

St Mary's
University
Twickenham
London



The Centre for the Study of Modern Slavery



A Game of Chance?
Long-term support for
survivors of Modern Slavery

Dr Carole Murphy

Contents

Executive Summary.....	3
A Game of Chance? Long-term support for survivors of Modern Slavery.....	3
Challenges to recovery	4
Key recommendations	4
Introduction	5
A harmful legacy	5
Recognising needs of victims/survivors	5
A need for change.....	6
Key Findings.....	8
Challenges to recovery	8
Survivors: meeting their needs	8
Moving on: moving out	8
Moving on: being independent	9
Access to specialised support and services	10
Gaps in expertise and knowledge.....	11
Regional variation in support	11
Referrals: first responders	12
Local authorities	13
Law enforcement	13
NRM	15
UKVI interviews	16
Status and human rights	18
Positive conclusive grounds – just a piece of paper?	19
Cliff Edge	21
Homeless and re trafficked	21
Accommodation	21
Falling through the gaps	22
Health and wellbeing: NHS and statutory services	23
Social services	24
What happens next?	24
The need for Statutory Guidance	25
Independent Modern Slavery advocate	26
Professional standards and accredited training	28
Cost Benefit Analysis	29
Conclusion	30
Summary of recommendations	30
Footnotes	33
Appendix 1: Interviews and written contributions	36
Acknowledgements	37

Executive Summary

A Game of Chance? Long-term support for survivors of Modern Slavery

Dr Carole Murphy, Centre for the Study of Modern Slavery, 2018.

The UK government has taken a comprehensive approach to modern slavery, providing support and intervening at different points in order to address this multifaceted problem. This includes supporting victims on the one hand, while also investigating and responding to the drivers of trafficking.

Support however, tends to focus on the immediate response to identified victims. The National Referral Mechanism provides a 45-day reflection and recovery period, during which a decision is made on whether an individual is a victim. After this period, financial support and assistance ends, and there is no mechanism to stop victims from falling back into exploitation.¹

Recent changes introduced include the decision to extend 'move-on' support and provide drop-in services for 6 months; the transfer of the decision making process to a newly created unit in the Home Office separate from the immigration system; and an independent review of all negative decisions. Though welcomed, the former will not be sufficient to plug gaps in support and the latter decision to put all cases under sole control of the Home Office has drawn criticism, based on long running 'concerns surrounding Home Office bias and extremely slow decision-making'.²

It is impossible to consider long term support in isolation from other processes that victims/survivors of modern slavery/human trafficking (MSHT) confront along the journey from

identification to rehabilitation. From referral processes into the NRM, through to accessing support services in the immediate and longer term, the recovery 'journey' is fraught with challenges for many, likened to a game of chance in which outcomes are variable, inconsistent and uneven. The National Audit Office's (NAO) *Reducing Modern Slavery* report confirms the current process as inadequate and unclear.³

This report builds on research conducted by the Human Trafficking Foundation. Although the study remit was to understand what long term support currently exists, where the gaps are, and what additional support is required, research findings highlighted gaps in knowledge and understanding amongst frontline personnel at all stages of the journey of recovery, often with severe consequences.

In recognising these gaps, questions were raised about whether the investment in the initial phase of 45 days is the best use of resources. To identify where additional support is needed, 21 in depth interviews were conducted – 14 with service providers, and 7 with law enforcement, independent consultants and Police and Crime Commissioners across the UK.

Responses confirm that the system and its processes and procedures are not fit for purpose and have the potential to cause harm to survivors through re-traumatisation, falling through gaps in service provision and potential re-exploitation. There is little oversight of the overall system and its processes, and data collection and analysis is limited. The NAO *Reducing Modern Slavery* report is critical of the lack of accountability within the Modern Slavery Strategy and suggests that the Home Office has 'limited means of tracking its progress and that there remains much more to do to ensure victims of modern slavery are identified, protected and supported effectively' (NAO, 2017).

Challenges to recovery

The needs of survivors vary along a continuum from high to low and can fluctuate in response to internal and external factors. Support that is flexible and responsive is required in the short term, but even more so in the longer-term when survivors are in transition to independent living. This transition presents many challenges, especially for those without leave to remain and/or access to statutory support. Adequate resources and guidelines need to be provided for long-term support, including ensuring access to health and mental health provision.

