to give feedback (See chapter 11 on monitoring and evaluation). To encourage honest feedback responses should be anonymised and given in the individual's preferred language. The exit interview should include an evaluation of the support they have received.



NEGATIVE CONCLUSIVE GROUNDS (CG) DECISION

If someone does not receive a positive CG decision there is a possibility that the negative decision may have been made in error due to a lack of evidence, non-disclosure, error in law or decision making etc rather than a person not being a victim of modern slavery.

If you consider this to be the case, or the person would like to find out about challenging the decision, you should refer them (with consent) for specialist legal advice. This action should be done promptly. Any legal challenge will have to be brought by way of a judicial review promptly and in any event within three months of the date of the negative decision. There is no formal right of appeal.

The survivor can either challenge the negative decision by judicial review or the First Responder or support worker can request a reconsideration. Requests can be made by a First Responder or a support provider who can submit additional evidence or raise concerns that the decision is not in line with published guidance. This is not a formal right of appeal.



POSITIVE OR NEGATIVE CG DECISION

When someone receives any CG decision you should assess their needs and eligibility for support and with their consent refer to statutory and voluntary sector services as appropriate. If there are multiple agencies involved in the on-going support of the individual, ensure that there is a lead professional who will be responsible for being their main point of contact. It is worth considering the following:

- Support providers should be aware of the local authority's duties around housing, support and safeguarding.¹⁸ If you believe an individual has a need for care and support, a referral should be made to social care as soon as possible. The law around immigration and asylum is complex and therefore specialist legal advice is required.
- If care and support needs do not reach a statutory level of intervention but an individual still requires on-going support, make referrals to relevant external organisations in advance of their departure (e.g. housing, case work support, counselling etc). The local authority social services department is also expected to identify and signpost services that an individual may be able to access even if they are not eligible for statutory services.
- The duty to initiate safeguarding enquiries is a free-standing and separate duty to the duty to carry out an assessment of whether someone has need for care and support and what support to provide to them. Local authorities will have area adult safeguarding policies which should be followed in these circumstances.



POSITIVE CG DECISION

Foreign nationals: If someone is a foreign national with no existing leave to remain and has not been granted discretionary leave to remain but wishes to stay in the UK, ensure that, if they haven't already, they access specialist legal advice on next steps (see chapter 6). They may be entitled to stay due to personal circumstances, being involved with criminal proceedings, or to pursue compensation claims. Alternatively, they may have another basis to obtain permission to remain in the UK, such as an asylum claim or humanitarian protection claim. If they entered the UK on an overseas domestic worker visa they will have further entitlements. The law around immigration and asylum is complex and therefore specialist legal advice will be required.

As the recovery process after the NRM is not often linear, those who appear to have low support needs at the point of exit may find themselves with additional needs at a later point. If the person is exiting support without an assigned support provider, ensure that the individual has a list of useful contacts, addresses, numbers and referral forms they can use should they face further problems. It is good practice to consider:

- assisting survivors to research what services are available in the local area they are moving to;
- that if survivors are moving on to the care of another service it is important to ensure that there is a clear hand over process. Where there is consent, information should be provided to the survivor and the new support provider regarding the work completed while in the NRM and any ongoing issues and relevant information with contact details for other agencies involved;
- that survivors should have access to the data held on them. Copies of correspondence and documents about them should be shared with survivors. In line with data protection, survivors should be made aware that they can ask to access the data support providers hold on them at any time via a subject access request.

¹⁸ See the 'Adult Modern Slavery Protocol for Local Authorities: Statutory Duties and Powers' (2018) HTF



4.4 POST-NRM SUPPORT

Support should vary depending on the level of need of the survivor. However, as this support is not generally funded by the Government, it may depend on the services available.

Where possible and with the consent of the survivor, it is important to retain contact with survivors as there is a tendency for survivors to disappear off the radar after NRM support terminates. This inhibits support providers from being able to judge their long-term impact. More importantly, it undermines their ability to provide future support for the survivor where necessary. Longer term support may include the following:

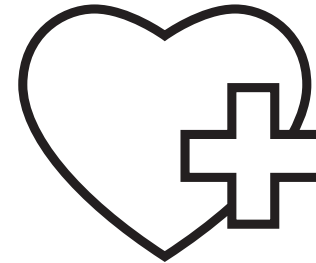
Drop-in advice and assistance

This is suitable for low to medium support needs. All services should abide by the professional standards in chapter 1. Drop-in staff providing advice and guidance need to have knowledge of the legal rights and entitlements of survivors with differing immigration status.

Drop-in staff should have a good knowledge of the local and specialist national services available to survivors in case there is a need for signposting for specific issues. They should keep detailed notes of discussions with survivors in line with sections 2.2, 2.3 and 2.4, ensuring that the service user knows that a different drop-in staff member may read these notes if they visit again and see someone different. Where needed, interpreters should be provided in line with section 1.6 and each drop-in must have policies and procedures related to emergency referrals for mental and physical health.

One-to-one case work support and advocacy

This is a measure suitable for survivors with medium to high or complex needs and is often a continuation of the support that was provided during the NRM ensuring that any complex needs are still met. Most of chapters 1 and 2 remains relevant to these services.



CHAPTER 5

Access to Healthcare for Survivors of Modern Slavery and Trafficking

THIS CHAPTER PROVIDES BEST PRACTICE GUIDANCE FOR PROFESSIONALS FROM ALL DISCIPLINES WHO ARE WORKING WITH SURVIVORS IN ORDER TO ENSURE THAT THEY HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES.

In all cases professionals who are supporting survivors have a duty to make referrals for them to appropriate healthcare services as necessary. They should be prepared to help them to understand their healthcare rights, entitlements and options and advocate for these as needed.

It is important for survivors to give informed consent and be involved in shared decision-making for all aspects of their healthcare.

Exceptions to this are limited to cases in which a person is at risk of harm to themselves or others, or is in an emergency situation and therefore unable to give consent (see the Risk Assessment subsection below at 5.1 and also at 4.1.2 and capacity at 2.2.3).



5.1 THE SPECIFIC HEALTHCARE NEEDS OF SURVIVORS OF SLAVERY AND TRAFFICKING

The damage to survivors' physical and mental health can be profound and enduring. Survivors of any form of trafficking or slavery may have suffered repeated acts of physical and/or psychological cruelty, abuse, exploitation and degradation.

Such acts can occur at various times and/or repeatedly throughout the trafficking experience. Survivors may be subjected to physical violence, rape and sexual abuse, deprivation of their freedom and being forced to live in appalling conditions under constant threat. Some are psychologically controlled or conditioned by traffickers to the extent that they are unable to envisage escape. Additionally, some people are originally targeted by traffickers because of their vulnerability due to pre-existing mental or physical health problems, disabilities or learning difficulties.

Typical Health Issues

As a result of the abuse and neglect that survivors have experienced, they may develop a host of health conditions, including physical injuries, sexual health problems, deterioration of pre-existing chronic medical diseases, somatic health problems and mental health difficulties. Physical symptoms may include fatigue, weight loss, headaches, dizzy spells, loss of memory, fainting, stomach and abdominal pain, chest and heart pain, breathing difficulty, back pain, vision and ear problems, etc. Emotional difficulties range from severe anxiety to depression, panic attacks, suicidal ideation and various forms of post-traumatic stress disorders.¹

All professionals who work with survivors should remain observant for signs of physical and psychological trauma. It is best to approach each individual person with an open mind and to understand the intertwined relationship between physical and psychological injuries and symptoms which can affect overall health and well-being.²

During any kind of appointment or assessment, it is important that each person is made as comfortable as possible and that professionals use trauma-informed methods of working. Actions that can be taken to minimise discomfort and distress range from obvious practical steps such as making appropriate space for an injured person, allowing them to rest an injured limb or providing cushioned support for their back, to a more holistic approach in terms of minimising their psychological discomfort (see also the Trauma Informed Code of Conduct, section 1.2).

It should also be noted that physical injuries, psychological problems and illnesses may not be obvious or visible in many cases, and may not be easily disclosed by survivors.

Health and wellbeing should be an immediate, primary concern for all professionals working with survivors of trafficking and slavery. It is important that each person has access to appropriate healthcare

services as soon as possible, while remembering that accessing healthcare services is always a matter of their choice. They should be given a full explanation and adequate time so that they are able to make informed decisions to provide consent.

Risk Assessment

In some cases, the immediate psychological needs of survivors must take precedence over all other considerations. People who express suicidal intent (i.e. if they are talking about an intention to kill themselves or have made a plan to commit suicide) or are at risk of harming themselves and/or others, should be referred urgently (the same day) to their GP or their local Community Mental Health Team (CMHT) crisis team. In cases where immediate suicidal intent or planning is identified by professionals out of GP or CMHT hours, Accident and Emergency services at local hospitals should be contacted immediately.

A risk assessment should also take into account any physical health needs which may need to be treated immediately. These may include Tuberculosis (TB) and other communicable diseases which may present a public health risk and conditions such as diabetes or kidney failure which need to be treated urgently to prevent potentially fatal deterioration.

¹ PROTECT Report for the Department of Health Policy Research Programme <http://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/assets/PROTECT-Report.pdf>; Stolen Smiles: The physical and psychological health consequences of women and adolescents trafficked in Europe. Zimmerman et al., 2006.

² UN Office of the High Commissioner for Human Rights (OHCHR), *Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ("Istanbul Protocol")*, 2004, HR/P/PT/8/Rev.1, available at: <http://www.refworld.org/docid/4638aca62.html>

Provision of Interpreters for healthcare services

It is essential that appropriate interpreter services are used for all appointments for victims who do not speak English fluently. Wherever possible, extended appointments should be booked to allow the extra time needed. Professionals should be aware of these requirements and advocate on behalf of survivors where necessary.

Qualified, professional interpreters should be made available in all cases where the local language is not the victim's first language. This should include cases of those who are apparently proficient in the local language, as fluency is frequently reduced at when under stress. However, survivors should be permitted to conduct appointments in the local language if they prefer to do so. Some may feel uncomfortable disclosing experiences they find shameful in front of someone from their own country. Family members or others who accompany survivors to healthcare services should not be used as surrogate interpreters. It should be recognised that any person who is accompanying a survivor, including apparent friends and family members, could potentially be complicit in their trafficking and/or exercising control over them (see section 1.6 on Interpreters).



5.2 HEALTH ENTITLEMENTS

Survivors should be offered early and straightforward access to:

1. A health screening

To assess any urgent unmet physical or psychological medical needs (see 5.1 Typical health issues)

2. Registration with a GP

Registration with a local GP provides survivors with essential healthcare for any physical and psychological injuries. A GP also provides an appropriate referral gateway to secondary and tertiary treatment if it is required.

However, there are significant barriers to accessing healthcare for survivors that require pro-active support from professionals to overcome. For example:

- They may feel unable to access appropriate healthcare services due to factors including high levels of trauma, cultural differences and expectations, lack of local knowledge, and/or barriers based on other health issues, including learning difficulties.
- They may lack knowledge of the healthcare services which are available to them and this, together with isolation and fear, can perpetuate their difficulties in obtaining access to services. They may lack the confidence to register themselves with a GP or to ask questions about their medical care.

- Not all GP services will understand the complexities involved in the registration and care of survivors of trafficking and slavery, and the response of reception staff can vary. Survivors may be refused registration by their local surgery despite being eligible for NHS services.

It is important for professionals to bear in mind all of these difficulties and support survivors to register with a GP and access ongoing GP services as follows:

- Explain the local procedures for accessing the GP, identify a suitable local practice³ and help them to initiate their registration.
- Provide letters to GPs which can be presented by survivors at the practice. These may confirm how long they have been with the service or organisation, their name, date of birth, contact details and address (which is particularly helpful in many cases when providing their proof of address is an issue preventing registration). Such letters can also make requests for appropriate interpreters and extended appointments to permit extra time.
- Letters to healthcare professionals can also provide useful background history information which can assist doctors, and protect the survivors from having to recount traumatic experiences repeatedly. It can be helpful for professionals to include any practical observations and concerns regarding survivors' health and well-being. These should

be written in straightforward, non-clinical language. Healthcare professionals will of course conduct an independent medical assessment to assess psychological and physical health issues but they may benefit from useful contextual information with regard to observations of survivors' needs and challenges outside of the healthcare setting.

- Letters from professionals can also assist survivors by raising any questions or requirements on their behalf about healthcare that they would like to be answered but may find difficult to raise themselves at a GP appointment.
- Professionals should be prepared to accompany survivors to register with a GP if it is needed and (if necessary) to set out survivors' continuing rights to access health care. Resources such as the free NHS 'My right to access healthcare' cards may help with GP registration.⁴
- It is important for professionals to stay informed of up to date information on statutory duties of NHS practices, entitlement to healthcare, charges for treatment and prescriptions, as well as any benefits (such as maternity benefits) that survivors may be entitled to and be equipped to advocate for these.
- Funds for travel to healthcare services should be provided.
- Professionals should support survivors to apply for help with health costs such as prescriptions.⁵

³ The NHS Choices website is helpful for finding suitable GP practices; <https://www.nhs.uk/Service-Search/GP/LocationSearch/>

⁴ <https://www.healthylondon.org/our-work/homeless-health/healthcare-cards/>

⁵ <https://www.nhsbsa.nhs.uk/nhs-help-health-costs>

5.2.1 Sexual health screening services

Understanding the extreme trauma of a single act of rape upon a person is essential to acknowledging the enduring impact of multiple rape and prolonged sexual violence upon male as well as female survivors of trafficking and slavery. Many people will suffer difficulties disclosing rape and sexual abuse due to shame, stigma and fear of being shunned by their communities and families.

In cases where survivors give informed consent, sexual health screenings for Sexually Transmitted Infections (STIs) should be conducted as early as possible. Many STIs can cause life threatening or distressing complications if they are left untreated. Some (for example, Hepatitis B, HIV or Chlamydia) may not be associated with obvious current symptoms or signs. **A negative result from STI screening should not undermine a person's claim that they have been raped any more than a lack of physical signs of other injury. A person who has suffered multiple rape, even over a period of many years, may nonetheless have no signs or symptoms.**

Some victims who have suffered rape are keen to be screened for STIs. However, others may be reluctant to attend an STI screening because they perceive it as invasive and traumatic. Intimate examinations can also cause flashbacks for survivors of rape and some people will require long-term support before they feel ready to undergo such examination and/or testing.

Survivors may be fearful of a positive result from an STI screening, especially the possibility that they have HIV/AIDS. In particular, this may be the case with those who have witnessed others dying from HIV/AIDS in their home countries and may therefore view HIV as a fatal illness, whereas in practice in the UK early diagnosis and treatment for hepatitis and HIV can significantly improve the course of these diseases and their outcomes. HIV in particular is (at least in high income countries) now generally regarded as a chronic disease which has little if any impact on life expectancy.

The importance of STI screening, and the screening services which are available to survivors should be carefully explained. Time should be spent addressing survivors' specific concerns about STI screening. It is important to bear in mind that many people will not have knowledge about the importance of treating STIs as soon as possible so they should be provided with this information to support their decision-making about going ahead with tests.

Survivors should be helped to obtain access to an STI screening service where they will be treated with appropriate sensitivity. This may include helping to make appointments, providing routes for travel, or arranging transport. An offer should be made by support professionals to accompany them to appointments, however if they prefer not to be accompanied, provision of a summary letter explaining their history and needs (with their informed consent) can be helpful (see section 5.2 Registration with a GP). Those who find that attending an STI clinic is too daunting for them should be encouraged to attend their GP practice. A GP can perform many of the relevant tests and can make onward referrals if necessary.

Consideration of pregnancy testing and smear testing is also important. Such tests can only be carried out with informed consent.

5.2.2 Advice and support with contraception

It is important to ensure that survivors are given information about access to contraception and are supported to obtain it if needed. GPs and family planning clinics can provide contraception and advice. Survivors may need help with finding local services which can explain options in more detail. Professionals can offer to provide supportive letters for survivors which raise questions that they find difficult to raise themselves (see section 5.2 Registration with a GP).

5.2.3 Access to mental health services via the National Health Service (NHS)

Access to appropriate mental health services is essential for many survivors of trafficking and slavery. The GP is the main point of referral for all NHS mental health services. Where there are concerns that a person has psychological difficulties, a referral should be made to a GP so that they can be assessed by a qualified professional and referred for appropriate treatment if necessary.

The GP may refer patients to different mental health services depending on their individual level of need. Referrals for therapeutic care should always be subject to the survivor's consent except in cases where they lack capacity. Access to appropriate mental health services in the NHS depends on the local resources available, as well as on survivors' ability to describe their problems, seek help, and engage in treatment. Professionals may assist by writing letters (with survivors' consent) which detail their relevant background history, provide information on practical observations made in the course of working with them, and raise questions concerning healthcare needs that survivors want answered but may find it difficult to raise themselves.

For people who are having a mental health crisis and need intensive treatment and care, acute mental health services such as inpatient and crisis team care can be offered. The focus of these services is on management and reduction of risk, together with stabilisation of acute problems (such as psychotic illness or severe depression and suicidality). These services are generally only offered for as long as they are needed, with onward referral then made for longer-term treatment to improve mental health (such as psychological treatment for PTSD, or ongoing management of psychiatric medication treatment).

It is useful for all professionals to know that GPs may refer patients to **Community Mental Health Teams (CMHTs)**.⁶ CMHTs support people who are living in the community and who have complex or serious mental health problems. They are made up of multi-disciplinary teams of specialist professionals which can include psychiatrists, psychiatric nurses, social workers, and psychologists. However in practice CMHT provision varies widely; patients may for example have to see different professionals at each appointment. CMHTs can refer on to other services including in-patient care, or to more specialised psychological services (e.g. for trauma focused treatment for PTSD or psychological treatment for depression or anxiety).

Waiting lists can be long and not all trafficking survivors will meet the threshold for these services.

Improving Access to Psychological Therapies (IAPT) is a service which provides evidence-based psychological treatments for adults with common mental health issues such as anxiety and depression. Some IAPT services include provision for people with PTSD but may not be able to meet the needs of people who have suffered complex trauma. Access to IAPT services can be facilitated by the GP or by self-referral.

Many survivors of trafficking and slavery may have complex mental health needs that would be better managed in a CMHT setting, but IAPT services may be a starting point for psychological help for them. Then, if IAPT cannot provide the level of care that is required, referrals can be made to CMHT. Likewise CMHTs may also refer their patients to IAPT services.

The Child and Adolescent Mental Health Services (CAMHS).

CAMHS is a separate mental health service for children and adolescents. It operates in a similar way to the adult mental health teams but it has access to different professionals. Typically, CAMHS focuses more on psychological therapies (as opposed to pharmacological therapies) than the adult teams.

5.2.4 The significant challenges for survivors in accessing appropriate therapeutic care

In practice, specialised psychological services such as the trauma-focused therapy that many survivors of trafficking and slavery may need can be difficult to access in the NHS because availability of more specialist provision varies widely and there are long waiting lists.

Although many survivors need psychological therapy to address their mental health problems, there are multiple reasons why they do not seek it, or receive it, and the fact that a person is not 'in therapy' should never be held against them or used to assume that they do not have mental health problems and are not in need of psychological treatment.

It can be difficult for survivors to recognise that they need therapy. They may not feel that they can discuss their symptoms or history with a GP and may come from regions or cultures where talking therapies are not known about or are not considered to be acceptable. Survivors often have difficulty in trusting other people, particularly those who are in positions of authority, such as doctors.

Often survivors operate in a 'survival mode' whereby they only feel able to function in their daily lives by trying to avoid thinking about their past or present situation. Many find it difficult to talk about their experiences as doing so may intensify the severity and frequency of their distressing symptoms and even cause a degree of 're-traumatisation'. It can be many years before survivors are able to talk about their past traumas in the level of detail needed for them to be able to engage effectively in trauma-focused therapy.

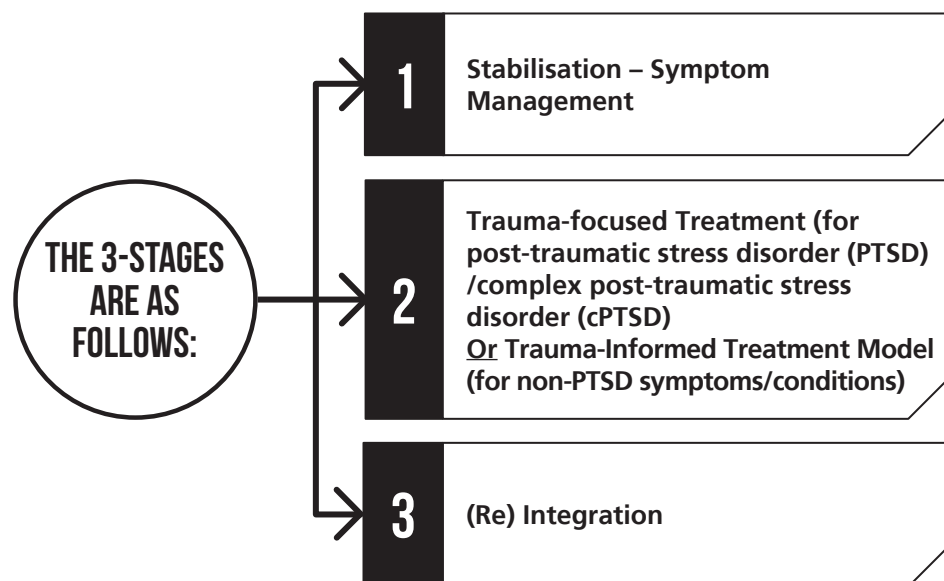
Survivors who do recognise that they need therapy and who actively seek a referral may then be faced with long waiting lists and may have difficulties in accessing any service. The resource pressures on services can lead to difficulties, including the short amount of time which is permitted for GP appointments (and therefore lack of appropriate time for survivors to disclose their complex mental health issues), lack of suitable interpreting services, and lack of continuity in terms of being able to see the same GP at each appointment and therefore build enough trust to disclose a traumatic history and related psychological problems.

⁶ Note that the names of CMHTs may vary in different regions of the UK. For example, some CMHTs are now known as Recovery and Support Teams (RSTs).

5.2.5 Therapeutic care which is specifically designed for survivors' individual needs

The Helen Bamber Foundation (HBF)⁷ has adapted a 3-Stage Model of Therapy for survivors of trafficking and slavery. This is designed for survivors who have Post-Traumatic Stress Disorder,⁸ but is also applicable to those who have a different diagnosis (the most common of these being depression and anxiety disorders).

The 3-Stage Model of Therapy is contextualised within HBF's multi-disciplinary model of integrated care for survivors, which is tailored to the needs of each individual person. This approach accords with Maslow's Hierarchy of Needs,⁹ in which survivors' practical and basic needs for daily living should be met before higher psychological concerns can be worked on effectively.



⁷ The Helen Bamber Foundation (HBF) is a UK human rights charity based in London. Their multi-disciplinary team works with survivors of torture, human trafficking and other forms of extreme human cruelty to help them gain stability, sustain recovery from trauma, re-build their lives and re-integrate into the community.

HBF offers an individually tailored programme of specialist psychological care and physical rehabilitation alongside expert medico-legal documentation of injuries, a medical advisory service, referral for legal representation and advice, a counter-trafficking protection programme, welfare and housing support and a creative arts and employability skills programme. This is collectively known as HBF's Model of Integrated Care.

⁸ This model was first described by Judith Herman in her book *Trauma and Recovery: Judith Herman, Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror* (New York: Basic Books, 1992). Herman describes complex PTSD as the set of difficulties and symptoms that can develop in addition to PTSD after an individual experiences chronic and multiple traumatic events involving harm from others, such as violence, sexual trauma and domestic abuse.

⁹ 'A theory of Human Motivation', Maslow, A.H. (1942)

In practice these three stages of intervention overlap and survivors may need to go back and forth between them. This depends upon the practical challenges they are facing (which can change) and their individual responses to therapeutic intervention. Each person may require different levels of professional help at various stages of their recovery in order to move forward.

A more detailed summary of the HBF 3-Stage Model of Therapy is at Annex 1.

5.2.6 Assisting pregnant women who are survivors of trafficking and slavery

Women may become pregnant or give birth to children while under the control of traffickers, or after having escaped from traffickers. They will need special care and assistance from all professionals who are working with them, whether their pregnancy is a result of rape or not, and whether the father is present or absent in the life of the child. **Access to a range of specialist support services and long-term care is essential to keep pregnant women safe, and to protect their unborn child.**

Some survivors who are pregnant may have received no antenatal care until late in their pregnancy. Lack of timely antenatal care means that women will have missed important screening appointments. This makes it harder for women to prepare in the event of the baby having any condition that requires additional care. Late access to antenatal care can also present a problem for women who have other conditions such as high blood pressure or STIs which can complicate the pregnancy or delivery. They may need to adjust their birth plans.

Women who are from countries where FGM is practiced widely¹⁰ should be supported to access specialist NHS services before their due date to ensure that they have access to de-infibulation, whenever necessary, and to specialist emotional support.¹¹

Some pregnant women will have previous histories of being forced by their traffickers to ingest contraception pills or other substances, have coils inserted or undergo injections as a form of birth control. Some women may have consumed alcohol or drugs whilst being pregnant. Others have suffered forced abortions within or outside medical services or have had their children taken by traffickers while they were within trafficking. In some cases, the woman has escaped trafficking to save her unborn baby.

¹⁰ National FGM Centre prevalence map: <http://nationalfgmcentre.org.uk/wp-content/uploads/2016/10/Hard-Copy-Map.pdf>

¹¹ Commissioning services to support women and girls with female genital mutilation <https://www.gov.uk/government/publications/services-for-women-and-girls-with-fgm>

All of these scenarios can complicate the woman's feelings about pregnancy and may require access to additional specialist services.

Being cut off from a family network and community is a frequent consequence of trafficking for sexual exploitation, or pregnancy outside of wedlock due to the perceived shame which is associated with these events. Women may also be at risk of honour-based violence and abuse from their families and communities for this reason. Professionals should be aware of these additional needs when planning the support of survivors who are pregnant, and consider suitable referral agencies including organisations specialising in honour-based violence and abuse, befriending schemes for pregnant women and those with babies and infants and access to specialist organisations which can support women with the impact of family estrangement.

Pregnant women who have suffered trafficking and slavery may have mental health issues that have required anti-depressants or other medication. In such cases, a doctor should consider and monitor the risks and benefits of continuation of medication, or changing of medication during pregnancy and breastfeeding. The effects of withdrawal from medication which is stopped can increase the need for consistent therapeutic care.

5.2.7 Support provision for pregnant women

Support offered to pregnant women should include as a minimum:

- support to register with and see a GP (see section 5.2);
- access to advice from their GP or specialist healthcare professionals on all options available to them concerning their pregnancy (including termination advice). It is important that professionals emphasise positive support for whatever choices they make;
- interpretation services as required (see section 1.6);
- access to Sexually Transmitted Infections (STI) tests;
- advice on maternity benefits;
- referrals and support with preparing for a baby including sourcing equipment and clothing;
- referrals to antenatal support and advice including self-care;
- support to apply for help with any medical or pregnancy-related costs.

5.2.8 Support for Mothers and Children

When supporting mothers who have been trafficked and their children it is important to:

- Acknowledge the presence of babies and children in a positive way and understand the challenges for the mother regarding practical matters such as travel, attendance of appointments and breastfeeding.
 - Always ensure that mothers have an appropriate, private and comfortable space for breastfeeding if require it, and that they feel welcome to breastfeed wherever and whenever they choose to do so.
 - Communicate respect and support for the bond between mother and child.
 - Do not make promises that cannot be kept but be consistently positive and reassuring.
 - Ensure that mothers have ongoing emotional support and contact with professionals before, during and after the birth of their child. It is important that women do not suffer social isolation at this crucial time. Professionals who are working in support of women should have an informed understanding of trafficking and slavery issues, as well as the complexity of trauma.
 - Support mothers with practical needs around parenting, including financial support and buying equipment and clothes they need.
- Support mothers to access provision of respite childcare and to access statutory child services.
 - Ensure that survivors have access to services for support with their parenting as this is a fundamental component of care and protection and significantly lowers the risk of further harm and exploitation.
 - Ensure that social services are aware of pregnant women or women in the service with young children with regard to their duty of care.



CHAPTER 6

**Access to Specialist Legal
Advice for Survivors of
Modern Slavery and
Trafficking**

EARLY LEGAL ADVICE WILL MEAN THAT ISSUES ARE MORE LIKELY TO BE RESOLVED EARLY ON, POTENTIALLY PREVENTING CASES ENDING UP IN COSTLY LITIGATION AND UNNECESSARY TRAUMA. SUPPORT PROVIDERS SHOULD HELP OUTLINE THE OPTIONS, THE PROCESS AND MAKE AND SUPPORT REFERRALS FOR SURVIVORS WHO WOULD LIKE SPECIALIST LEGAL ADVICE ON THEIR OPTIONS.



6.1 LEGAL AID

Victims of trafficking or modern slavery with a positive Reasonable Grounds (RG) decision are entitled to Legal Aid for legal advice on immigration advice (if they have a positive reasonable or conclusive ground decision).

People in or out of the NRM who meet the relevant legal aid criteria will also be entitled to free advice for anything else still covered by Legal Aid including housing, compensation (other than CICA claims), community care, family, public and criminal law.

To access legally aided immigration advice on an application for leave to enter or remain in the UK a victim needs to have received a positive Reasonable Grounds decision, although this is not a requirement for other areas of law. A victim will not need a positive Reasonable Grounds decision or to have entered the NRM to access a right to Legal Aid if they want advice on a protection claim e.g. asylum, their immigration detention or making an application for indefinite leave as a victim of domestic violence.

For areas of law which are not in scope for Legal Aid it is possible to make an application for Exceptional Case Funding (ECF). It is also possible to make an ECF application for a potential victim prior to their referral into the NRM. ECF applications can be made by case workers as well as lawyers. It may be possible to find a pro bono lawyer who will make the application. Where the outcome of an ECF application is unsuccessful the decision should be referred to a lawyer to consider whether the refusal of funding was lawful and should be challenged. See section 2.1 for more information on applying for Exceptional Case Funding).



6.2 MAKING REFERRALS

It is important that victims or possible victims of trafficking access specialist legal advice as early as possible in order that they are able to inform and meaningfully consent to any decisions which they take and that they learn about their options and any time restrictions and deadlines. People who have been trafficked, or who may have been trafficked, are likely to need advice in several areas of law and it is important that support workers are able to identify these areas, and with consent, to make appropriate referrals as well as facilitate access to the advice in practice in terms of making appointments and assisting with logistics and travel arrangements. This is likely to include:

- ensuring that legal agencies being considered for referrals have legal aid contracts;
- giving service users a choice of legal providers, if possible;
- explaining to service users what a lawyer does and give an overview of different types of law.

Do not stray into giving any immigration advice, as this is illegal for anyone who is not a qualified immigration adviser;

- establishing if legal providers have experience of working with trafficked people and if necessary referring them to sources of professional training such as that provided by ATLEU.¹ ATHUB.org.uk is run by ATLEU and is an online information resource for professionals working with victims of trafficking. It contains information for support providers and legal practitioners on advising and representing victims of trafficking across different areas of law. The service includes a free telephone advice line for those working with survivors of trafficking and modern slavery;
- providing solicitors with training in trauma informed interviewing, as appropriate. This measure can help to ensure that survivors are not re-traumatised whilst taking instructions and to facilitate obtaining the best possible evidence. Where the survivor requests it, case workers should attend in support to help survivors to feel safe and to develop trust and engagement with the legal professionals at the first meeting, as well as to remain grounded in the present and manage risk of flashbacks, dissociation and re-traumatisation. It is not always appropriate for a support worker to attend further meetings between a survivor and solicitor. In some situations, this may inhibit a survivor from speaking freely with their solicitor and those providing support must ensure that the survivor's wishes are sought and respected;

¹ The Anti-Trafficking and Labour Exploitation Unit <http://atleu.org.uk>

- establishing the information legal representatives will require in order to accept a referral and open a case, such as evidence of means (including details of any income, expenditure and any savings), in order to assist the survivor in gathering the information and be able to provide it at the appointment;
- providing background information in respect of convention rights² including entitlements to legal aid;
- developing and maintaining good working relationships with legal representatives with expertise in trafficking and modern slavery;
- being mindful of the solicitor's duty of confidentiality to their client. Information shared by a survivor with their solicitor, or the contents of their solicitor's correspondence is confidential and may be subject to legal privilege and support workers should respect that confidentiality and avoid seeking to obtain such information except in circumstances where the survivor seeks their assistance.

All victims of trafficking should be encouraged and supported to access legal advice on areas such as compensation in order to learn about their options and without feeling that taking advice means that they will have to take a claim.

Case workers should maintain an understanding of their client's legal matters and the processes involved to make sure that referrals are made, survivors are supported to attend appointments, deadlines don't slip, and eligibility for legal aid is evidenced. They should be able to answer basic questions on process when required, without straying into legal advice.

Some victims of trafficking may have already instructed a private lawyer who is charging them for work. If this is the case the case worker needs to check that the lawyer is qualified and registered with or regulated by the relevant body. To ensure that the trafficked person is not furthering their vulnerability through incurring debt, the case worker should also try and gain an understanding of the fees being charged and how the trafficked person will be able to afford to pay these. They need to ensure that the trafficked person understands that they are entitled to legal aid and offer to help them to switch representative should they wish to do so.

It is important that survivors are assisted to make complaints about their legal representative where they have failed to inform them that they are eligible for Legal Aid or where there are concerns about the advice and representation that is being provided.

Referrals can only be made and/or information provided to third parties with the consent of the victim.

6.3 AREAS OF LEGAL ADVICE

Each victim of trafficking may need legal advice in several different legal areas including the following:

IMMIGRATION



Immigration advice is regulated by the Office of the Immigration Services Commissioner (OISC) and the Law Society and must not be given by someone who is not qualified to do so. This includes any decision about making an asylum claim and entering NASS accommodation. It is important that a referral to a specialist adviser is made for every victim with any immigration issues as early as possible. This applies even if the victim appears to have made a decision about their immigration options as the decision may not have been informed by specialist advice. A survivor may have a number of options open to them in respect of their immigration status, for example: an application for discretionary leave to remain as a victim of modern slavery; an application to remain as a domestic worker who has been recognised as a victim of modern slavery; an asylum claim if they would like protection in the UK and do not want to return to their country; an application to remain in the UK based on their personal or family life; an application based on their rights under European law because of family here or their own activity such as employment or self-employment.

COMPENSATION



A victim may be able to claim compensation from their trafficker or from the state. A compensation claim against the trafficker could be in the employment tribunal, county court or high court. A compensation claim against the state is likely to be in the county court or high court. All of these claims have time limits laid down by law so it is best that legal advice is sought promptly. A victim is entitled to effective access to the Criminal Injuries Compensation Scheme (CICS) and should be assisted to make an application for compensation to the Criminal Injuries Compensation Authority (CICA) subject to their meeting the eligibility criteria. There is also a time limit for when an application needs to be made to CICA, although CICA has discretion to extend that time limit in individual cases. Legal aid is not automatically available to make a claim to CICA, although it may be possible to obtain legal aid through an ECF application, which a support worker can assist with.

² Council of Europe Convention on Action Against Trafficking in Human Beings.

WELFARE



Victims will often require independent legal advice on their welfare entitlements including eligibility. In addition due to the complexity of the system and law involved victims will often require legal advice and representation in respect of such things as reconsideration of a negative welfare benefits decision and welfare benefits tribunal appeal. Early legal advice can result in issues being resolved at an early stage which benefits both parties.

HOUSING



A victim with recourse to public funds may struggle to secure accommodation upon leaving safe house accommodation. They should seek housing advice as to their options, well in advance of their safe-house accommodation being terminated. For some survivors, moving into asylum support accommodation early on is not the most appropriate route due to their level of care needs. In these cases they should be referred to a housing or community care solicitor for legal advice.

COMMUNITY CARE



Adult survivors with a need for care and support may seek an assessment of their needs from local authority adult social care services. The assessment should be carried out by someone working in the local authority with suitable training and should involve consulting those with expertise in human and slavery.² The purpose of the assessment will be to determine whether an individual is eligible for care and support and if so, what services will be provided to meet those needs. If adult survivors have complex health-related needs, they may instead seek support through NHS-funded continuing care. This will also be determined by assessment. Where a survivor is assessed to be ineligible or has had negative decisions on care, support of health services, they may need to be referred to a community care lawyer for legal advice and assistance as to whether and what remedies they may have.

² Adult Modern Slavery Protocol for Local Authorities: Statutory Duties and Powers, Human Trafficking Foundation (2018)

FAMILY



Family Law is not covered by legal aid unless there has been domestic violence. Victims may need a family lawyer, for instance in cases where the trafficker has fathered their children and is seeking custody. In such cases the support worker should establish, based on the survivor's account, if there has been domestic violence or if the trafficking equates to domestic violence. If there has been domestic violence and legal aid remains unavailable this should be challenged or they should seek pro bono advice.

PUBLIC LAW



Public law is a general term for legal issues relating to decisions made by public bodies. This may cover many areas of law, including access to legal aid, refusal to provide housing, refusal to provide assistance, support and health services, or unlawful detention. Challenges generally may be pursued by way of judicial review. For a case to result in judicial review all other options need to have been exhausted. Early advice should help resolve these issues early. Legal aid is available for public law cases and can be undertaken by public law lawyers or by lawyers specialising in specific areas of housing, community care, mental health, and immigration law. If the UK authorities have breached a survivor's human rights through their actions they may be entitled to pursue a claim for compensation. This requires specialist legal advice and can be funded via legal aid.