Many of the challenges posed to survivors are as a consequence of gaps in expertise and knowledge throughout the process from referral to rehabilitation. Variations have been recorded across and within regions. Results document the failings of many statutory agencies, often due to lack of knowledge of their responsibilities as first responders. Lack of statutory guidance is a key feature in these poor responses.

Another concern is that there is no leave to remain associated with the positive Conclusive Grounds decision, which leaves survivors in limbo, often with no recourse to public funds. This has implications for access to accommodation, and can result in homelessness and re-exploitation. The lack of status is exacerbated through engagement with unsympathetic state actors, particularly in UKVI interviews that contribute to increased trauma, stigma and feelings of shame. Improvements to these systems have recently been discussed but require monitoring and evaluation. Lord McColl's Modern Slavery (Victim Support) bill presents an opportunity to redress this situation. If passed it would provide automatic status and support for one year.

These are just some of the many issues

faced by survivors after the 'reflection and recovery' period. Those in need of specialist support, such as problematic drug or alcohol use, PTSD, or other mental health disorders, are faced with fragmented support, or none at all. The downward spiral that often results comes at an additional cost to the state.

Key recommendations

- Resource services to work with complexity of survivors' needs relevant statutory and voluntary sector
- A positive Conclusive Grounds (CG) decision must carry status and resources (see Lord McColl's (Victim Support) Bill)
- Trafficking Survivor Care Standards (HTF) should be implemented as standard model of best practice and should consider introduction of independent advocates
- Statutory guidelines should be introduced and monitored and include compulsory and embedded training for all First Responders and other statutory services
- Personnel conducting CG interviews should be properly trained
- Undertake consistent monitoring of the NRM drawing on evidence based research about what works
- Document evidence of what works by conducting a cost benefit analysis to establish the social return on investment of longer-term support provision
- Consider evidence and best practice from other jurisdictions to inform changes⁴

These recommendations are intended to contribute to ongoing policy discussions that address gaps in long term support for victims of MSHT. It should be noted that policy interventions are continuously evolving in this arena and this report needs to be understood within this context.



Recognising needs of victims/survivors

Prior to the introduction of the Modern Slavery Act in the UK, awareness of human trafficking had been growing internationally, within European and international organisations, including government and policy makers, NGOs and IGOs, religious groups and charitable institutions. The Palermo Protocol, (European Convention on Action Against Trafficking in Human Beings, 2008) was a key driver in improved identification and protection of victims. In 2009, a joint report from the IOM, LSHTM, UN GIFT, *Caring for Trafficked Persons: Guidance for Health Providers* outlined a number of key principles for the care of trafficked persons.⁹ With reference to recovery, the report states:

Supporting psychological recovery often includes three stages, although there is no clear timeline for these stages in the recovery of trafficked persons and an individual may move between them multiple times. In the first stage, it is essential to restore an individual's sense of safety and personal control over decision and events. At some point, those able to enter the second stage begin to address their traumatic experience and its impact on their mental health. The last stage includes receiving support reintegrating into their original or adopted community. However, mental health status may fluctuate during reintegration, e.g., if the trafficked person takes part in prosecution proceedings or has a difficult encounter with a family member. Severe mental distress may appear or reappear years later.

Introduction A harmful legacy

The harmful impact of trafficking on victims, physical, psychological and mental health issues and including PTSD, has been widely discussed.⁵ Survivors experience shame and stigma and suffer symptoms 'akin to torture'.⁶ They may be dependent on drugs and alcohol. Many have poor English language skills, low levels of education and inadequate social networks.⁷

At all stages of the trafficking experience, victims are vulnerable because of the 'migratory and exploitative nature of a multi-staged trafficking process, which includes: 'recruitment', 'travel-transit', and 'exploitation', but victims are particularly vulnerable during the 'integration', 'reintegration', and for some trafficked persons, 'detention' and 're-trafficking' stages.⁸ Victims who have no right to remain in the UK but wish to seek asylum must engage in a process that may not result in a positive outcome and increases trauma. Survivors who return to their country of origin, either through refusal of their asylum application or through choice, may also experience rejection from family and community. If the family were complicit in the trafficking in the first place, the person may be unable to return to the family home. The vulnerabilities associated with these latter stages of the process are well understood by frontline and campaigning bodies in the sector.

The report includes comprehensive guidance on interventions for supporting trafficked persons, among them ‘trauma informed care; individualised care; mental health care; medico-legal considerations and culturally appropriate, individualised care’, all of which are necessary to adequately and holistically support survivors.¹⁰

However, it is sobering to note that almost 20 years later there has been little development in terms of statutory provision or guidelines for supporting trafficked persons in the longer term in the UK. The role of legislation is an important factor in approaches to victim care. Internationally, legislation based on the 4Ps¹¹ is accepted as standard. Locally, countries have developed their own legislation and support provision for trafficked persons, including the UK¹².

The 2014 UK Modern Slavery Strategy outlined the commitment to protect vulnerable people from exploitation and to support the reintegration of victims into society.¹³ The strategy conveyed the intention to work with organisations to ensure that survivors would have access to ‘financial, social and psychological support’ to ensure reintegration of victims into society, recognising this as potentially a ‘long and complex process’.¹⁴ Recognition of the longevity and complexity of the recovery period is commendable but meaningless without statutory guidance. Concerns were raised prior to the introduction of the MSA questioning commitments to support and protect victims in the longer term without adequate resources and lack of statutory guidance.

The UK’s first Independent Anti-Slavery Commissioner (IASC), Kevin Hyland (MSS), appointed in November 2015, also addressed victim assistance with respect to immediate and sustained support. The most recent IASC report outlines the steps taken by the Anti-Slavery Commissioner to improve victim identification and care, including

supporting the Human Trafficking Foundation recommendations for changes to the NRM.¹⁵

There is compelling evidence that resources to support victims are inadequate, there is no unifying practice for supporting trafficked persons, and despite numerous reports and campaigns, legislation has been slow to respond to requests from within the sector, based on a high level of expertise and awareness of needs.

A need for change

Agencies with many years of experience have campaigned for services that are fit for purpose for survivors of trafficking. A number of key publications in circulation demonstrate the sector’s knowledge and expertise acquired over a lengthy period of providing support. *Trafficking in Human Beings Amounting to Torture and other Forms of Ill-Treatment*¹⁶ presents evidence from both legal and clinical experience to draw parallels with experiences of torture victims, and the need for trauma informed services and longer-term interventions that are flexible and tailored to individual needs. Current regulation does not support such intervention.

The Human Trafficking Foundation’s *Trafficking Survivor Care Standards*¹⁷, developed by frontline staff, legal, medical, and social sectors, provided a much-needed framework for a consistent approach to long-term support, underpinned by expertise in the field. In addition, *Life Beyond the Safe House*¹⁸ illustrates the challenges faced post the 45-day reflection and recovery period and proposes seven recommendations:

1. Safeguarding under the Care Act, 2014;
2. provision of advocacy;
3. move-on care plans;
4. case transfer protocols;
5. outcome based support model;
6. research and monitoring of reintegration/re-trafficking
7. and an independent cost analysis

Academics and professionals from the sector have worked in partnership to provide critical analysis and an evidence base about treatment of victims more broadly. Recently, Fresh Start¹⁹, an academic case study of a partnership between the Co-op group and City Hearts that provides employment training to survivors also highlights the barriers and roadblocks to long-term care of survivors, including trauma; social dislocation; mistrust of authorities and employers; mental health issues and immigration status. Bordell reiterated problems with aspects of the referral and support system especially the lack of long-term provision.²⁰

Practitioners in the sector have provided anecdotal and experiential evidence and contributed to numerous studies and reports.²¹ For example, *Supporting adult survivors of slavery to facilitate recovery and reintegration and prevent re-exploitation* makes five key recommendations:

1. There should be multiagency involvement in decision making. This should inform ongoing support.
2. A positive Conclusive Grounds (CG) decision must carry status.
3. Legal advice and representation must be offered early to all potential victims of trafficking or modern slavery.
4. Individual case workers should be available to each trafficked or enslaved person to deliver casework support and individual advocacy following a positive Conclusive Grounds decision.
5. Safe house accommodation move-on timetables should be more flexible with support diminishing gradually according to need.

Whilst there has been discussion of some of these issues in Parliament,²³ introducing new legislation is a long and arduous process. Lord McColl's Modern Slavery (Victim Support) Bill, through to committee stage (March 2018) in the House of Lords argues for status to be attached to a CG decision and a duty to provide victims with support for 12 months. However, in response to Rt. Hon. Frank Field, Chair of the Work and Pensions Select Committee, Sarah Newton MP, Minister for Crime, Safeguarding and Vulnerability, stated:

If all victims of modern slavery were granted automatic discretionary leave, we expect the NRM would increase by people seeking access to benefits to circumvent recent restrictions (EEA nationals) and by those who have exhausted other options to remain in the UK (failed asylum seekers) (February, 2017).