In some cases victims may have a criminal case or prosecution against them. This could impact on other applications, such as immigration, if not resolved early on. If the criminal offence is directly linked to their trafficking/exploitative situation, victims must be advised that this may provide a statutory defence to their prosecution. The victim's legal representative should also be advised. Victims may also be cooperating with the police in a criminal investigation or prosecution against their traffickers. Victims would normally get a victim liaison officer who ought to keep them informed of the investigation. Should a decision be made not to bring a prosecution, victims have a right to request a review through the 'Victims' Right to Review' scheme (VRR). Victims may require legal advice and assistance through that process.



CHAPTER 7

Working with the Police and Criminal Justice System

THIS CHAPTER PROVIDES GUIDANCE FOR PROFESSIONALS TO SUPPORT A VICTIM TO REPORT A CRIME AND THROUGH THE CRIMINAL JUSTICE PROCESS.

7.1 UNDERSTANDING THE CRIMINAL JUSTICE SYSTEM AND VICTIM RIGHTS

Case worker and other support providers may be required to support survivors who intend to report the crimes relating to their experience of modern slavery to the police service, as they provide witness testimony throughout the criminal justice process. The law, practice and procedures can be different in England and Wales, Scotland and Northern Ireland and it is crucial for caseworkers to familiarise themselves with the approach in the relevant UK jurisdiction. It is important that caseworkers have a comprehensive understanding of the criminal process and the rights and entitlements of victims through this process. In particular, caseworkers should familiarise themselves, as a minimum, with:

- The Code of Practice for Victims of Crime (Victim Code), Northern Ireland Victim Charter and Standards of Service for Victims and Witnesses in Scotland; these set out the minimum standards of service that victims and witnesses should receive from Criminal Justice agencies;¹

- The Witness Charter: this sets out minimum standards of care which victims should receive from all Criminal Justice agencies from the point of reporting a crime right through to a criminal trial;² *The Victim Code and Witness Charter also reference the enhanced entitlements for victims of serious crimes as well as vulnerable and intimidated witnesses. Victims of modern slavery are included within these categories.*
- Ministry of Justice Achieving Best Evidence in Criminal Proceedings, Guidance on interviewing victims and witnesses, and guidance on using special measures;³
- The College of Policing Authorised Professional Practice on Modern Slavery: this sets out key responsibilities and practices for police officers in identifying victims, reporting and referrals to the National Referral Mechanism, investigating the crime, intelligence gathering as well as addressing issues of victim and witness care.⁴

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/476900/code-of-practice-for-victims-of-crime.PDF; <https://www.mygov.scot/victims-code-for-scotland/>

² <https://www.gov.uk/government/publications/the-witness-charter-standards-of-care-for-witnesses-in-the-criminal-justice-system>; <https://www.scotcourts.gov.uk/coming-to-court/witnesses>; [https://www.ppsni.gov.uk/Branches/PPSNI/PPSNI/Files/Documents/Victims/Victims%20and%20Witness/Witness%20Charter%20\(Final\).pdf](https://www.ppsni.gov.uk/Branches/PPSNI/PPSNI/Files/Documents/Victims/Victims%20and%20Witness/Witness%20Charter%20(Final).pdf) <https://www.ppsni.gov.uk/Branches/PPSNI/PPSNI/Files/Documents/Victims/Victim%20Charter%20October%202015.pdf> <https://www.justice-ni.gov.uk/publications/witness-charter02015.pdf> <https://www.scotcourts.gov.uk/coming-to-court/witnesses>, see also Victim and Witnesses (Scotland) Act 2014 and Victim and Witnesses (Scotland) Act 2014

³ https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf

⁴ <https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/modern-slavery/>

Other Authorised Professional practice documents may also be relevant and are referenced within this guidance;

- Crown Prosecution Service Guidance on Human Trafficking, Smuggling and Slavery: This sets out the criminal offences, statutory defence afforded to victims and the policy on dealing with suspects in a criminal case who may be victims.⁵ The Law Society has also produced a practice note aimed at Solicitors dealing with cases where victims of modern slavery are being prosecuted;⁶ The Public Prosecution Service for Northern Ireland has its own policy on Prosecuting Cases of Human Trafficking⁷ and Victims and Witness Policy.⁸ The Lord Advocate in Scotland has produced an Instruction for Prosecutors when considering Prosecuting Victims of Human Trafficking and Exploitation;⁹
- The Victims and Witnesses (Scotland) Act 2014, the Northern Ireland Human Trafficking Act 2015 and the Modern Slavery Act 2015

recognise that victims of trafficking are automatically considered to be vulnerable witnesses and therefore entitled to special measures in court;

- The specialist services that are available to all victims of crime and witnesses such as Victim Support,¹⁰ the Citizens Advice Witness Service.¹¹ Victim Support Scotland.¹² Victim Support Northern Ireland¹³ and the Victim Information Advice Service.¹⁴ The Victim Information Service can also assist in finding local services;¹⁵
- Complaints procedures: These can include victim 'right to review' schemes often detailed on individual police service websites and relevant prosecuting authorities Right to Review Schemes.¹⁶ The Independent Office for Police Conduct (IOPC) for England and Wales, Police Investigation and Review Commissioner for Scotland (IRCS) and Police Scotland also provides useful information on how to

⁵ <https://www.cps.gov.uk/legal-guidance/human-trafficking-smuggling-and-slavery>

⁶ <https://www.lawsociety.org.uk/support-services/advice/practice-notes/criminal-prosecutions-of-victims-of-trafficking/#ht11>

⁷ <https://www.ppsni.gov.uk/Branches/PPSNI/PPSNI/Files/Documents/Publications/Policy%20for%20Prosecuting%20Cases%20of%20Human%20Trafficking.pdf>

⁸ <https://www.ppsni.gov.uk/Branches/PPSNI/PPSNI/Files/Documents/Publications/Prosecution%20Policy/Victims%20and%20Witnesses%20Policy.pdf>

⁹ http://www.copfs.gov.uk/images/Documents/Victims_and_Witnesses/HumanTrafficking/Lord%20Advocates%20Instructions%20for%20Prosecutors%20when%20considering%20Prosecution%20of%20Victims%20of%20Human%20Trafficking%20and%20Exploitation.pdf

¹⁰ <https://www.victimsupport.org.uk/>

¹¹ <https://www.citizensadvice.org.uk/about-us/citizens-advice-witness-service/>,

¹² <http://www.victimsupportscotland.org.uk/>

¹³ <http://www.victimsupportni.com/>

¹⁴ <http://www.copfs.gov.uk/involved-in-a-case/victims>

¹⁵ <https://www.victimsinformationsservice.org.uk/>

¹⁶ <https://www.cps.gov.uk/legal-guidance/victims-right-review-scheme>; <https://www.ppsni.gov.uk/Requests-for-Review-7885.html>; <http://www.copfs.gov.uk/publications/victims-and-witnesses>

make complaints and statutory guidance on handling of police complaints.¹⁷ Also detailed are the types of cases that can be investigated by the IOPC and IRCS. In Northern Ireland complaints can be made to the Police Ombudsman for Northern Ireland.¹⁸ The Criminal Cases Review Commission can also independently examine miscarriages of justice in England, Wales and Northern Ireland; the Scottish Criminal Cases Review Commission have this function in Scotland e.g. relating to a prosecution of a victim of human trafficking/modern slavery.¹⁹

- Procedures for review of decisions not to charge a perpetrator or prosecute a case. This is detailed within the Victim Code (see para. 2.6 of the Victim Code) and the relevant code/charter in Northern Ireland and Scotland.²⁰ Individual Police services, the CPS, PPSNI and COPFS have 'right to review' schemes that set out when, who and how decisions can be reviewed.²¹

Relevant Police or law enforcement Single Points of Contact (SPOCs) are available to advise on modern slavery and some forces have dedicated modern slavery investigation teams. Police Scotland have a named Human Trafficking Champion in each of the 14 Divisions and one within British Transport Police. Caseworkers are encouraged to develop positive relationships with law enforcement agencies and regularly meet with them. This enables support agencies to have a better understanding of law enforcement practices. In addition, support agencies can add value in assisting law enforcement to understand the specific vulnerabilities of victims, how best to support them and how a support agency can assist the survivor in this process.

A useful process flow of a victim's journey through the Criminal Justice System from the point of reporting is on pages 8-9 of The Code of Practice for Victims of Crime (Victim Code) in England and Wales; page 5-6 of the Scottish Standard of Service for Victims and Witnesses; page 13 and Annex D of the Northern Ireland Victim Charter.²²

¹⁷ <https://www.policeconduct.gov.uk/complaints-and-appeals/make-complaint>; <http://www.scotland.police.uk/about-us/police-scotland/complaints-about-the-police/how-to-make-a-complaint>; <https://pirc.scot/contact/police-body-contact-details/>

¹⁸ <https://www.policeombudsman.org/About-Us/How-to-complain-about-the-Police-Ombudsman-s-Office>

¹⁹ <https://ccrc.gov.uk/about-us/>; <http://www.sccrc.co.uk/contact-us>.

²⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/476900/code-of-practice-for-victims-of-crime.PDF

²¹ https://www.cps.gov.uk/sites/default/files/documents/publications/VRR_leaflet.pdf; <https://www.ppsni.gov.uk/Requests-for-Review-7885.html><http://www.copfs.gov.uk/publications/victims-and-witnesses>

²² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/476900/code-of-practice-for-victims-of-crime.PDF; <http://www.scotcourts.gov.uk/docs/default-source/aboutscs/reports-and-data/standards-of-service-for-victims-and-witnesses-2018-19.pdf?sfvrsn=2>; <https://www.justice-ni.gov.uk/sites/default/files/publications/doj/victim-charter.pdf>

7.2 CONSIDERATIONS BEFORE MAKING A REPORT

PRE-EXISTING CASES / NRM:



Identify whether a survivor has tried to report their case to the police or has already reported their case. Also establish if they have obtained the relevant police force log number, crime reference number and the contact details of the Officer in Charge of the case (OIC), including their collar/warrant number.

If survivors have already entered the National Referral Mechanism (NRM) the NRM Guidance states that, "All NRM forms should be referred to the police - either on the victim's behalf if they give consent, or as a third party referral if they don't give consent (provided this does not breach any obligation of confidence under the common law). This referral should be made by the first responder/frontline worker or, if the referral has not already been made by the time the NRM form is received, the Competent Authority. The police will then determine what action is appropriate, in line with Home Office Counting Rules. This doesn't mean that potential victims are under any obligation to cooperate with the police. There is a separate section in the NRM form where they can confirm if they are or are not willing to engage with the police."²³ If the person you are supporting does not have a copy of their referral into the NRM, attempts should be made to locate a copy as well as to establish where the NRM form has been sent to, whether the crime has been reported or not in line with the victim's wishes and if so, identify the relevant police force and officer dealing with the case.

²³ Para 11 <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales#how-to-refer-modern-slavery-victims-to-the-police>

CULTURAL CONSIDERATIONS:



As a caseworker, it's important to understand cultural context and any preconceptions or experience of law enforcement agencies. The criminal justice system within another country may look completely different to the UK. This can cause confusion to survivors, so attempting to learn about experiences and the criminal justice system in the survivor's native country can help the caseworker understand these differences and how best to provide support. Survivors may also be sceptical or anxious about engaging with the police because of past experiences (either within their native country or whilst in the UK, particularly if they were trafficked/enslaved as part of a criminal industry or network).

Try and locate information in the survivor's native language to enable them to better understand the process. If this is not available, simply worded information is less likely to get lost in translation and reduces confusion. In addition, some survivors do not have good literacy skills even in their own language, so verbal information may also be needed in addition to written information. Survivors should have the opportunity to ask questions about any information they are given.

PROVIDING CLEAR OPTIONS:



Providing clear options: All survivors wishing to speak to the police service should be provided with options for doing this and the possible implications should be explained to them. Caseworkers should also be prepared to ask about and address any concerns that the victim may have. Options might include:

- (a) Making a formal criminal complaint and providing a formal statement to the police. This process should be co-ordinated directly with the investigating police service. It would be important to make the survivor aware of implications and what could happen. For instance, if they give a formal statement to the police they may be required to attend an identity parade and attend court to give evidence in the event of the case proceeding to trial. In addition, survivors should be made aware of enhanced entitlements available to them such as special measures.

- (b) If they do not wish to report/cooperate with the police, they can provide information which may assist the police via:
 - (i) Sanitised intelligence accounts: survivors could choose to provide an overview of their trafficking history and details/ phone numbers of traffickers to the police but ask for any information that could identify them to be removed.
 - (ii) Anonymous intelligence could also be provided by the survivor such as via Crime Stoppers on 0800 555111 or the Modern Slavery helpline on 08000 121700.
 - (iii) Local police forces may also have anonymous intelligence reporting mechanisms specific to Modern Slavery, including online reporting mechanisms.

TIME FRAMES:



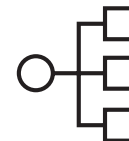
Survivors should be made aware that investigations are often complex and can take time to investigate so that they have realistic expectations on time frames.

COLLABORATION:



Caseworkers should develop good links with local victim support and criminal justice agencies such as the Victim Information Advice Service (VIA); Victim Support (England and Wales, Scotland and Northern Ireland), Citizen's Advice Witness Service; Victim and Witness Care Unit (VWCU); Witness Care Unit (WCU), Crown Prosecution Service (CPS), Public Prosecution Service for Northern Ireland (PPSNI) and Crown Office and Procurator Fiscal Services (COPFS). It is important that caseworkers work in collaboration with these services to provide the best possible support for victims.

SUPPORT OF OTHER ORGANISATIONS:



Survivors should be given information about specialist organisations which can assist them, such as Victim Support, regardless of whether they wish to formally report the crime. The caseworker is likely to need to facilitate a referral into these services on behalf of the survivor.

COMPLEXITY OF COURT PROCESS:



Caseworkers should be aware that the survivor may need to engage in several different types of court processes, e.g. employment tribunal, civil, immigration tribunal, welfare benefits tribunal as well as the criminal process. This can cause confusion, so processes may need to be explained clearly and more than once. Case workers will need to keep track of and arrange logistics and support for all proceedings.

VULNERABILITIES OF VICTIMS:



It is important (only with the consent of the victim) to make criminal justice agencies aware of any specific vulnerabilities, such as drug or alcohol misuse issues, learning difficulties, mental health etc. which may affect their ability to participate in court proceedings. If the case proceeds, the court can consider any specific Directions needed within a Ground Rules Hearing to enable the survivor fair and effective participation in court proceedings.

OTHER PROSECUTIONS:



Identify whether a victim is currently in the prosecution process as a suspect or has already been prosecuted for offences committed whilst in their situation of exploitation.²⁴ Victims should not ordinarily be prosecuted for offences they have been compelled to commit as a result of their situation of exploitation. This will however depend on such things as the offence alleged, application of a statutory defence, other defences available as well as public policy considerations (see CPS guidance on Modern Slavery and Human Trafficking (England and Wales) PPSNI guidance on Prosecuting cases of Human Trafficking (Northern Ireland) and Lord Advocates Instruction for Prosecutors when considering Prosecution of Victims of Human Trafficking and Exploitation for further information).²⁵

²⁴ as per section 45, Modern Slavery Act 2015.

²⁵ <https://www.cps.gov.uk/legal-guidance/human-trafficking-smuggling-and-slavery>; [https://www.ppsni.gov.uk/Branches/PPSNI/PPSNI/Files/Documents/Publications/Policy for Prosecuting Cases of Human Trafficking.pdf](https://www.ppsni.gov.uk/Branches/PPSNI/PPSNI/Files/Documents/Publications/Policy%20for%20Prosecuting%20Cases%20of%20Human%20Trafficking.pdf); http://www.copfs.gov.uk/images/Documents/Victims_and_Witnesses/HumanTrafficking/Lord-Advocates-Instructions-for-Prosecutors-when-considering-Prosecution-of-Victims-of-Human-Trafficking-and-Exploitation.pdf

LEGAL REPRESENTATION:



If a victim is involved in the prosecution process it is important to identify and liaise with a legal representative to give advice on a right to appeal a conviction, highlighting the policies and law relating to non-prosecution. It is helpful to connect the legal representative with expert lawyers who already work on non-prosecution cases. If the victim does not have legal representation, obtain the victim's consent to make an appropriate referral to a specialist solicitor for legal representation. Include relevant documentation, such as (but not limited to) the reasonable/conclusive grounds NRM decision. A legal representative may also request a caseworker to provide a support letter or witness evidence as an expert in the field.

ADVICE, SUPPORT AND INTERPRETATION:



If a survivor is subject to criminal investigation or prosecution at the time that you are working with them, ensure they have access to free legal advice as soon as they come into contact with the police. They are entitled to a free lawyer in the police station regardless of means. Legal aid exists for criminal advice and representation at court stage but it will be means tested unless the survivor is under 18 or on a certain type of state benefit. If the survivor is a young person up to and including the age of 17 years, a vulnerable adult, an adult at risk or an adult in need of protection, they are entitled to be accompanied by an adult who will act as an 'appropriate adult' to give them support and assist communication. Anyone interviewed by the police is also entitled to an interpreter if they need it.



7.3 REPORTING A CRIME

If the crime hasn't already been reported there are several ways in which survivors can report a crime. Due to language barriers, lack of trust, vulnerability and cultural disorientation, survivors invariably require support in reporting the crime. The Police UK site²⁶ Police Scotland²⁷ and Victim Support²⁸ provide useful information about the different ways crime can be reported. When assisting with reporting a crime:

1. Establish whether the crime is an emergency. For example, if the victim has access to a telephone and is still in their situation of exploitation, they may be in immediate danger and should be advised to call 999 and ask for the police.

If the person is deaf, hard of hearing or has a speech impairment a text phone is available on 18000. When a 999 call is made the call handler will decide whether the call warrants an immediate dispatch. The grading of a call to police determines the length of time that the police have to attend the location.

2. If the situation is not an emergency, in England, Scotland, Wales or Northern Ireland, the 101 non-emergency number can be used to report the crime.
3. Survivors or a third party can report a crime via an online report or by attending their local police station.
4. If the crime report is a non-emergency, it would be best practice for the caseworker to establish contact with the relevant Single Point of Contact (SPOC)/ modern slavery investigation team. They often have more specialist knowledge of these crimes and should have an awareness of the vulnerability of the victim.

When crimes are reported, it is important to make the call handler/officer aware of the seriousness of the alleged crime and provide information confirming the survivor's entry into the National Referral Mechanism if relevant.



7.4 RECORDING OF THE CRIME AND INVESTIGATION

Crime Recording

It is important for caseworkers to understand the guidance and standards around crime reporting. If a crime is not recorded, this can cause subsequent issues in the criminal justice process and problems accessing compensation through the Criminal Injuries Compensation Scheme. Crimes should be recorded in accordance with the National Crime Recording Standard (NCRS) and the Home Office Counting Rules guidance (HOCR) for England and Wales (Northern Ireland also follow this standard albeit there are variations in legislation); Scotland has its own standards and counting rules contained in the Scottish Crime Recording Standard and Counting Rules (SCRS).²⁹ These are designed to create consistency on how crimes are recorded.

All incidents, however they are reported and regardless of whether there is a crime alleged or not, generate an incident reference number.³⁰ It is important for a survivor and their caseworker to keep a record of this log number (including the time and date) and the investigating officer's details (including telephone, email and collar number) for future reference. A caseworker should advocate for a crime to be recorded.

According to HOCR para. 2.2 An incident will be recorded as a crime (notifiable offence) for victim related offences if, on the balance of probability: (a) the circumstances of the victim's report amount to a crime defined by law (the police will determine this, based on their knowledge of the law and counting rules); and (b) there is no credible evidence to the contrary immediately available. A similar approach is taken in the SCRS.³¹ In addition, para. 2.3 states that a belief by the victim, or person reasonably assumed to be acting on behalf of the victim that a crime has occurred is usually sufficient to justify its recording. Para 3 of HOCR sets out the general principles of how crime recordings should be interpreted and applied including:

²⁶ <https://www.police.uk/>

²⁷ <http://www.scotland.police.uk/contact-us/>

²⁸ <https://www.victimsupport.org.uk/crime-info/reporting-crime>

²⁹ <https://www.gov.uk/government/publications/counting-rules-for-recorded-crime>; <https://www.gov.scot/Resource/0053/00534058.pdf>

³⁰ see para. 2.1 HOCR (ibid) and Scottish Crime Recording Standard (SCRS) <https://www.gov.scot/Resource/0053/00534058.pdf>

³¹ Ibid para 3 page 7 of SCRS

- applying a test of “*is the incident more likely than not the result of a criminal act.*” (see para 3.2); crime recorded as a first point of contact (see para.3.3);
- a crime should be recorded within 24 hours of the incident being reported, unless, exceptionally, the victim (or person acting on behalf of the victim) cannot be located, this period can be extended to up to 7 days (see para.3.4);
- emphasis on victim-focused recording, including the recording of crime when the victim does not wish to cooperate (see para. 3.6).³²

The SCRS sets out at pages 6 – 12 the basic principles and processes around crime recording for Scotland including crime recording as soon as practicable and within 72 hours except in exceptional circumstances.³³

Under the Victim Code in England, Wales and Scotland and the Victim Charter in Northern Ireland survivors are entitled to receive a written acknowledgement that a crime has been reported, an explanation of the criminal justice process, an assessment of support, updates on the case and (if the case is not proceeded) an explanation as to why. Specific information and timescales should also be provided, e.g. if a perpetrator is arrested (see para. 1.1-1.11 Victim Code of England and Wales; pages 3-6 Scottish Victim Code and para. 5-13 NI Victim Charter).³⁴

Where possible, the caseworker should request that updates (including any information provided by the investigating officer/witness service) are provided in English and translated into the victim’s native language. It can cause considerable anxiety, distress and confusion to the victim to receive correspondence from a criminal justice agency in English without fully understanding the meaning.



7.5 INTERVIEWING AND CRIMINAL INVESTIGATION

The Authorised Professional Practice (APP) Guidance on Modern Slavery expressly states that “It is the duty of a local police force (the primary investigative agency) to begin an investigation as soon as they believe a modern slavery crime may have been committed, regardless of whether a victim makes an allegation, whether a report is made, whether consent to be entered into the national referral mechanism is provided or refused, or whether the NRM decision is negative or positive. Once the scale of the investigation is known, the ownership of it can be reassessed. It is best practice for all investigations and crime reports to be given a crime reference number.”³⁵

Failure to investigate a case can result in a breach of the victims Human Rights.³⁶ Survivors can be referred to a legal representative (public lawyer) for advice where there are failures of this nature.

Survivors are classed as vulnerable and are eligible for special measures; therefore, they should be advised of the range of special measures available to them. They should also be interviewed in line with Achieving Best Evidence in Criminal Proceedings Guidance on Interviewing Victims and Witnesses and Guidance on Using Special Measures.³⁷

The APP Guidance on Modern Slavery also provides useful considerations for police officers in the way that victims are approached.³⁸ Police interviews should be carefully managed, particularly during the recovery and reflection period. Repeated interview of possible victims can have a negative impact on recovery if not managed carefully.³⁹

³² <https://www.gov.uk/government/publications/counting-rules-for-recorded-crime>

³³ SCRS see page 11 <https://www.gov.scot/Resource/0053/00534058.pdf>

³⁴ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/476900/code-of-practice-for-victims-of-crime.PDF; <https://www.mygov.scot/victims-code-for-scotland/victims-code-for-scotland.pdf?inline=true>; <https://www.justice-ni.gov.uk/publications/victim-charter>

³⁵ <https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/modern-slavery/>

³⁶ see the cases of *Rantsev v Cyprus* (2010) 51 EHRR 1 and *Re OOO OOA MTK and RTF v Commissioner of Police of the Metropolis* [2011] EWHC 1246 (QB) 20 May 2011

³⁷ https://www.cps.gov.uk/sites/default/files/documents/legal_guidance/best_evidence_in_criminal_proceedings.pdf

³⁸ <https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/modern-slavery/>

³⁹ GRETA, “Report concerning the implementation of the Council of Europe Convention on Action against Trafficking in Human Beings by the United Kingdom (2016), p. 55

CASEWORKERS CAN PROVIDE INVALUABLE INSIGHT FOR OFFICERS IN WORKING WITH VULNERABLE WITNESSES. IN PARTICULAR, CASEWORKERS SHOULD:

- make sure that the survivor understands the process and encourage discussion of questions and concerns with the caseworker and investigating officer;
- ensure survivors are made aware of the different ways that they can give evidence, e.g. written statement, video interviewing (in line with Achieving Best Evidence Guidance as above);
- prior to the interview agree with the police officers that the survivor's caseworker will be attending the interviews and any court appearances to provide emotional reassurance;
- ensure the survivor is aware that contact from the perpetrator or associates with the victim or their family, or any threats in the UK or country of origin should be reported to the police and caseworker as soon as possible;
- ensure the survivor is aware that caseworkers cannot speak on their behalf during any police interview and they will need to be prepared to disclose relevant information themselves;
- inform the survivor that that police will use their own interpreters and this may not be the same as used by the caseworker;
- ensure police officers are sensitive to the vulnerability of survivors and keep the number of interviews to a minimum. If more than one interview is required, encourage any further contact to be coordinated via the service;
- inform the survivor that, at the interview stage, that they are entitled to make a Victim Personal Statement (VPS) which gives them the opportunity to explain to the court in their own words how the crime has impacted upon them (see para 1.12 – 1.22 of the Victim Code).
- encourage police officers to use a neutral venue such as service meeting rooms or specialist police office/sexual assault interview rooms in order to minimise any distress (see also para. 1.8 Victim Code);
- secure consent for the officer in charge and the survivor to liaise with the caseworker in order to inform the support offered;
- encourage survivors to request breaks or postponements of interviews if they feel distressed, tired or unfit;
- request a break if something needs to be explained or clarified to the police;

- ask for a postponement of the interview if the survivor does not feel fit for it, or request that interviews be scheduled for appropriate times. Possible victims of a crime are entitled to postponements;
- ensure police officers respect the survivor's rights and treat them with dignity. Remember that survivors may not feel able to refuse the police so you need to be assertive on their behalf;
- consider the importance (with the consent of the survivor) of making all criminal justice agencies aware of any specific vulnerabilities of the survivor, such as drug or alcohol misuse issues, learning difficulties and/or mental health issues, which may affect their ability to participate in court proceedings. If the case progresses, the court can then consider any specific directions which may enable the survivor fair and effective participation in court proceedings within a Ground Rules Hearing;
- establish how and how often the police officer will have contact with the survivors and who they can contact for updates on their case as survivors can become anxious when they do not hear from the police and this can exacerbate issues of distrust (see para 1.7 Victim Code);
- the police should use an interpreter to keep the survivor informed when English is not their first language. It will also be important for the caseworker to ensure that they are also updated by the police and this is particularly important if what the police is going to tell the survivors is likely to have a significant impact. Being prepared in advance allows a caseworker to put extra measures in place to support the survivor. In addition, the survivor may not fully absorb what the police officer has said and this may need to be explained again to prevent the survivor becoming confused and anxious;
- bear in mind the implications should the survivor intend to return to their country of origin. If they are still required as witnesses, establish, in advance of their departure, who will maintain contact with them and the frequency of such contact. Ensure that contact details are exchanged and the investigating officer is informed of the situation so that ongoing liaison can continue;
- ensure that survivors are aware that support can be provided to facilitate their return and/or arrange for video evidence to be provided from the country of origin. It may be appropriate to ask The Crown Office and Procurator Fiscal Service (COPFS)/Crown Prosecution Service (CPS) and police services to carry out a risk assessment before their departure to ensure it is safe to involve the police in their country of origin and to identify any other risks which may arise, e.g. risks from a criminal organised gang involved in the case and/or risk of being re-exploited.



7.6 CHARGING, BAIL AND POST CHARGE

Victims are entitled to be informed of decisions to prosecute a suspect, charge them, grant them bail or where suspects are given an out of court disposal, e.g. caution or decision not to prosecute the suspect, and the reasons for this. As detailed above, it is helpful if the caseworker is also told this so that any impact can be managed. Caseworkers should always insist that decisions are confirmed in writing with a reasonable explanation for the decision and victims should be informed, within any written decisions, of any right to seek a review of the decision. This should be either via the police 'right to review' scheme, if the police have made the decision (normally the police scheme is on the relevant police service website), or the relevant prosecuting agency e.g. the Crown Prosecution Service if the CPS have made the decision.⁴⁰ (see para. 2.1 – 2.11 Victim Code for England and Wales; page 4 Scottish Victim Code and para. 79 – 84 NI Victim Charter). Caseworkers may need to:

- assist the survivor in accessing the information about the scheme and details of the decision;
- support the survivor to understand if their situation comes under the relevant scheme;

- support them in making a request for review (including any details which will be required by the review scheme);
- assist with any outcome.

In certain circumstances, complaints can be made to the police force that was dealing with the investigation via their complaints procedure. Complaints can also be made in certain circumstances to the Independent Office for Police Conduct (IOPC) for England Wales; the Police Ombudsman in Northern Ireland and the Police Investigations and Review Commissioner in Scotland.⁴¹ Whilst there are no absolute time limits on complaints this should be done as soon as possible as complaints can be "disapplied" e.g. if it has been 12 months since the incident, there is no good reason for the delay or injustice would be unlikely to be caused by the delay. If there is delay after this point the survivor should explain the reasons for this.

Legal advice could also be sought by the survivor around any public law issues which may arise such as a human rights claim for failure to investigate and/or a judicial review application. There are strict time limits so a referral for legal advice will need to be made promptly.



7.7 CRIMINAL PROCEEDINGS AND TRIAL

It is important for the caseworker to continue to liaise with the survivor, investigating officer and any other specialist support agency throughout this period. This should include ensuring that a referral has been made to the Victim and Witness Care Unit (VWCU)/Witness Care Unit (WCU). The survivor should be kept up to date of any progress in criminal proceedings by the WCU. The caseworker should ensure that:

- any updates, including any information provided by the court or witness service, should be made verbally and in writing. Information should be provided in English and also translated into the victim's native language. It can cause considerable distress and confusion to the victim to receive correspondence about court hearings in English without being able to fully understand the meaning;
- they communicate well and appropriately with the CPS, COPFS, PPSNI either directly or via the investigating officer. It is helpful for early notice of which witnesses are being called to give evidence, as this will allow time for pre-court visits to be arranged;

- they liaise with the Witness Service/VWCU/WCU and support the survivor in arranging and attending a pre-court visit. Pre-court visits can be crucial to survivors in feeling confident in understanding the process and how they will be protected in court and it can significantly reduce their anxiety when it comes to the trial date;
- they assist with the logistics of travel arrangements, if necessary, as well as any required accommodation and support for survivors attending court to give evidence. This should be undertaken in liaison with the VWCU/WCU, police and other witness services;
- they consider the location of the court case as it may be near to the location where the victim was exploited. This can lead to additional anxiety and distress for the survivor, triggering trauma.

⁴⁰ <https://www.cps.gov.uk/legal-guidance/victims-right-review-scheme>

⁴¹ <https://www.policeconduct.gov.uk/complaints-and-appeals/make-complaint>



7.8 AFTER THE TRIAL

The Victim Code in England and Wales, Scotland and NI Victim Charter sets out information that should be provided to the victim after the trial including the outcome of the trial and sentencing (see Victim Code for England and Wales para. 3.5 – 5.7; NI Victim Charter para. 104 – 109; Scottish Victim Code para 4).

If the perpetrator is convicted, prosecutors should consider an application for a Reparation Order requiring the defendant to pay compensation for any harm resulting from an offence under the Modern Slavery Act 2015 in England and Wales, Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015. Alternatively, a compensation order can be made. It is important for a caseworker to continue to liaise with the investigating officer/prosecutor on these issues and ensure that the survivor and any appointed legal representative on civil proceedings (who may be able to provide information/evidence which could assist in the calculation of compensation) are made aware of any updates. This does not replace the need for caseworkers to refer service users for specialist legal advice on all their compensation options as early as possible (see chapter 6 Access to specialist legal advice).

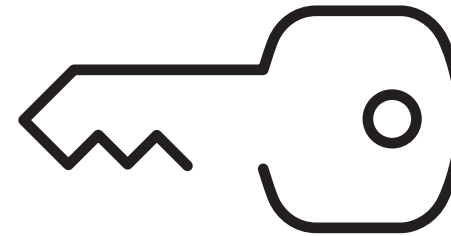
If the offender has received a sentence of 12 months or more and if the crime is classed as a violent or sexual crime, survivors are entitled to be kept informed of the stages of a perpetrator's sentence via the Probation Service Victim Contact Scheme in England and Wales (see Victim Code para. 6.7 – 7.9).

In Scotland if an offender has been sentenced to 18 months or more in prison the victim can choose to register with the Victim Notification Scheme by contacting the Crown Office and Procurator Fiscal Service who will provide a form to send to the Scottish Prison Service (see Scottish Victim Code page 5).

In Northern Ireland under certain circumstances including where the offender has received a prison sentence over 6 months are entitled to access victim information schemes⁴² and obtain information about the release or supervision of an offender (see NI Victim Charter para. 114-122). It is important to make victims aware of this and provide assistance in accessing the scheme and obtaining updates.

If the survivor consents it is helpful for the caseworker to be kept up to date along with the survivor, as survivors can often become very distressed on the release of a perpetrator and may need emotional support and reassurance that the police continue to have a responsibility to protect them.

⁴² <https://www.pbni.org.uk/what-we-do/victim-information-scheme/>



CHAPTER 8

Provision of Safe Accommodation for Survivors of Trafficking and Slavery

THIS CHAPTER PROVIDES BEST PRACTICE GUIDANCE FOR ALL PROFESSIONALS TO ENSURE THAT SURVIVORS (BOTH WITHIN AND OUTSIDE THE NATIONAL REFERRAL MECHANISM (NRM)) HAVE ACCESS TO SAFE, APPROPRIATE AND SUITABLE ACCOMMODATION.¹ THE ACCOMMODATION OPTIONS AND ENTITLEMENTS WHICH MAY APPLY TO SURVIVORS AT ALL STAGES OF HOUSING PROVISION ARE SET OUT AT ANNEX 2.

Survivors' access to housing relies upon their personal circumstances as well as other factors including their immigration status, their status within the UK National Referral Mechanism (NRM) system and/or the UK asylum system. Therefore, at various stages they may access, via different agencies, safe-houses which are provided under the UK National Referral Mechanism Government Contract; independent safe-houses, shelters and hostels. Many survivors will access housing which is specifically provided for people who have an ongoing application for asylum (Asylum Support), emergency or temporary accommodation provided by local housing authorities or social services, longer term 'social housing',² or private sector rented housing.³

¹ This chapter provides detail about the housing needs arising from trafficking which supplements existing guidance and protocols for example Modern Slavery Protocol for Local Authorities: Statutory Duties and Powers, Referral Pathway for adult victims and NRM process guide, Human Trafficking Foundation (2018) and the Homelessness Code of Guidance, referred to below <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

² The term 'social housing' is used to describe council or housing association housing which provides security of tenure, a public sector landlord and rent control. Social housing is often the best long term outcome for survivors, but access to social housing is restricted and specialist advice may be needed.

³ Entitlement to assistance housing in various context may depend on family composition (for example whether or not a household includes children) or particular physical health, mental health or care needs.



8.1 SURVIVORS' HOUSING NEEDS AFTER TRAFFICKING AND SLAVERY

The need for physical shelter is an absolute priority.⁴ It is essential for survivors' safety and well-being that they are not left homeless, or in manifestly unsuitable accommodation for any length of time. Those who are left destitute or street homeless, who are residing in poor or unsafe accommodation or who are in transition between housing providers may be vulnerable to targeting by new perpetrators for abuse, exploitation, re-trafficking or other forms of further harm. They may also quickly lose faith in the systems and professionals who are there to help them, which can result in them becoming socially withdrawn and isolated, suffering mental health deterioration or losing contact with essential services.

Survivors are often found to be living in situations of destitution (see 8.3.4 below) and they may be transient for a period of years, moving from one temporary housing provider to another. This process is inherently stressful, and often fraught with challenges, delays and difficulties.

⁴ Maslow, A.H. (1943). 'A theory of human motivation'. *Psychological Review*. 50 (4): 370–96.

⁵ Abuse of a Position of Vulnerability and other 'Means' within the Definition of Trafficking in Persons' UNDOC, April 2013.

8.1.1 Understanding 'Vulnerability' in relation to housing provision

Vulnerability is central to any understanding of the crime of human trafficking.⁵ Survivors of modern slavery should always be recognised as potentially vulnerable and their housing should be prioritised. It is important for professionals to understand that, regardless of the duration of time that has passed since they left the control of traffickers, survivors will remain vulnerable to further harm, re-trafficking and exploitation until they have sustained long-term recovery from their experiences. If they are left without appropriate, protective intervention, survivors will become increasingly vulnerable over time until a situation of long-term security and safety is provided. Survivors need to have the sense of stability and security which comes from a suitable, permanent home in which to live. Those in emergency, temporary or short term housing can experience continuous stress and worry in anticipation of a further, imminent move. This is a fundamental requirement for sustained recovery from traumatic experiences, together with an appropriate framework of care and support (see also chapter 5, Access to healthcare for survivors of modern slavery and trafficking).