Responses such as these indicate little progress towards making the system fit for purpose. The ongoing conflation of immigration debates with trafficking decisions remains a significant barrier to change. The recent decision to transfer the decision making process to the Home Office, hailed as progress, has been criticised as noted above.

Baroness Newlove, Victims Commissioner for England and Wales, expressed her support for Lord McColl's bill and the need to extend support for victims, whilst concurrently recognising the need for professionalisation within the field, the latter of which will be discussed later in this report.²⁴ Despite these contributions, the support system is regarded as unfair, fragmented and continues without statutory guidance. There is agreement in the sector that evidence is needed to shift the stalemate. This was highlighted in the HTF report *Supporting adult survivors of slavery to facilitate recovery and reintegration and prevent re-exploitation*.

Key Findings

Beginning with an overview of the needs of survivors, the findings are then presented in order of the processes engaged with by potential victims: Referral, NRM, Conclusive Grounds (CG) decisions, gaps in knowledge and expertise, and gaps in long-term support provision, recognising the issue of regional variation. Interview extracts illustrate the convergent experiences and complications faced by key services providing support to survivors, and some members of law enforcement. Doubtless, these will be familiar narratives to those with many years of experience in the sector. By bringing them together, the intention of this report is to illustrate not only the commonalities of experience but also the excellent everyday practice and initiatives that exist despite lack of statutory guidelines and with limited resources. The collective voices severely highlight the development within the sector in terms of professionalism and the desire to produce an evidence base for continued campaigning for change.

Key to quotes:

S=NGO

P=Law enforcement including PCC/
Consultants

Challenges to recovery

Interview responses highlight that the needs of survivors vary significantly depending on prior life experiences, particularly sexual or physical abuse, dysfunctional family experiences, parental drug and alcohol abuse, and socio-economic status; the type of exploitation they experienced, including their age when it took place and the length of exploitation; their nationality and status in the UK; gender; previous educational attainment; cultural beliefs; and experiences of detention.

Many of these issues are discussed in the report. Combined, they can complicate the recovery, rehabilitation and reintegration of survivors post ‘rescue’, within the limits of the 45-day reflection and recovery period.

Survivors: meeting their needs

Listening to survivors and supporting them to identify what they need/ want/ aspire to is essential as a central focus within service planning and provision. As part of their day to day interaction with survivors, both those working in safe houses and in longer-term support provision have knowledge of what works and what is needed to develop ‘recovery capital’²⁵ so that survivors can move on to reach their potential whatever that may be. Recognising different life experiences and differential access to resources both internal and external, survivors’ needs are identified and measured along a continuum, from high to low, and identify the potential for fluctuations depending on life circumstances.

The following section reports on the needs of survivors moving on from the safe house.

Moving on: moving out

For survivors who are preparing to move on, a great deal needs to be done to prepare the groundwork for engaging with matters that most people take-for-granted, from making an everyday decision to making a decision about their future, something they may not have previously had the freedom to consider.



It might be that they find it very, very hard to make decisions for themselves or to even ascertain preferences for themselves. So, sometimes we have people who literally can't say what they prefer, you know tea with milk or without. They are not used to making these decisions, they are used to someone telling them, instructing them (S.20).

It's about helping them work towards the kind of outcomes they want. We might end up doing a lot of work with people even around "What do you want? What kind of work do you want to do? What kind of course do you want today?" And how hard people find that even to imagine. That they can think for themselves about what that is they want to do or what they want to see. You know, even just want to learn English or just having a lot of choices is quite a big thing (S.18).

I spoke a lot to the women in the house at the time and I talked to them about 'what do want beyond these four walls? What would be your ideal next step?' And none of them said "I want to go into a long-term house" and none of them said, "I want to be continued to be looked after by somebody". All of them said "I want my own place, I want to stand on my own feet", but all of them said "I'm really nervous about what that means. I don't know what's going to face me, I don't know what's out there" (S.5).

Moving on may mean having a safe place to live, having access to trauma informed services and support (counselling, therapy, mental health), learning new skills, from sewing to hairdressing, from gardening to building, from volunteering in a charity shop to setting up a small business, and/or accessing training/education.