It is important for professionals to understand the importance of securing safe and appropriate accommodation for survivors, ensuring that they are not destitute. The pressing need for appropriate safety standards and good quality of accommodation for survivors can only be fully understood in the context of the serious harm to psychological and physical health that can be experienced in trafficking and slavery (see chapter 5, 'Access to healthcare for survivors of modern slavery and trafficking'). An informed understanding of vulnerability, mental health issues and related risks is essential.

8.1.2 The risks of informal, private housing arrangements

Survivors of modern slavery will almost invariably leave their trafficking situation without any immediate access to financial resources or accommodation of their own. In the vast majority of cases they will have limited (if any) understanding of their legal rights and will feel too afraid to come forward to the authorities. Some may be forced by their immediate circumstances after slavery to live with others and/or enter into relationships with others who violate their rights or exploit them further. People who have suffered total subjugation in slavery may find it difficult to understand, acknowledge or accept that a person who is providing them with shelter that they desperately need may not be acting in their best interests. Professionals need to be aware of this possibility, especially as it is unlikely to be voluntarily acknowledged or discussed by survivors at an early stage.

In cases where immediate risk of harm is identified, it is important to follow trafficking safeguarding procedures. However, in cases which are not entirely clear to professionals, it is important to maintain an open mind, and investigate all such situations sensitively by building a relationship of trust over time with each person and find out more about the living arrangements and relationship. Some survivors may require a good deal of support to build enough confidence to feel able to leave situations of dependency or control (no matter how harsh their conditions). This relies upon them being able to envisage a viable, secure future for themselves in alternative housing that is offered. It helps if professionals can lend support by talking through their options with them positively, and accompanying them to viewings and appointments when the survivor consents to this (see the Trauma Informed Code of Conduct, section 1.2). A positive, collaborative approach which permits survivors time to make informed decisions for themselves and to look positively towards moving (rather than negatively towards leaving) can be effective in helping survivors to move forward.

8.1.3 Focusing from the outset on long-term housing needs

Survivors often lose their temporary housing arrangements at short notice and then have to be re-housed suddenly, often on an emergency basis. This can result in busy professionals, who work continuously with urgent housing situations, feeling that they are unable to dedicate the time and resources which are needed for detailed consideration of cases, unless or until a survivor's homelessness becomes imminent. **However, given the fundamental importance of housing for survivors, it is essential to begin preparing for, and working towards meeting survivors' specific long-term housing needs.**

The focus should always be upon locating suitable accommodation which will enable survivors to sustain long-term recovery and build a secure, non-transient life for the future. Obtaining information about their previous housing experiences can provide a useful guide to their current and future accommodation needs. Whilst temporary accommodation may serve as an interim 'stop-gap' to deal with an immediate crisis, temporary solutions should not be considered to have brought the need for long-term, safe and appropriate accommodation to an end.⁶

All professionals who are working with survivors should remain aware of the ongoing needs of and risks for each individual person, which require careful and detailed consideration on a case by case basis. For survivors who have children living with them, a stable family home is a fundamental requirement for avoiding generational cycles of vulnerability to harm and exploitation. The additional needs of survivors' children can only be met if settled housing for the family unit as a whole is prioritised first and foremost.



8.2 STANDARDS FOR SAFE-HOUSE ACCOMMODATION

8.2.1 Meeting survivors' needs within a safe-house environment

Safe-house services should always be welcoming, and provide a safe, calm and consistent environment with access to both personal space and communal space. Every aspect of the accommodation provision, maintenance, management and communications should be designed with the needs of traumatised survivors in mind.

⁶ Homelessness accommodation must be suitable (Section 206 Housing Act 1996). This means that simply providing any sort of emergency accommodation however short term and of whatever quality is not sufficient to discharge the obligations of local housing authorities in cases where survivors are entitled to Housing Act 1996 assistance.

The remit of each service should be clear and transparent and explained in a language that each person understands, with the opportunity for them to ask questions at any time while they are resident. In order to enable survivors to feel safe, to settle in, and to benefit from accommodation and welfare that is provided, the following minimum standards should be met.

8.2.2 Specialist provision for acute support needs

There must be access to specialist provision for survivors who have acute support needs. These include (but not limited to):

- Mental health needs
- Physical health needs
- Disability needs
- Gender-based and sexual orientation needs
- Family-based needs, or dependents including children and babies in their care
- Substance dependency issues
- A history or experience of violence or crime

8.2.3 External safety of the premises

Systems for maintaining safety of safe-house accommodation may include, (but are not limited to):

- Discreet, external CCTV
- Secure locks and window locks in each room
- Police awareness of the property and the vulnerability of residents
- Panic alarms provided to residents
- Confidentiality of address
- Sufficient internal and external lighting for the safety of residents
- 24/7 staff availability or where staff are not permanently on site, a 24/7 emergency number (which is not the police) or on-call service. (Residents should be provided with phones and credit in order to be able to access this service)
- Adequate repairs and maintenance systems
- Accordance with the Health and Safety Executive's standards, including fire and evacuation procedures
- An independent monitoring, inspection and regulation regime which is conducted regularly by a reputable, experienced and authorised body with care responsibilities.⁷

8.2.4 Internal safety of the premises

Premises should be habitable, clean and appropriate for recovery. The ability to maintain personal hygiene and reside in a clean, hygienic and pleasant environment is a basic human need that should always be met by accommodation providers. For survivors of violent crime, sexual assault and inter-personal trauma it is a pre-requisite for sustaining the recovery process. Dirty or untidy living conditions are particularly distressing for people who are recovering from trauma.⁸ It is helpful for example, to maximise light and space, provide access to fresh air and use detergents and cleaning agents that do not have an overpowering smell. Natural objects in the room such as a plant or pebbles can make a positive difference, and a radio can be a companionable item that can bring comfort and company to some survivors who may suffer loneliness or night fears.⁹

Floor level and access should be appropriate for the mobility of each resident.

Adequate repairs and maintenance systems should be in place.

Regular risk assessments should be undertaken in relation to the accommodation and other residents in order to prevent any problems arising to ensure that an environment of equality and respect is maintained within the safe-house for all residents and to ensure that people who are at risk of harming themselves (i.e. they are experiencing suicidal ideation or engaging in serious self-harm) are not put at increased risk from other residents or their environment.

Entry to the safe-house by any other person who is not normally resident, including visitors and people who are carrying out repairs and maintenance at the accommodation, should be discussed and agreed with all residents in advance. Residents should be given the opportunity to be present during any maintenance or repairs to their bedroom, together with a staff member if preferred. The only exception to these procedures is in cases where a person's life is believed to be at risk and urgent safeguarding measures need to be taken to enter their room.

Residents' bedrooms should not open out onto communal spaces where other residents gather.

⁷ Inspections should be conducted by an independent body and aim to drive up standards and ensure that provided care meets the specific needs of service users. There should be transparency around findings with the goal of improving provision and sharing learning across sectors of provision for survivors of trafficking and slavery.

⁸ See for example Badour, C. L., Feldner, M. T., Blumenthal, H., & Bujarski, S. J. (2013). Examination of increased mental contamination as a potential mechanism in the association between disgust sensitivity and sexual assault-related posttraumatic stress. *Cognitive therapy and research*, 37(4), 697-703. Powell, P. A., Overton, P. G., & Simpson, J. (Eds.). (2014). *The revolting self: Perspectives on the psychological, social, and clinical implications of self-directed disgust*.

⁹ Radios can be extremely comforting for some survivors, providing a voice or music in the room for them and helping them to feel less isolated. Others may not enjoy them and find radio noise intrusive or disturbing, which is sometimes due to mental health difficulties. Radios should be offered and survivors can make a choice. It is always better to purchase a radio with a lead, so that expensive batteries do not need to be replaced.

An appropriate and accessible enquiry, complaints and incidents procedure should be in place. Records should be kept of all complaints however they are communicated, together with the action steps that have been taken in response. This can then be subject to the independent inspection regime.



8.3 GENERAL STANDARDS FOR HOUSING PROVISION

8.3.1 The difference between 'asylum support', 'emergency/temporary housing' and 'social housing'

Asylum applicants can access support in the form of housing and/or basic living expenses while in the UK through a scheme administered by the Home Office. This support scheme was set up by Part 6 of the Immigration and Asylum Act 1999 and provides two support packages – support for those whose asylum claims are ongoing and support for refused asylum seekers. Section 95 support is aimed at asylum seekers whose claims are ongoing, who are destitute or about to become destitute and their dependents.

Emergency or temporary accommodation, often also referred to as 'interim' accommodation, is provided by local authorities fulfilling their functions either as social services¹⁰ or housing authorities. Homelessness assistance may include help finding private sector accommodation, or the provision of emergency or temporary accommodation. The availability of homelessness assistance is dependent on immigration status.

Social housing is the term used in the UK for housing which is provided by, or with assistance from the state, either by local authority landlords or by housing associations. This may be the most appropriate housing for survivors in the medium to long term, but demand for social housing far exceeds supply and access to it is restricted. Like homelessness assistance, it is not available to those without the requisite immigration status.

Detailed exploration of these systems is beyond the remit of this chapter. However, the principles and information below are intended to provide best practice guidance for all professionals who are working in systems of government-funded housing provision.

8.3.2 The requirement for consistent, pro-active professional support

All professionals who work with survivors while they are in a transitional period between housing systems and providers should apply their expertise, skills, knowledge and experience to advocate for access to safe and appropriate housing. This is an especially fraught time for survivors and professionals need to ensure that they are following trauma-informed methods of working and sharing their knowledge of the need to use these methods with other involved professionals. The Trauma-Informed Code of Conduct, section 1.2 should be followed.

Practical, collaborative planning for any move to new accommodation is vital. This means ensuring pro-active support to inform decisions which are made about whether a property or area is suitable, safe and appropriate, as well as support with arranging to view any accommodation that is offered, and helping to make necessary travel and practical arrangements for moving home.

8.3.3 Access to legal housing advice and representation

The types of solicitors and organisations which can assist survivors are set out in chapter 6, Access to Legal Advice. In cases which require housing advice and representation, referrals should be made to good quality lawyers who provide specialist legal advice which is funded by Legal Aid. Annex 2 sets out a summary of accommodation options and entitlements.

In addition to their specialist legal knowledge, lawyers who work with survivors of trafficking and slavery should understand the background and context of survivors' needs and the particular risks that they face.¹¹ This requires an informed understanding and professional knowledge of the impact of human trafficking.¹² (See also chapter 6, Access to Legal Advice and Annex 2).

¹⁰ Including under their powers and duties relating to children, people with disability related or care needs, and the elderly.

¹¹ See: Human Trafficking and Modern Slavery: Law and Practice, Southwell, Brewer, Douglas-Jones QC, Bloomsbury, 2018. This is primarily for criminal and immigration lawyers but contains information that is useful for all practitioners in all areas of law relating to survivors of trafficking and slavery.

¹² Legal aid services are highly specialised because of the contracting arrangements between lawyers and the Legal Aid Agency. It is important to ensure advice is received from lawyers specialising in the right discipline and to recognise that to access their entitlements survivors may need advice on different matters from a number of different lawyers, often in different firms. Collaborative working is therefore essential between lawyers as well as between other professionals and lawyers.

8.3.4 The meaning of 'destitution' and 'homelessness' for survivors

It is important for all professionals to understand that 'destitution' and 'homelessness' have specific legal definitions which will inform their understanding of the situation for survivors and help them to advocate for them.

DESTITUTION:

A useful definition of the concept of destitution in law is as follows:¹³

A person can be defined as destitute if:

- They do not have adequate accommodation or any means of obtaining it (whether or not their other essential living needs are met); or
- They have adequate accommodation or the means of obtaining it, but cannot meet their other essential living needs.

Therefore, destitution arises by definition in cases where there is no *adequate* accommodation. The definition of destitution is important in asylum support cases.

HOMELESSNESS:

The definition of homelessness is important where survivors' immigration statuses mean that they are able to access homelessness assistance. It is obvious that someone who is sleeping on the streets is homeless but in addition, homelessness law recognises that people who live in accommodation which is so inappropriate that it is not reasonable for them to continue to occupy it, are to be treated as 'homeless' even though they have access to some type of shelter.¹⁴

Inappropriate accommodation could include any property which does not take account of specific risks in relation to gender, or risks of coercion, control or violence, or safety risks, for example in non-specialist, shared accommodation, or in a location where it is impossible to access essential services. (See section 8.5 for housing risk factors).

¹³ This is the definition used in Section 95(3) of the Immigration Act 1989 in the context of the provision of asylum support. It is a useful definition for the purposes of describing destitution and can apply to cases both within, and without, the UK asylum support system).

¹⁴ Section 175 (3) Housing Act 1996. A person shall not be treated as having accommodation unless it is accommodation which it would be reasonable for him to continue to occupy.

8.3.5 Understanding the origins of destitution and homelessness for survivors of trafficking and slavery

It is helpful to consider that a survivor's destitution and/or homelessness should be considered to have resulted from them having been trafficked if their last 'settled' home pre-dated their trafficking experiences.¹⁵ There is often a clear and common nexus between a survivor's original trafficking and their current situation of destitution and/or homelessness, and this is also linked directly to their significant potential risk of further harm, exploitation and re-trafficking.¹⁶

A long-term solution is required for destitution or homelessness that originated with the crime of trafficking. In any context where professionals seek to end a situation of destitution or homelessness, it can be helpful for them to advocate for survivors by explaining clearly, with evidence, the links between their original trafficking, the consequent loss of settled housing and their directly related current vulnerability to further harm/re-trafficking.

¹⁵ Article 6 of the Homelessness (Priority Need for Accommodation) (England) Order 2002/2051 provides that 'A person who is vulnerable as a result of ceasing to occupy accommodation by reason of violence from another person or threats of violence from another person which are likely to be carried out' is in priority need of housing for the purposes of Section 189 Housing Act 1996'.

¹⁶ An individualised approach to meeting the needs of survivors also includes consideration of whether a violent or dangerous housing situation means that in legal terms, they are effectively homeless. For those who are otherwise eligible for local authority housing, this should mean that local authorities accept that they are 'in priority need'. Although as explained above and below, homelessness prevention obligations from April 2018 apply to all eligible applicants for housing, the extent of the longer-term assistance (if homelessness has not been avoided) depends upon a finding that an application is 'in priority need' of housing. All applicants whose households include eligible dependent children, or a pregnant women, will be in priority need. But for childless families, a finding about 'priority need' will be critical. On priority need and vulnerability see *Hotak v London Borough of Southwark* [2015] PTSR 1189 and *Panayiotou v LB Waltham Forest* [2017] EWCA 1624.



8.4 HOUSING THAT IS SUITABLE AND APPROPRIATE FOR SURVIVORS OF TRAFFICKING AND SLAVERY

This section contains overall principles and best practice guidance relating to survivors in the systems for asylum support housing or emergency/temporary housing (including homeless assistance (part 7 Housing Act 1996), or social housing).

This accommodation often falls far below any ideal: demand is always greater than supply, and there is extreme pressure on both resources and personnel across all systems of housing provision. **Nonetheless it is essential in all cases to strive to ensure that the accommodation provided to survivors of modern slavery is suitable, safe and appropriate.**

It is important in all cases to act swiftly to prevent homelessness and, more generally, to safeguard against any possible further harm.¹⁷ Homelessness for any length of time can result in further harm/ re-trafficking, mental health deterioration and distress for survivors. Trauma-informed and rights-based policies and procedures together with appropriate training, need to be in place and followed by professionals who are involved in working at all levels with survivors in relation to housing. This includes social workers, housing providers, and housing decision makers,¹⁸ property management staff etc. It is particularly important that professionals who are working to support survivors are prepared to advocate for them (with their informed consent) by providing information to others on trafficking-related and other individual issues, and sharing the need for trauma-informed approaches and methods of working.

8.4.1 Appropriate Risk Assessment

All potential risks should be assessed for each person in relation to their individual housing needs, and plans should be made with their informed consent and agreement. (See sections 2.2.1 Informed Consent and 4.1.2 Risk Assessment).

Professionals should be prepared to advocate with housing providers, housing managers and housing officers for this process to be conducted fully and transparently, with a record kept that can be made available to the survivor upon request. They should be prepared to liaise with housing officers and maintain contact other professionals who have worked with survivors at previous stages and may have useful information concerning their housing needs.¹⁹

Regular, ongoing risk assessments should also be conducted to assess each person's current safety and wellbeing in any housing, and plans and adjustments should be made accordingly.

¹⁷ In homelessness cases see 'Homelessness code of guidance for local authorities', 2018 <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities> This makes specific reference to the needs of survivors including "A person who has been a victim of trafficking or modern slavery may have a priority need for accommodation if they are assessed as being vulnerable according to section 189(1)(c) of the 1996 Act. In assessing whether they are vulnerable a housing authority should take into account advice from specialist agencies providing services to the applicant, such as their assigned support provider under the NRM."

¹⁸ Decisions about survivors housing needs may be made by local authority officers with a range of different titles and responsibilities, for example housing options advisers, temporary accommodation officers, review officers.

¹⁹ In cases where a survivor is likely to need homelessness assistance from a local authority, it is useful to know that all potential risks should be assessed and reviewed by Housing Officers both in the Personal Housing Plan and when they are considering what sort of accommodation is needed. Housing officers will need to understand a survivor's individual housing requirements in order to find accommodation which meets their needs, and to accurately assess suitability of accommodation as it becomes available. Therefore a series of assessments will be necessary.



8.5 SPECIFIC HOUSING RISKS FOR SURVIVORS OF TRAFFICKING AND SLAVERY

All professionals should understand the range of risks to survivors and work pro-actively to minimise these by taking every opportunity to promote individual safety.²⁰ At all levels of housing provision, it should be recognised that survivors may not only be at risk from their original traffickers, but also from other current and future perpetrators who may target them due to their vulnerability and their difficult circumstances.

Professionals will be aware of the possible tension between the provision of information to third parties (which is sufficient for them to properly understand survivors' needs and how to meet them) and the risks associated with dissemination of sensitive information. Therefore information provided should be the minimum that is necessary and care should be taken in each case to consider whether disclosures are appropriate and whether anonymity is required. Housing providers and decision makers should only receive detailed information about survivors'

²⁰ See: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-25-modern-slavery-and-trafficking> 25.17 A person who has been a victim of trafficking or modern slavery may have a priority need for accommodation if they are assessed as being vulnerable according to section 189(1)(c) of the 1996 Act. In assessing whether they are vulnerable a housing authority should take into account advice from specialist agencies providing services to the applicant, such as their assigned support provider under the NRM. Many victims of modern slavery suffer from poor mental health and often lack support structures in the area they are residing. If a victim of modern slavery is threatened with homelessness or is homeless this significantly increases their risk to being re-trafficked or exposed to further exploitation.

case histories in a form that is appropriately anonymised, for example by using a reference number or initials rather than a full name on the specific document.