Supporting survivors to access broader support where necessary, to attain independence where possible and to achieve their full potential whatever that may be, is subject to a series of difficulties throughout the recovery journey. There is evidence of excellent practice and provision in the sector along a scale of need, from safe houses that are truly safe, to trauma informed, longer term support, that often includes advocacy with legal, housing, health, mental health and everything in between.

Moving on: being independent

Through these various services, survivors have been supported with gaining access to ESOL, academic courses from GCSE to college courses to PhD study, alternative therapies e.g., yoga, cranial massage and reflexology to name a few. These services introduce survivors to new experiences that combine to create an atmosphere in which personal growth and confidence can develop in a supportive environment. For many survivors, having a job is a key aspect of recovery, providing a sense of dignity and belonging.

Being able to work or being able to study is part of dignity, is part of identity, which is so key (S.20).

Often, for survivors of labour exploitation, training is needed to navigate legitimate employment.

I think long term needs vary, but I think employability has been highlighted by some of our staff before. Helping people to be employable and helping people to just get back to, you know, being able to be human again really (S.1).

We offer a couple of volunteers paid employment on a part-time basis for around six months in one of our businesses. The aim is to be a kind of stepping stone, not a long-term end result. The idea is somebody will come in to us ... generally we have victims of forced labour particularly, they have a really good work ethic, but it's just learning how to be in legitimate UK work. What is expected, helping out over that time to progress them and being able to maintain a mainstream job. Quite often they are able to get job, but maintaining it and learning communication and all that sort of thing... that is what we are trying to teach. We aim to move them into more mainstream employment at the end of that (S. 21).

For some people, having access to education and training can open up avenues for further development, including nursing, medical school and PhD study.

We have a couple of women that we have supported in the past throughout university, fulltime, studying to be nurses or a nutritionist. That took 2.5 years. They are now at that point where they are studying but not supported by us at all and the last time I saw one of them, that was two years ago and the other one I saw in the summer when she came to ask to sign off a nursing application (S.5).

Several of them go on to higher education. Yeah, we had people who have gotten PhDs. And then one she is now doing development and she was in asylum limbo for a long time and she is working in other countries. She is great. One person is in medical school, a bunch are in nursing. These kinds of skills I keep thinking we have to train everybody who is in high school and secondary school. We should be training them. This is the future you know. You have to be an entrepreneur in order to survive (S.10).

Access to specialised support and services

However, for some survivors, needs around psychological trauma and addictions necessitate access to longer-term specialised intervention before any expectation of 'reintegration' can be considered.

I'd say there is a lack of specialised support and access to specialised therapeutic care for survivors with major psychological posttraumatic stress. Possibly, specialised care for people with strong addictions, housing for EU nationals who are not able to work, who are not working, and the recognition that it is a very long-term process for many survivors (S.18).

Services are often limited in terms of providing specialised support and face great difficulties in accessing statutory support for survivors. Recognising the pressures on NHS and other statutory services, there is nonetheless a need to challenge the lack of provision in the context of commitments outlined in the Modern Slavery Strategy to ensure that survivors would have access to

'financial, social and psychological support' to ensure reintegration of victims into society, in what is recognised as a potentially 'long and complex process'.²⁶

One study participant quite eloquently outlined the fragmented nature of current provision:

For me, I think... probably I want the whole system to change ... often the NRM support is longer than 45 days. But even so, once that decision has been made, even if it is positive, after the 45 days it's a very kind of sharp cut off. It feels sharp to the survivor that cut off point, where it's like "right, you are on your own essentially". That is a fundamental flaw... it makes it harder for agencies to work with one another if we then can't begin to offer support until that exit point. So, there is no opportunity to build relationships, to continue, you know, to share information. There's lots of trust between the agencies, but the fact that it is so fragmented. I think it's showing up flaws in the wider system... the kind of benefit and housing system that are put into place for lots of people who are vulnerable and marginalised, so it's not just the survivors. You know, there is a lot of struggle, but it is the most vulnerable people who suffer the most and often they are the ones whose voices just get lost. So, the best kind of focus has been on rescue, you know, as much as that is commendable, but really it just tells a tiny piece of the story and what do we rescue people from and what into, you know? Into what? (S.18)

Gaps in expertise and knowledge

Gaps in expertise and knowledge, gaps in training, and gaps in services exacerbate the fragmented nature of support. Lack of knowledge and awareness within many statutory health services and local authorities added an additional barrier to providing adequate longer-term support to victims.