Information concerning a medical or therapy history is in all cases highly sensitive and needs to be handled with the utmost confidentiality. Confirmation by healthcare professionals which supports a case concerning a patient's particular risks and housing needs should be accepted without the requirement for further intimate (and therefore excessive) details.

Although many survivors need specialist psychological therapy to address their mental health problems, there are multiple reasons why they do not seek it, or receive it, and the fact that a person is not 'in therapy' should not be held against them or used to assume that they do not have mental health problems and are not in need of psychological treatment. It should never be assumed that if a survivor is not in receipt of therapy this undermines the need for specific risks to be fully considered in relation to their housing needs. (See section 5.2.4 The significant challenges for survivors in accessing appropriate therapeutic care).

Some service providers may make what seem to be unreasonable requests for information. However, any decision to withhold information should always be considered carefully and with regard to the potential impact that this can have on survivors. Withholding information can be interpreted as 'non-cooperation' and may lead, for example, to housing being refused. For this reason, it is preferable to plan provision of information in the safest and most appropriate way, ensuring that survivors have given their informed consent.

8.5.1 Accommodation that is located in unsafe areas

Survivors should not be housed within any area, or near any area, where they have previously suffered trafficking, exploitation, violence or ill-treatment. In some instances where police have been involved in a case, they can advise upon which areas are not safe for survivors to live in and thereby help to ensure that housing providers and local authorities treat survivors as a victim of a serious crime. **However, lack of police involvement in a case should not raise a presumption that there is no risk to them, or that the reported risks for a survivor in a particular area are not valid or genuine.**

Other locations may also increase individual survivors' level of risk: for example areas where there are known to be high levels of drug use, crime, domestic and other violence. Survivors are specifically vulnerable to harm from others and their risk from perpetrators is high so these areas should be avoided. **Housing should be close to amenities and good transport links, which lessen the risk of social isolation and withdrawal as well as targeting, controlling or further harm from other people.**

Survivors may find it difficult to assert themselves enough to disclose their concerns about the location of accommodation offered.²¹ They may also not have the local knowledge needed to identify risks in advance. For example, a survivor may only disclose that a location is unsafe for them after viewing the accommodation or moving into it. Refusing accommodation can have serious consequences for survivors. It is important for professionals to be aware of this, and be prepared to advocate and provide evidence on behalf of survivors who are at risk (See section 8.6 below on the possible causes and consequences of survivors refusing accommodation). Realistic advice and support for survivors making decisions about offers of accommodation is essential.

In all such cases risks should be fully assessed and survivors' concerns listened to, and respected. An assertion that a person is unsafe or at risk should be taken seriously whenever it arises and not assumed to mean that a survivor is opportunistic, not credible or unable to be fully involved in decision-making processes which concern their housing. **Housing providers should consult with survivors when any decisions are made about location of their accommodation. Professionals who are working to support survivors should advocate for this, and be prepared to lend them pro-active assistance.**²²

8.5.2 Loss of existing local services, community support and social networks

Location of accommodation is a key element of suitability but this must be balanced with each individual's safety needs.²³

If a person has settled in an area in which they wish to live, and it is free from any known trafficking-related risks, every effort should be made to maintain their accommodation in that area, or as near as possible to it. The value of survivors' informal support networks (i.e. family and friends) and access to local community services (comprehensive healthcare services, nurseries, schools and higher education, places of worship, NGOs, community centres, charities etc.) should not be underestimated in terms of their role in maintaining survivors' safety and sustaining their recovery.

Positive, settled community links not only support survivors and their children, but are key to the safety and resources of wider society: survivors who can rely upon supportive local community networks are safer in all respects. These networks also lower the risk of further crimes being committed against them as well as the potential need at various stages for emergency intervention and urgent police and healthcare services.²⁴

²¹ 'Trafficking in Human Beings Amounting to Torture and other forms of ill-treatment' (2013) HBF/OSCE 2013

²² Where survivors are eligible for assistance from a local housing authority, authorities will need to have regard to statutory guidance and their own policies. Local authorities should ensure that temporary housing allocation policies recognise the particular safety risks and give appropriate priority for in borough accommodation to survivors.

²³ Local authorities providing homelessness accommodation should always start by determining whether that offered accommodation is suitable for the individual concerned. Where survivors are eligible for assistance from a local housing authority, authorities will need to have regard to statutory guidance and their own policies. Local authorities should ensure that temporary housing allocation policies recognise the particular safety risks and give appropriate priority for in borough accommodation to survivors.

²⁴ 'A Game of Chance?: Long-term support for survivors of Modern Slavery' (2018) Dr. Carole Murphy, St Mary's University, Twickenham, London.

If survivors are forced to move away from vital services, many will find it extremely challenging to 'start again' and form new, positive and safe long-term relationships. The financial cost of travelling back to maintain contact with trusted people and services is likely to be unaffordable for them as well. In all cases where survivors express the preference to remain in their local area, professionals should endeavour to understand their reasons and assist them with this as much as possible.

In many cases, specialist services which survivors have been accessing will not be available for them in a new area.

Serious consideration should be given to any disruption of ongoing healthcare services being provided to survivors, particularly mental health services. If people are moved to a new area while undergoing healthcare intervention or receiving treatment from mental health services, they may suffer detrimental setbacks to their health and wellbeing. It should not be assumed that clinical services can simply be 'picked up' and continued by another local clinic or hospital. The period of time that it takes to transfer patients' records, and process new referrals, together with the significant difficulties that many survivors face in re-explaining their history and forming trusting relationships with new professionals, means that survivors are likely to lose the continuity of their care and be forced to start the process all over again.

The upheaval and disruption to parents and children from having to leave current local schools and nurseries where they have supportive social networks can affect the whole family. Parents who have children in local schools should not be expected to relocate if this means moving their child(ren) to a different school, unless the potential benefits of the relocation outweigh the disadvantages of the disruption of the move. For the children of survivors, continuity, particularly of their friends and education, is important. Changing schools at any time in the school year is likely to be disruptive, and there is correlation between changes of school and reduced academic achievement.²⁵ The significant challenges which are faced by the children of survivors will often require ongoing professional support from nurseries, schools, social workers and local community networks. Any additional disruption to their lives should always be avoided.

8.5.3 The risks of sharing accommodation with strangers

Survivors of trafficking need safe and private spaces to live in.

All accommodation which is shared with strangers involves potential safety risks. In cases where trafficking specialist supported accommodation is provided (e.g. in safe-houses under the UK government victim-care contract or specialist independent Safe Houses), these safety risks can be planned for and managed.

Reputable safe houses are the only truly appropriate place for survivors to share accommodation.

This is because they are managed by professionals who are available on site to ensure safety and lend proactive and continuous support to all residents. Residents are assisted with the positive formation of appropriate live-in relationships and the sharing of living space and amenities.

Shared housing can also be considered to be inappropriate because friends, acquaintances and family members of other residents may potentially enter the accommodation at any time, whether or not this is permitted by the managers of the property. This is a situation which survivors can find extremely frightening (for example, when unknown men enter the property at night) and it can put them at risk. Trafficking, rape, exploitation and other forms of violence are known to have occurred in all forms of government-provided housing in the UK.

Sharing accommodation with strangers can be a distressing and frightening situation for any person. In the case of survivors, it may be re-traumatising and in some cases cause mental health deterioration and be particularly dangerous due to many survivors' high level of vulnerability in relationships with others.



Sharing a bedroom:

Survivors should never have to share a bedroom with strangers regardless of their immigration status or whether they have recourse to public funds. Having a private space to sleep in and take care of oneself is an essential component for survivors' long-term, sustained recovery. Many survivors have been forced to endure confinement and continuous invasion of their privacy and as a result they may associate sharing their personal space with strangers with their previous traumatic experiences.

In all forms of accommodation, survivors should be in possession of their own bedroom and possess their own key. Access to the bedroom by others for any reason should always be by prior arrangement and agreement with survivors, unless urgent safeguarding measures need to be taken because a person's life is at risk.

²⁵ See for example <https://www.thersa.org/discover/publications-and-articles/reports/between-the-cracks>



Bathrooms:

Shared communal spaces with others, particularly bathrooms which are essentially a personal space where people undress, can be seriously intimidating for survivors, particularly those who have experienced repeated rape, violation or attack by people who have kept them owned, subjugated and controlled. Bathrooms are sometimes used by traffickers to enforce specific bathing rituals on victims and to repeatedly enforce washing in preparation for rape or onward sale. Bathrooms may be used as a site for rape, and sometimes the act of washing or using the toilet is controlled or denied by traffickers as a punishment. Fundamental human privacy is often denied to people who are controlled by traffickers and for many survivors of trafficking and slavery, the prospect of sharing a bathroom can become overwhelming. In some cases where survivors are too afraid to use a shared bathroom they will go to great lengths to avoid it, including using a sink or pot in their room.

As well as creating safety risks, shared bathrooms and toilets may be particularly inappropriate for survivors of sexual violence, for those with sexual health or urinary problems, and for women experiencing difficulties around menstruation.

Anxiety about personal safety is likely to be heightened where bathrooms and toilets are shared. Survivors may have anxieties or compulsions around cleanliness which are difficult to manage in shared facilities. The issues which arise around shared bathing and toilet facilities will often be very difficult for survivors to disclose to others who may help them.

Where there is a known history of sexual assault, or any menstrual, sexual health, urinary or any other health problems which may require good access to clean and safe bathroom and toilets, the presumption should be that shared facilities are not appropriate.

If survivors have an aversion to shared bathrooms, this is likely to stem from their traumatic trafficking experiences. It should not be assumed by professionals that they are being 'demanding' or 'fussy'.



Shared kitchens and communal areas

Some survivors may also find it very difficult to enter communal kitchens which are shared, and so avoid cooking and therefore eating nutritious food as a result. They may have particular nutritional needs, eating disorders, and/or anxieties about preparing or eating food in the presence of others arising from their trafficking experiences.

Survivors have been known to deal with these issues by avoiding visiting the kitchen at all while they are resident in shared accommodation. They may instead store and eat food in their bedroom, which causes difficulties and gives rise to risks of withdrawal and isolation. They also sometimes speak of their constant fear of meeting other residents in shared areas including lobbies and corridors.

In some cases, the layout of shared space, rooms or corridors can trigger traumatic memories which are associated with trafficking experiences. In such cases mental health deterioration is a risk factor and should be taken seriously.

In cases where sharing accommodation is unavoidable, professionals should focus upon securing a private bedroom as a priority and advocate for survivors to have their own bathroom, ensuring that women are provided with the option of provision of all-female accommodation. Women, particularly those who have suffered forms of slavery in which they have been raped or subjected to gender-based violence, will find it extremely difficult to cope with men in their bathroom or kitchen or outside their bedroom. It is imperative to check not only whether males are resident in the accommodation, but also whether males visit or stay for the night in the accommodation. Bear in mind that any visitors to the accommodation will not be vetted. This can present significant

risks for all residents and any children and be something which survivors fear complaining about for fear of reprisals. Shared accommodation should always be seen as a short-term option to relieve a crisis rather than a solution that is sustainable or appropriate in the medium to long term.

Conversely, rules prohibiting visitors in some shared accommodation may be inappropriate. For example, survivors' mental health needs may mean they sometimes need support from a friend overnight, or women in late stages of pregnancy or immediately after the birth of a child may need to have visitors including overnight. The solution in these cases is for survivors to be provided with self-contained accommodation instead of shared accommodation with restrictive visiting rules.

8.5.4 The risks of shared accommodation for families with children

It is not possible for lone parents to ensure that their children are kept safe at all times in shared accommodation. The pressures on homeless families with children housed in shared or temporary housing, or housing that is unsuitable in a variety of ways, are well documented.²⁶ For example whilst living in shared accommodation it is difficult to prepare and eat food at appropriate times for children. It is hard to manage bedwetting when living and sleeping in one room without sole access to laundry and washing facilities.

²⁶ See for example https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf.

It is difficult - if not impossible - to put children to bed at appropriate times when they do not have separate bedrooms, therefore all family members have to go to bed at the same time and there is no place for children to do homework or to play. There are also potential risks to children from other adults in shared accommodation.²⁷

All of these difficulties are highly likely to be magnified if parents have experienced trafficking and children have suffered disruption and insecurity at various stages of their developmental years. The most important factor for children whose (primary care-giving) parent is a victim of trafficking, will be the sustained recovery of their parent. A settled home is therefore key: living in an appropriate family environment and having the stability of continuity of education, peer groups and professional relationships.

See chapter 9, 'Provision of material assistance' for essential welfare items and support which should be provided for parents and children.



8.6 UNDERSTANDING THE CAUSES AND THE CONSEQUENCES OF SURVIVORS REFUSING OFFERED ACCOMMODATION

Securing safe and appropriate accommodation is fundamental to survivors' safety and well-being, however there are reasons why survivors may be fearful of living in new accommodation. They may feel, at least initially, that they are unable to accept it. In many such cases this can be due to the impact of their traumatic history, trafficking-related fears and experiences and mental health problems.

Unfortunately, asylum support housing and emergency/temporary housing may be inadequate, unhygienic and unsafe, to the extent that any person would prefer to avoid living there. In the case of highly vulnerable people, including survivors who have Post Traumatic Stress Disorder (PTSD) or other psychological problems, immediate refusal of accommodation may be the result of a significant aversion to it. All professionals should strive to understand this in order to be able to counteract any impression that the refusal is irrational.

Refusal of accommodation can be due to factors including the triggering of panic; intrusive memories or fear which relates to previous experiences in slavery (for example a bedroom, communal area or hallway reminding them of an exploitation site), or fear of the loss of their current community and essential network of support. Significant advocacy support may be required: professionals working to support an individual survivor need to fully understand their reasons for refusal and then explain these as clearly as possible to accommodation providers and decision makers.

There is always a risk that survivors may feel (at least initially) that they cannot accept new accommodation due to immediate feelings of aversion and/or fear of change. Sometimes the serious consequences of refusal of accommodation can be averted, but the threat of them alone can be extremely stressful.

Specialist legal housing advice should be sought as a matter of urgency for survivors who feel that they have to refuse an offer of accommodation (See chapter 6, Access to specialist legal advice and 8.5 Specific housing risks for survivors of trafficking and modern slavery).



8.7 ASSISTING SURVIVORS TO ACCEPT SAFE ACCOMMODATION THAT IS OFFERED

In many situations refusal of accommodation will precipitate a crisis where all existing accommodation is withdrawn and no further accommodation offered. It is often advisable for survivors to accept an offer (even if it is less than ideal), at which point professionals can begin to advocate for a move to suitable accommodation.²⁸

While it is a fundamental principle that survivors should never have to accept accommodation that is not safe for them (see section 8.5 on housing risks), it is also important that survivors need to *feel* that they are safe there, and may need to be supported with this.

Entering new accommodation (even if the accommodation in question is safe and suitable) can be frightening for survivors, especially those who have suffered previous violation and confinement. **It is preferable that (with their informed consent) they are accompanied by a professional who can support them to view any potential new home,**

²⁷ See 'Time to Deliver; Considering pregnancy and parenthood in the UK's response to human trafficking'(2016) ATMG

²⁸ Where the accommodation is provided under Part 7 Housing Act 1996, there may be statutory review and appeal rights, depending on whether a full housing duty has already been accepted. It is hard to envisage a situation where it would not be possible to challenge the suitability of accommodation having accepted it and moved in but it is important to be alert to cases where the risk of moving in is unacceptable or where the fact of acceptance may compromise the arguments on review or appeal. Of course for some survivors the safety risks of moving into unsafe accommodation will not be acceptable, e.g. if close proximity to a trafficker or high risk of violence.

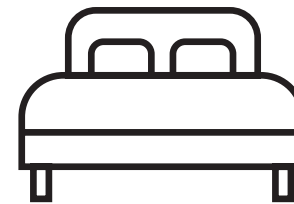
in order to see it, think about it, discuss it, and be able to 'settle' with it. This can make a practical difference in reassuring survivors and enabling them to remain there. Professional accompanying of survivors also means that an accurate record of viewings can be kept.

Deterioration of mental health due to poor, dangerous or inappropriate accommodation can place survivors at risk of harm from their own actions and those of others. Social isolation, extreme hardship, poverty and lack of a hygienic environment to live in are also risk factors for deterioration in mental health. People who suffer PTSD (whether this has been formally diagnosed or not) can experience flashbacks, panic attacks and/or auditory hallucinations. A person may have a particular aversion to something in their accommodation, for example, a particular smell of a bathroom or cleaning fluid, or the specific layout of rooms or a long, dark corridor which may trigger difficult memories of a building arrangement they experienced while in a modern slavery situation. In such cases, it is important not to dismiss this and seek to understand it better. Where appropriate, this understanding may need to be interpreted in a comprehensive and careful way for housing providers who are not aware of the impact of human trafficking and the particular, related challenges that survivors face.

In cases where a survivor is averse to accepting accommodation that has been offered, it is important that they are listened to carefully by professionals, and that they receive clear and effective advice about the consequences

of refusing it. Each decision about whether to accept accommodation is different and it is critical that survivors are given clear advice and support to help them to make informed decisions. Professionals at all levels of involvement should use trauma-informed methods of working to support survivors at this time and ensure that distress is minimised and they are provided with a calm environment in which they feel safe to think through their options, the outcomes and consequences of any actions they may choose to take, and discuss them fully. It can be challenging to listen to, understand and manage survivors' concerns about accommodation which may (objectively) appear to be suitable, at the same time as ensuring that survivors have realistic advice and understand any consequences of refusing an offer of accommodation.

Professionals should understand that survivors' objections to offered accommodation, or particular aspects of offered accommodation, are likely to be rooted in a traumatic history and fears which relate to their background of human trafficking and slavery. The worst response to survivors who are distressed is to disregard them as being 'fussy' or 'difficult'. Professionals should use trauma-informed methods of working in order to build a relationship of trust, and take time to hear and acknowledge survivors' concerns, in order to secure the best outcome for them.



CHAPTER 9

Provision of Material Assistance

THIS CHAPTER PROVIDES BEST PRACTICE GUIDANCE TO ENSURE THAT SURVIVORS HAVE AN APPROPRIATE LEVEL OF MATERIAL ASSISTANCE. THIS IS ESSENTIAL IN ORDER FOR SURVIVORS TO BE ABLE TO TAKE CARE OF THEMSELVES APPROPRIATELY, TO ENSURE THEIR WELL-BEING AND SUPPORT THEM TO SUSTAIN RECOVERY FROM THEIR TRAUMATIC EXPERIENCES.

With reference to Maslow's hierarchy of needs¹ it is known that if basic material needs are not met, individuals, particularly those affected by the trauma of trafficking and modern slavery, will be unable to work towards sustained, long-term recovery and pursue justice. This is a particularly significant issue for survivors of trafficking due to the strong link between circumstances of poverty and the risk of re-trafficking and further exploitation.

Practical minimum standards for welfare provision during the National Referral Mechanism 'recovery and reflection' period are provided below. These are also recommended more generally as minimal best practice material assistance provision for survivors of modern slavery.



9.1 PROVISION REQUIRED FOR BEDROOMS

Each person's bedroom should be painted white or a neutral colour and at minimum equipped with:

- A bed with clean and sufficient bedding
- A wardrobe
- A chest of drawers
- A bedside table
- A central light and reading lamp
- An external window and natural light
- Access to a clean and hygienic bathroom which can be locked, with a toilet, sink, shower and/or bath
- Access to equipped hygienic kitchen and cooking facilities in order to cook and sit and eat food
- Laundering facilities to wash and dry clothes
- Materials and equipment for cleaning their room

Appropriate support should be provided for managing cooking, cleaning and other domestic activities in accordance with each person's individual needs.

9.2 PROVISION OF ESSENTIAL PRACTICAL ITEMS

Each person should have:



Sufficient funds and practical assistance to purchase nutritious food and other necessities.



Sufficient funds in order to be able to travel as needed for example to medical appointments, to see legal representatives, to access support and educational services etc. Survivors may need to undertake substantial travel. For example it is usual for them to be required to see several different types of professionals, speak to the police and access educational institutions, essential services, charities and other organisations. They should be supported to find out the most efficient and economic ways to travel (which take into consideration any disabilities, healthcare needs or if they are travelling with children).



At least three changes of clothing, including full sets of new underwear, a warm coat and comfortable shoes.



Clean towels (including bath sheets, medium towels and hand towels) and at least two full sets of bed linen for each person. Provision should be made for these to be laundered weekly.



A gender appropriate toiletry pack including a toothbrush, toothpaste, shampoo, conditioner, a hairbrush/comb, deodorant, soap, body cream and a month's renewable supply of sanitary towels or tampons for women and girls. Parents with children should be provided with an age appropriate child toiletry pack. This should include, at minimum, soap or shower gel, shampoo, hairbrush/comb and toothbrush and paste, all of which, in the child's pack, are specifically appropriate for children. Service providers must be prepared to provide any additional products a mother may need for her child such as nappies, nappy cream or for older children and child moisturising creams.

¹ Maslow, A.H. (1943) 'A Theory of Human Motivation' Psychological Review 50(4): 370-96.



A mobile phone. Survivors will need the means to communicate (for example with legal representatives, other support professionals and services and friends and family). They should also have access to WiFi and to a computer and printer. A discussion about the safe use of mobile phones and social media should be undertaken as part of this provision. Comprehensive education and advice on the use of social media and how to avoid risks should be provided by trained professionals.

9.3 PROVISION OF ESSENTIAL WELFARE ITEMS FOR PARENTS WITH CHILDREN

The following arrangements allow greater privacy, comfort and the ability to engage in activities for parents and children.



Baby equipment Adults in the service who have babies will need to be provided with nappies, baby changing facilities (at least a mat and wipes), baby vests and baby grows (6 of each), muslin cloths (6), a cot or Moses basket and bedding for this. Nursing new mothers will need maternity bras. Mothers who want to bottle feed must be provided with appropriate milk bottles (and related items), sterilisation equipment to keep bottles clean and equipment designed for the purpose of safely warming formula milk bottles.

If they do not already have one, parents should be provided with a buggy which is clean and in good working order, as well as space to store it without having to climb stairs.



Age-appropriate and child-friendly spaces should be available for nursing mothers, and parents with small children and toddlers. Mothers should always be provided with a comfortable and private environment in which to breast or bottle feed. For older children, supervised spaces where they may play or engage in suitable and age-appropriate activities should also be made available.



A play area should be included with the requisite facilities e.g. beanbags, posters, toys, books and appropriate activities which should be suitable for children of a variety of ages and interests. There should also be access to outdoor play space and/or assistance provided so that children are able to access physical activities such as cycling, trampolining, swimming etc. Ensuring that children spend recreational time in safe, child-appropriate environments is important for their mental and physical development.



Access to **toys, entertainment facilities, and reading material** which are appropriate for varying ages should be provided



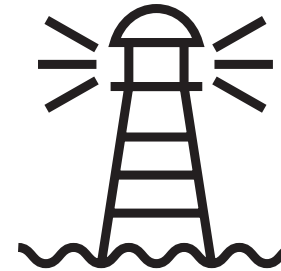
Age-appropriate and culturally-appropriate nutritious food provided for children is important for their physical development and helps parents to establish a stable and healthy life for their family. Adequate facilities for the preparation and storage of food including fresh food should be provided together with a place to sit down and eat as a family. In order to ensure that children's dietary needs are fulfilled, food and drink provisions must be reviewed regularly.



School equipment. Children who are of school age will require at least two full sets of new school uniform, school shoes and socks, school PE kit and trainers and school bag, water bottle and lunch box. Families will need support to access free school meals and other entitlements. If these cannot be accessed quickly, payment should be provided for these in the interim in order that the child is not stigmatised for not wearing the correct uniform or being unable to access any part of the normal school facilities.

If parents and children have been moved to a different area, immediate links should be made with the relevant local authority education department regarding admission to a local school, pre-school or nursery. Parents should be assisted to build links with school staff in order to ensure the child(ren) are provided with sufficient support. This must include practical support such as providing children with the correct uniform, sports equipment, books and any other items they need for the new school. This must be provided where necessary to ease an unsettling transition. Contact should also be made with other supporting professionals on families' behalf. This includes social workers and/or health visitors.

Parents should be provided with the option of DBS checked or Ofsted registered childcare to allow them to attend interviews and appointments as well as for respite. They should be given opportunities to familiarise their children with the provider in advance of leaving them in their care if they wish to do this.



CHAPTER 10

Outreach

THIS CHAPTER PROVIDES BEST PRACTICE FOR PROFESSIONALS WORKING WITH SURVIVORS WHO ARE NOT ACCOMMODATED IN A SAFE HOUSE.

The professional standards and training, detailed in chapter 1 of these standards, the standards on recording, retaining and storing data, maintaining case work records and disclosure in chapter 2, the support standards in chapter 3, the provision of care and support in chapter 4 and chapters on referrals for healthcare, legal advice and on working with the criminal justice system (chapters 5, 6 and 7) as well as the provision of material assistance (chapter 9) apply equally to outreach support; the principles are the same.

A survivor may not wish to enter a safe house but will still require specialised support and advocacy in the community in order to access their entitlements under the Council of Europe Convention for Action Against Trafficking in Human Beings. These include:

- accommodation, psychological and material assistance;
- medical assistance;
- translation and interpretation services;
- counselling and information – particularly regarding legal rights;
- assistance to enable rights to be presented during legal proceedings against offenders;
- access to education for children;
- taking account of safety and protection needs.

Services must be provided on an informed and consensual basis and are not dependent upon willingness to act as a witness or give evidence to the police.

If a survivor is receiving outreach support the outreach provider should visit the survivor's accommodation where they have consent to do so, as they have a duty to ensure that the survivor's accommodation is not placing them at further risk of exploitation or at risk of re-traumatisation. If the accommodation is unsuitable the outreach provider should make appropriate referrals and advocate on behalf of the survivor for them to be moved to suitable and safe accommodation providing they have the survivor's consent to do so. Chapter 8 of these standards deals with safe and suitable accommodation.

Outreach case workers must have a comprehensive understanding of and engagement with local services and referral pathways, including statutory services such as safeguarding, care and support and mental health needs. Outreach case workers also need to have a clear understanding of organisational policies, as set out in section 1.4.

As many outreach case workers spend time working alone, it is crucial that they are well supported and receive appropriate professional supervision, which could include peer supervision as well as clinical supervision as detailed in section 1.5. There should be a lone working/on call system in place as standard best practice.¹

Survivors referred for outreach support may appear independent but still have significant risks and needs, which need to be identified as per the recommendations within sections 4.1.2 & 4.1.3. There are additional considerations which need to be highlighted when providing outreach support as follows:

1. RISK ASSESSMENTS



A referral should be dealt with promptly and risk assessments for both the survivor and the case worker should be undertaken. A clear lone working policy must be in place and the emotional and physical safety of the support worker and the client must be considered. If risks are identified or cannot be fully assessed via the referral, it is strongly recommended that an initial visit should be undertaken by two support workers. This is also good practice where the survivor's housing situation is unclear. It is also important to have options for meeting away from the survivor's accommodation.

2. ACCOMMODATION



Chapter 8 of these standards explains how the need for physical shelter is an absolute priority.² If a survivor is homeless (including those who are 'sofa surfing' or is in poor or unsafe accommodation) they may be vulnerable to targeting by new perpetrators for abuse, exploitation, re-trafficking or other forms of further harm. Securing safe and secure accommodation for anyone in this situation must be a priority for anyone providing outreach. If a survivor is rendered destitute whilst in an outreach service, their case worker should work to resolve this situation urgently and where necessary support the survivor in making appropriate emergency applications to the prime contractor and/or homelessness applications and a referral to specialist legal services.

¹ A lone working or on-call system can be provided by an external company to protect staff. Staff who are lone working call to log in when they start an appointment and when they finish they call to log out. If a staff member doesn't log out their manager receives a call to flag a potential issue. This can be done as an additional safeguard as staff go from one external appointment to another in order that the organisation knows where they are.

² Maslow, A.H. (1943) 'A theory of human motivation'. *Psychological Review*.50(4);370-96.

3. SUITABLE LOCATIONS FOR SUPPORT VISITS



The wishes of the survivor should be sought whether visits take place at home or another appropriate place. Survivors may live with children or in multi-occupancy premises. The survivor may prefer to meet in a neutral place, particularly if difficult or distressing information is to be shared, so that their home remains a 'safe' place. Care should be taken to ensure that the meeting place is appropriate and confidential. Meetings should not take place where conversations can be overheard.

4. CONTACT



The survivor should be given clear contact details for the outreach case worker, their supervisor/manager and the organisation. The times these professionals can be reached should be provided to the survivor. This is particularly important as survivors can become confused as to who is assisting them, especially when multiple organisations are involved in their support.

5. CONFIRMING PARAMETERS



On meeting the survivor, confirmation of authority to act on their behalf should be confirmed, together with confirmation of confidentiality policies (see sections 1.3 and 2.2 of these standards). Following this, an assessment of risk and needs should be undertaken at the survivor's pace, in accordance with sections 4.1.2 & 4.1.3. This should take account of contextual safeguarding issues such as current accommodation, living arrangements, friendship groups, health, immigration status and any pending application, any other legal cases or need for referrals or advocacy and the survivor's financial situation including debt management. From initial contact, the support provider should provide context for the outreach service. The survivor should be informed of the boundaries of the service provision, including the length of service provision and the frequency of contact which will be made with the survivor. The frequency of contact with the survivor should be based on the survivor's risks and needs. This should be regularly reviewed as, invariably, risks and needs will fluctuate over time.

6. HOLISTIC SUPPORT, PARTNERSHIP WORKING AND REFERRALS



The identification of any services the survivor is currently interacting with and (with consent) subsequent liaison with those services is essential to providing a holistic approach to risk and support needs. The outreach advocate will have specialist knowledge in supporting survivors, whereas other services may not. This includes statutory agencies, community-based support services and legal representatives. It is crucial for the outreach advocate to develop partnerships with agencies which may be able to assist survivors with their needs, particularly longer-term needs and to make referrals as appropriate (with consent). This can be vital in facilitating and ensuring integration into the community and therefore minimise the possibility of a survivor feeling isolated.

7. SAFEGUARDING



Safeguarding issues can become apparent during meetings with a survivor and these need to be handled sensitively and carefully. Child safeguarding and child protection issues can also arise when dealing with survivors with children. Care should be taken to follow the organisation's safeguarding policies (adults and children), including appropriate referrals to statutory agencies. Survivors themselves may present with care and support needs and appropriate referrals should then be made by the case worker to adult social care for assessments and continuing liaison with those services. Collaborative working and effective communication with statutory and non-statutory services is essential to achieving positive outcomes.

8. ACCESS TO LEGAL ADVICE



To provide effective support and advocacy, outreach case workers will need to have a comprehensive understanding of the legal rights of victims, including, but not limited to: legal services, asylum (including asylum support), housing and homelessness provision, safeguarding (adult and children) and community care provisions, welfare benefits (including the rights of EEA nationals), local authority duties and how these interact with the legal rights of victims at an international level. It is important that the case worker does not attempt to give legal advice when they are not qualified to do so but instead uses their understanding to enable informed consent. Where this consent is given they should make and facilitate referrals to the appropriate legal specialists. If the survivor is already accessing legal services, the caseworker should verify if these services are adequate. See chapter 6 of these standards on access to specialist legal advice.

9. GENDER



Survivors should be given a choice as to the gender of their case worker whenever possible.

10. INTERPRETERS



In order to communicate fully, and therefore work effectively with survivors, it is crucial that the use of an in-person interpreter is routinely offered in all cases where the English is not their first language.³ See chapter 1.6 of these standards on working with interpreters.

11. FEEDBACK & REVIEW



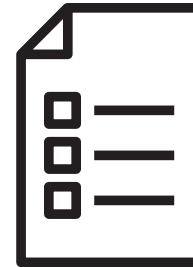
As outreach case workers work independently, systems should be in place to ensure the quality of service provision, e.g. job shadowing, soliciting feedback from survivors, a complaints procedure for survivors, regular supervision and auditing of casework files. Regular meetings should be organised to reduce isolation and to enable outreach advocates to share best practice or any concerns.

12. INTEGRATION SUPPORT



Outreach case workers may need to assist survivors with orientation and understanding state welfare systems as well as assisting with practical tasks such as opening a bank account, understanding which bills they need to pay and how to do this and what is involved in being a tenant and related contract obligations. Survivors may benefit from classes such as English, literacy or financial management, work related training or support to look for decent work (if they are 'work ready' and have permission to work). If the outreach case worker cannot directly provide such integration support it is important that they link in with and are able to refer to a service which does.

³ Council of Europe, 2005, Art. 12(1) (c). Anti-Trafficking Directive Article 11 (5).



CHAPTER 11

**Monitoring
and Evaluation**

COMPREHENSIVE DATA COLLECTION AND MONITORING SYSTEMS ARE REQUIRED TO BETTER UNDERSTAND THE NEEDS OF SURVIVORS, HOW WE CAN BEST SUPPORT SURVIVORS TO REBUILD THEIR LIVES AND TO IDENTIFY GAPS IN THE PROVISION AND WAYS WE CAN IMPROVE CARE. THIS CHAPTER OUTLINES THE SYSTEMS WHICH ORGANISATIONS WORKING TO SUPPORT SURVIVORS OF MODERN SLAVERY AND TRAFFICKING SHOULD HAVE IN PLACE.

Government have committed that future support delivered through the Victim Care Contract will be externally inspected using Key Performance Indicators (KPIs). In light of Government's 2017 commitment to adopt the Trafficking Survivor Care Standards, these KPIs should be developed from these standards.¹ Such independent, external inspection based on clear minimum standards is vital to ensure that victims who consent to enter the NRM and access support can be certain about the minimum levels of support they will receive and that they will be empowered through support and advice to reach decisions regarding their individual needs and circumstances.

In addition to external accountability and inspections it is in the best interest of each service that they monitor and assess the work they deliver, the outcomes achieved and identify any learning points. To this end, it is important that:

- Services have clear frameworks for self-assessment, including clear aims and objectives, work plans and performance indicators stating what they hope to achieve, to what standard and to what timeframe;
- Work plans, performance indicators and service aims and objectives are informed by survivors, through consultations, support plans, complaints and other forms of feedback. These must be provided for in a skilled and trauma-informed manner in order to overcome any survivors' barriers to giving negative feedback. There must be scope to give anonymous feedback and in language and method of choice;

¹ "If a potential victim opts to enter the NRM, we must ensure that the care they receive is consistent and meets minimum standards, regardless of where in the country they are being cared for. That is why the Government will adopt the Human Trafficking Foundation's trafficking survivor care standards as a minimum standard for victim support". Sarah Newton MP, then Minister responsible for Modern Slavery, during the backbench debate 'Modern Slavery Act 2015' 26 October 2017 <https://hansard.parliament.uk/commons/2017-10-26/debates/D9B8BD1A-F0D6-42D5-9490-741950800859/ModernSlaveryAct2015>

- Services regularly monitor the performance and quality of projects using performance indicators;
- Services periodically evaluate the effectiveness and quality of the work done, by measuring the ways in which survivors' needs are being addressed – including access to healthcare, legal advice, employment, training or education, language skills, resettlement services, etc;
- As well as access to services and referrals for individual survivors the service should also measure qualitative outcomes from survivors based on their self-assessed ability to respond to and cope with their circumstances. This should measure any change during the time a person is supported;
- Survivors and staff are involved in assessing the service through surveys, questionnaires, exit forms, comments boxes and regular updates and consultations;
- Survivors and staff feedback is used to inform external inspections and to evaluate both the quality of the service and the ability of external agencies to meet survivors' needs;
- Survivors' unmet needs and those of any dependents are recorded by the service provider as well as on a national basis. They should inform an ongoing gap analysis to improve service provision and ensure they can more effectively access their entitlements.

ADDITIONAL RESOURCES

- Assessment of Survivor Outcomes Validation Study (includes Assessment of Survivor Outcomes tool), International Justice Mission, July 2018 www.ijm.org/aso
- Outcomes STAR, Triangle <http://www.outcomesstar.org.uk/about-the-star/>

ANNEX 1

**Helen Bamber
Foundation:
3-Stage Therapy
Model for Survivors
of Trafficking & Slavery**

THE HELEN BAMBER FOUNDATION (HBF) IS A UK HUMAN RIGHTS CHARITY BASED IN LONDON. THEIR MULTI-DISCIPLINARY TEAM WORKS WITH SURVIVORS OF TORTURE, HUMAN TRAFFICKING AND OTHER FORMS OF EXTREME HUMAN CRUELTY TO HELP THEM GAIN STABILITY, SUSTAIN RECOVERY FROM TRAUMA, RE-BUILD THEIR LIVES AND RE-INTEGRATE INTO THE COMMUNITY.

We offer an individually tailored programme of specialist psychological care and physical health assessment and advice alongside expert medico-legal documentation of injuries, a medical advisory service, referral for legal representation and advice, a counter-trafficking protection programme, welfare and housing support and a creative arts and employability skills programme. This is collectively known as HBF's Model of Integrated Care.

The Helen Bamber Foundation has adapted a 3-Stage Therapy Model for survivors of trafficking and slavery which is contextualized within a multi-disciplinary model of integrated care. It accords with Maslow's Hierarchy of Needs, in which the practical and basic needs for daily living should be met before higher psychological concerns can be worked on.¹

The 3-stage therapy model was originally recommended by Judith Herman for survivors who have a diagnosis of Post-Traumatic Stress Disorder (PTSD), as well as additional difficulties and symptoms related to the multiple and repeated trauma suffered. The term 'complex PTSD (cPTSD)' is used to describe these difficulties.² It has now been recognized in the latest edition of the International Classification of Diseases (ICD11).³

The 3-stage therapy model is recommended by the International Society for Traumatic Stress Studies for the treatment of complex PTSD.⁴ It recognizes the need for appropriate preparation (stabilisation) for specialist trauma-focused treatment to decrease intrusive PTSD symptoms (such as flashbacks and nightmares). It also incorporates the need for further integrative work once trauma symptoms have responded to treatment. This enables survivors to move forward with the process of re-integration and managing their daily lives.

HBF has adapted this 3-stage therapy model so that it is applicable for all survivors who wish to have therapeutic treatment, including those who do not have a diagnosis of cPTSD (or even of PTSD) but present with other mental health difficulties (for example depression or anxiety disorders).

In practice, the three stages of intervention overlap and survivors may need to go back and forth between the stages. This depends upon their pre-existing and ongoing practical challenges and their individual responses to therapeutic intervention. Each person may require different levels of professional help and support at various stages of their recovery process.

THE 3-STAGE THERAPY MODEL CONSISTS OF:

STAGE 1: Stabilisation and Symptom Management

Stabilisation promotes the understanding and management of distressing mental health symptoms and provides an essential foundation for trauma-focused treatment. It supports people to make sense of their symptoms and to understand and cope with what is happening to their mind and body when they experience nightmares, flashbacks and other responses to trauma memories. The knowledge that these are all normal responses to highly traumatic events can greatly increase confidence and facilitate ongoing therapeutic engagement. Survivors can gradually feel more in control of their lives and less afraid of the impact of their symptoms.

Symptom management techniques are also introduced during the stabilisation phase. These are methods for managing survivors' most problematic PTSD symptoms. The focus is on survivors being supported to reduce their anxiety and be able to exert greater control over flashbacks and manage nightmares. These techniques can help survivors to 'self-manage' some of their symptoms and feel more able to engage in their daily lives, as well as preparing them for entering trauma-focused treatment.

¹ Maslow A.H. (1943) 'A theory of Human Motivation', *Psychological Review* 50(4); 370-96

² This model was first described by Judith Herman in her book *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror* (New York: Basic Books, 1992). Herman describes complex PTSD as the set of difficulties and symptoms that that can develop in addition to PTSD after a person experiences chronic and multiple traumatic events involving harm from others, such as violence, sexual trauma and domestic abuse. It is also recommended as best practice in the NICE Guidelines for PTSD treatment for asylum-seekers and refugees' (2005).

³ Evidence of distinct profiles of Post-traumatic Stress Disorder (PTSD) and Complex Posttraumatic Stress Disorder (CPTSD) based on the new ICD-11 Trauma Questionnaire (ICD-TQ) Karatzias, Thanos et al, *Journal of Affective Disorders, Volume 207* 181 - 187.

⁴ https://www.istss.org/ISTSS_Main/media/Documents/ISTSS-Expert-Concesnsus-Guidelines-for-Complex-PTSD-Updated-060315.pdf

In cases where survivors have complex PTSD, the stabilisation stage may take longer, it aims to incorporate techniques to manage some of the additional difficulties experienced, such as severe dissociation, diminished trust and impaired emotional regulation.

Stabilisation work for survivors whose main problems are depressive or anxiety disorders, or a mixture of symptoms, involves assistance to help them make sense of how these problems are affecting them, followed by specific therapeutic techniques to manage their most troublesome symptoms. Evidence-based models should be used as a guide for symptom management where possible. These include Cognitive Behavioural Therapy (CBT) or counselling for depression, and CBT for anxiety disorders.

In cases where the problems are more severe, for example when a person presents with psychotic symptoms, repeated self-harm, or substance misuse problems, specialist services can offer stabilisation work in order to assist them to make sense of, and manage their symptoms. This intervention may be led by a psychological therapist or by other mental health specialists as appropriate.

Situational stabilisation for survivors may be necessary before they can engage effectively in trauma-focused treatment. This includes addressing pressing physical health problems, and providing multi-disciplinary support to meet welfare, housing and legal needs. Situational stabilisation forms part of the Helen Bamber Foundation's Model of Integrated Care.

STAGE 2: Trauma-focused Treatment for PTSD (or Trauma-Informed Model of treatment for non-PTSD)⁵

The second stage of therapeutic intervention consists of trauma-focused psychological treatment for PTSD symptoms. Trauma-focused therapy is based on the concept of PTSD as being primarily a memory disorder.⁶ Trauma memories are understood as memories that are not properly processed in a person's brain, due to their high level of distress at the time of life-threatening or integrity-threatening events. This means that instead of being encoded into long-term, chronologically sequenced memory (as is the case for most memories of everyday events) trauma memories are stored in a more visceral way, in the form of images, sounds and sensations. These visceral memories also lack any contextual 'time-tag', through which a person would normally have the full

sense of a memory belonging at a specific point in the past. Therefore when they are recalled, these trauma memories are re-lived as if the event is happening again in the here-and-now, in the form of flashbacks and nightmares, which are accompanied by emotional distress and threat-focused physiological responses.

There are a various models of trauma-focused therapy. The most commonly used are trauma-focused Cognitive Behavioural Therapy (CBT), Eye Movement De-sensitisation and Reprocessing Therapy (EMDR) and Narrative Exposure Therapy (NET). These models each have a strong research evidence-base, which has shown that a course of treatment can lead to a significant improvement and sometimes a full recovery from PTSD.

A trauma-informed model can also be applied in the treatment for survivors whose main presenting problem is not PTSD. For example, the preparatory work done in Stage 1 (Stabilisation), can be progressed further by treatment with a full course of Cognitive Behavioural Therapy. As with PTSD treatment, the duration of other Stage 2 interventions may need to be longer than average due to the various types of experiences suffered by trafficking survivors.

STAGE 3: (Re) Integration

The third stage of intervention comprises re-integration into normal life in society.⁷ This stage aims to help each person to build, or rebuild a safe and good quality daily life once the basic components of stability are in place and trauma-focused treatment has been undertaken. It focuses on areas of daily life that have been identified as a priority for each individual, and which require professional assistance and support. It could involve interventions to improve assertiveness skills, and assistance in developing new safe friendships and relationships. It should also consider each person's individual needs to acquire language and other skills for practical daily living, as well as helping them to explore their aspirations and opportunities to participate in study and career development. The capacity to support oneself independently in stable employment is a basic element of building a safe life.

Educational, creative and skills-building activities which are group-led and specifically run for people who have had their trust in others and themselves profoundly damaged, can help to provide a safe context for them to build confidence and socialisation skills, by mixing with others while pursuing common interests, and gradually regaining some trust.

⁵ Therapy for survivors with PTSD or cPTSD should be delivered by a qualified therapist who is registered with a nationally or internationally recognised body. In the UK these include the Health Care Professionals Council (HCPC) or the UK Council for Psychotherapy (UKCP). They should have training and experience in the provision of evidence-based psychological treatments as defined in recognised guidelines such as those developed by the National Institute of Clinical Excellence (NICE).

⁶ Brewin, CR, Dalgleish T & Joseph S (1996). A dual representation theory of PTSD. *Psychol Rev*, 103 (4), 670-86.

⁷ In some cases survivors will have never experienced integration in a community setting due to histories of slavery and confinement since childhood. Therefore depending on their history, this stage is either 're-integration' or 'integration'.

This stage may be initially guided by a therapist who has had the opportunity to assess any barriers to a person's integration and can then work with them collaboratively to lend support in overcoming these. However the continued, ongoing involvement of multi-agency professionals, local community networks and services often needs to continue well beyond the duration of therapy in order that the person gradually moves towards connection, or reconnection to the wider life that they wish to have.

Planning of this final stage should be considered from the outset of any therapeutic intervention, and reviewed at frequent stages as survivors progress through stabilisation and trauma-focused treatment. Even though they are not yet ready to take these steps, survivors with high levels of symptoms and significantly impaired functioning still benefit from being encouraged to begin thinking about their future hopes and goals, and how they may achieve these.

Positive indicators that a survivor is sustaining recovery and gradually re-integrating into the wider community includes the ability to incorporate their trauma history into their life story as a whole and make some sense or meaning from it. They may now be able to return to the occupations that they once enjoyed prior to their trafficking experiences, or come to enjoy them for the first time. These can include creative activities, educational pursuits and an active social life.

Progression through the 3-stage therapy model will vary for each person according to their specific mental health needs and circumstances- both at the start of treatment and through their rehabilitative journey. Therapists should use recognised and standardised measures at assessment and during and after treatment to evaluate changes in survivors' mental health symptoms in response to treatment.

It is helpful to acknowledge from the outset that even evidence based intervention does not always lead to complete resolution of a person's symptoms, particularly where traumatic experiences have been severe and long-term. Therefore a reduction in symptoms may be a more realistic aim.

ANNEX 2

Accommodation options and entitlements



TYPE OF ACCOMMODATION

WHO IT IS FOR

NRM Victim-Care Contract Safe house

Adult survivors of human trafficking, who consent to a referral to the NRM and accept the option of support and safe accommodation.



KEY FEATURES

ISSUES

The UK government provides support and accommodation to possible victims of human trafficking and modern slavery for the duration of the NRM process. Where the possible victim consents, and requests accommodation, this can be provided along with other support services and access to legal aid. Accommodation should to be provided on the basis of a needs and risk assessment.

Accommodation in a safe house under the victim care contact begins when the Reasonable Ground decision is made. In emergencies, it is possible for accommodation to be provided more quickly if needed. The government have also committed to introduce 'safe spaces' which can accommodate people for 3 days while they decide if they want to enter the NRM. At present safe house accommodation is provided for a minimum of 45 days or until a Conclusive Grounds decision is made. If that CG decision is positive, the survivor has 14 days to leave the safe house, if negative they have 2 days to leave (Government have committed to extend these move on periods to 45 days and 9 days respectively). It is possible for support providers to request an extension of support where necessary.

Survivors should not be housed within any area, or near any area, where they have previously suffered trafficking, exploitation, violence or ill-treatment. However there may also be significant safety risks if the location of accommodation removes people from the protective factors of previous local community services and their networks of friends and family as well as access to legal, medical and other professionals who are supporting them. This is a factor which should always be taken seriously.

When individuals who have experienced trauma live in close proximity, there can be significant difficulties. Therefore, all shared accommodation involves safety risks and special measures should be in place to mitigate those potential risks.

Frequent, ongoing risk assessments should also be conducted to assess safety and wellbeing in any government-provided housing, and plans and adjustments should be made in accordance.



TYPE OF ACCOMMODATION

WHO IT IS FOR

Independent safe houses and shelters

Adult survivors of trafficking who decline a referral to the NRM; who require emergency housing while they decide whether or not to consent to an NRM referral; who require emergency housing while they wait for a Reasonable Grounds decision; or who need accommodation following the Conclusive Grounds decision. Each safe house will have its own criteria for precisely who they are able to support, for how long and under what conditions.

Asylum Support housing

Immigration Act 1999 Section 95: Support for (a) asylum-seekers, or (b) dependants of asylum-seekers, who appear to the Secretary of State to be destitute or to be likely to become destitute.

Support for children is provided for expressly by s 122 of the 1999 Act.

Support is also available to failed asylum seekers (Section 4). Accommodation ends when the applicant ceases to be an asylum seeker. Note that asylum seeker here is specifically defined by statute.



KEY FEATURES

ISSUES

In order to address some of the gaps in provision within the current victim care contract, most notably in the emergency/Pre-NRM period and post NRM, independent NGOs have established shelters and safe houses for survivors of trafficking.

As these shelters have been established by charitable organisations attempting to meet particular needs, and there isn't uniform availability across the country. Therefore, whilst there is good availability of expert NGO accommodation and support in some parts of the UK, in others it is severely lacking.

All professionals should be aware of the range of risks to survivors and work pro-actively to minimise these by taking every opportunity to promote individual safety. At all levels of housing provision it should be recognised that survivors may not only be at risk from their original traffickers, but also from other current and future perpetrators who may target them due to their vulnerability and difficult circumstances.

Frequent, ongoing risk assessments should also be conducted to assess safety and wellbeing in any government-provided housing, and plans and adjustments should be made in accordingly.

Provided by the Home Office. Usually also with financial support. The Home Office has contracts with a range of private sector providers. Dispersal policy means its default position is outside London. No entitlement to suitable accommodation but where children are involved there are additional obligations. Ends with short notice when leave granted. Time in s95 accommodation automatically gives a local connection to the area where the accommodation is, in the case of a homelessness application.

Where there is a need for services in London, it is possible to avoid dispersal: this will need good supporting evidence from relevant professionals. Crisis often arises when leave is granted and the survivor then has to leave accommodation. NB housing authorities' homelessness prevention obligations arise when threatened with homelessness within 56 days.



TYPE OF ACCOMMODATION

WHO IT IS FOR

**Local housing authority:
Homelessness assistance/
'Temporary' housing/
help with finding private sector accommodation
(Part 7 Housing Act 1996)**

Eligible homeless people, or those threatened with homelessness within 56 days. Eligibility is complex, but turns primarily on the individual's immigration status. An individual who has not yet been granted leave to remain, or who is subject to a no recourse to public funds condition will not be eligible. A survivor who has been granted discretionary leave to remain will typically be eligible.



KEY FEATURES

ISSUES

For applications made on or after April 2018 –

Duty to help prevent the homelessness of any eligible person likely to become homeless within 56 days. Continues for 56 days.

Duty to help relieve the homelessness of any eligible homeless person (e.g. by helping them to find and fund private sector accommodation). Continues for 56 days.

Requirement for assessment and personalised housing plans for all eligible applicants who are homeless/threatened with homelessness. To inform how prevention/relief duties are performed. Input from professionals into these plans essential.

Where prevention/relief duties do not result in applicant finding accommodation, local authority must provide longer term accommodation to any applicant who is homeless, eligible, has a priority need and did not become homeless intentionally. (Priority need categories include expectant mothers, those with children and those classed as 'vulnerable').

Plans may focus on homeseeking in private sector. It is important to spell out where this is not appropriate. There are usually consequences for non-cooperation with plans. Authorities should consult with professionals before imposing non-cooperation sanctions on survivors.

During enquiries, authorities must make decisions about eligibility, homelessness, priority need and intentional homelessness.

Conduct of inquiries and procedure of interviews need to be differentiated to take account of the needs and vulnerabilities of survivors.

Local authorities may also enquire into whether an applicant has a local connection with another borough. If they do choose to pursue this line of enquiry and decide that either the relief duty or the longer term duty (owed to those who are homeless, eligible, have a priority need and did not become homeless intentionally) is owed, the performance of that duty can be referred to that other local authority.



TYPE OF ACCOMMODATION

WHO IT IS FOR

***Local housing authority:
Homelessness assistance/
'Temporary' housing/
help with finding private sector accommodation
(Part 7 Housing Act 1996)
(Continued)***



KEY FEATURES

ISSUES

For those who did become homeless intentionally, a short term accommodation duty only is owed.

Duty to provide interim accommodation to those who appear to be homeless, eligible and have a priority need, while inquiries are made into their application to determine which of duties above is owed.

All accommodation must be suitable. There are rights to review and appeal, with time limits.

Accommodation should usually be in borough, but often is not. It is important to take account of services and support needs.

However local connection should never be used as a form of gatekeeping. It is not a justification for refusing to accept a homelessness application. Interim accommodation should be provided by the first local authority to any applicant who appears to have a priority need, until the local connection referral is accepted by the second authority.

Duties can be ended if any offers of accommodation are refused. Survivors will need additional support to view and make decisions about offers. Local authorities should facilitate this.

In some areas an applicant will be accommodated until social housing is offered. However, in many areas 'private rented sector' offers are used to end the homelessness duty. This means a tenancy with a private landlord is arranged by the local authority. If such a tenancy is refused then this can end the homelessness duty.

Private sector accommodation is often viewed less favourably than accommodation provided by local authorities as it may be more expensive and less secure. However, it may have advantages for survivors e.g. it may be better quality and more likely to be self-contained (as opposed to hostels or the like).



TYPE OF ACCOMMODATION

WHO IT IS FOR

Continued...

Local housing authority: Long term social housing, which can be council housing or housing association housing often referred to as 'Permanent housing' (Part 6 Housing Act 1996)

Eligible applicants provided they are not excluded by local qualification rules. All eligible homeless people should be allowed to join the waiting list.

Staying with friends or relatives/ 'sofa surfing'

Often should be treated as homelessness.



KEY FEATURES

ISSUES

This is the queue for social housing. In the past social housing meant a rent-controlled tenancy for life. Lifetime tenancies as they previously existed are to be phased out. However local authority and housing association tenancies are still likely to be the cheapest and most settled, long term accommodation.

Disputes will often arise as to whether a survivor meets the threshold for being 'vulnerable'. Medical evidence will generally be essential, focussing in particular on any risk of exploitation or re-trafficking.

Every local authority has a different scheme. Schemes are likely to have criteria for prioritising applicants which can and should be interpreted as priority for survivors, for example, welfare needs, flight from violence, medical needs. Important to note where diagnosed PTSD whether treatment and recovery cannot commence/be effective until survivor feels safe and this maybe mean that the only appropriate housing is social housing. Similarly rules about housing benefit for young people mean that some applicants cannot obtain self-contained accommodation in the private sector so for them, social housing may also be the only appropriate housing. Difficulties in managing the landlord/tenant relationship with a private sector landlord may also be relevant.

No security of tenure: can often be required to leave at any time.

Unlikely to be appropriate for any length of time. Can become exploitative, particularly for survivors of trafficking.



TYPE OF ACCOMMODATION

WHO IT IS FOR

Local authority (Social Services)

Those with no other housing entitlement.
NB. outside metropolitan areas authorities are non-unitary i.e. there are separate housing and social care authorities.

Private sector accommodation

May be arranged by local authority to discharge homelessness functions, to prevent homelessness or to discharge social care functions.
May be arranged by tenant themselves or with help of friends.



KEY FEATURES

ISSUES

Local authorities may house families with children who have exhausted other options, or may help them find and fund private sector accommodation. No express suitability requirement but where there are children in the family the local authority should of course consider their needs. May be last resort for intentionally homeless families. May be available for families without recourse to public funds. May be adult or children's social care teams. Will not be available if NASS support available. Will usually involve an assessment of the children's needs or a community care/Care Act assessment.

Likely to be assured shorthold tenancy for six months to two year fixed term (can be longer). Can be ended without reason by landlord so long as procedure correct. Can also be ended because of tenant's fault e.g. rent arrears or other tenancy breaches

Local authorities should always make sure accommodation is affordable before arranging/ offering it.

Difficulties for survivors managing the landlord/tenant relationship especially as may not want to disclose information about trafficking (likely to be inappropriate to do so). Risk of series of short fixed term tenancies preventing stability. Self-contained accommodation unaffordable to under 35 year old unless exceptions apply. Consider if flat shares in private sector are ever likely to be suitable for survivors.



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