Regional variation in support

Although there were some incidences of exemplary support provision within statutory services, including police, social services and general practitioners, the level of knowledge and understanding of the needs of survivors of human trafficking was variable and this had major consequences for accessing broader support. Some of these variations were regional and connected to the historical development of services in the NGO sector that emerged out of a growing awareness of the phenomenon and the perceived needs of survivors. Often, this was the precursor to establishing multi-agency partnerships and anti-slavery networks.

This 'postcode lottery', in which services are subject to regional variation, impinges on successful recovery and the potential for integration for some survivors. Regional inconsistencies were identified in a report by the Centre for Social Justice²⁷:

There is a lack of coordinated focus on reintegration and resettlement for survivors who are able or allowed to remain in the UK. This has led to regional inconsistencies, where those aftercare organisations with good relationships with other support agencies in the area are able to signpost individuals to these services as they leave their care.

Thus, the individual survivor with a range of often complex needs, may, depending on levels of knowledge and understanding of the issues from first responders, including statutory services, be subject to a response that ranges from efficient, effective and empathetic, to one in which there are high levels of mistrust, misunderstanding and mismanagement. This is particularly evident with regard to the referral process.

Referrals: first responders

Respondents highlighted the importance of the referral process as the entry point to all other services and processes. As awareness of MSHT grows, first responders make more referrals, which are often done hastily and with limited information, with the potential for causing a backload of work and hindering the ability to help those most in need:

And the knock-on effect is that if then as a Competent Authority you are presented with an NRM that hasn't got that much information, but you've got five working days to make that decision, you could also err on the side of caution and I'll give them a reasonable grounds, and then hopefully we'll be able to get the information before the 45 days have passed. Well as soon as you do that that's resources being spent on someone who may not have been trafficked in the first place. So again we're spending out on someone who doesn't fit the criteria of the people who we are supposed to be helping. And we all know how difficult it is working with people and helping to protect people, it's never straightforward, but just through that little snapshot of the NRM process, when it's not right, it becomes a mess (P. 4).

Other respondents confirmed the consequences of poor referral processes for victims in the longer term, within what is regarded as a 'broken' system:

Because the referral is the beginning of the whole process, and so much stems from this point – and it is therefore intrinsically linked with long term support, right to remain in the UK, integration and recovery. The beginning needs to be corrected and looked at – there is no point addressing integration in isolation (S. 21)

What we have is a broken system. We are reliant upon someone sitting down and taking down the correct information from that first interaction that someone may have with a potential victim. If that doesn't happen, as that case moves on what hasn't been done at the start has to be picked up by someone else so inevitably you find out that it ends up falling upon our lap as policing to take that case and see if that individual wants to speak to Police to actually get a full account that we can then work from. So straight away from that very first scenario, it's broken (P.4).

The apparent lack of awareness of the needs of victims of trafficking and referral processes amongst many first responders was a key concern in the study data. Some service providers set up services in direct response to this lack within the sector, addressing a gap that should be provided by statutory services. As one respondent puts it, they were trying to join the dots.

We developed around trying to offer a little bit of kind of advocacy, signposting for victims, survivors and the agencies that supported them, because they were falling between the gaps of even the NRM. So, even people who were getting into the system, often the agencies weren't sure who made the referral, how to go about it, what do they do when people came from the other side of that, what do they do when people were too frightened to go into the NRM? And we just try to ensure that... we are just trying to join the dots really (S.18).

Another service outlined their work in dealing with the impacts of poor decisions made by untrained and unknowledgeable people, from CJS, UKVI and others.

We also work with people long-term. So, we get referrals ordinarily from a range of people, including lawyers, but also from the NHS for example. So, we are able to see what happens to people when they come in touch with any statutory service or any decision-making body or in the NRM or in the criminal justice system or in the asylum system and see what happens. And we are constantly dealing with the impacts on their mental health as a result of poor decision-making (S.20).

These generalised statements refer to a broad section of services that lack knowledge and understanding of referral processes. More worrying, this deficiency is also evident in agencies that are designated as first responders.

Local authorities

The lack of knowledge and awareness within local authorities about their responsibilities as first responders impacts on many aspects of longer-term support, from accommodation through to access to other services in the community.

I have done a lot of training in initial stages and do a quite bit of training with local authorities looking at identification but also safeguarding long-term. And I'm talking in the beginning about those responders, because any local authority person is a first responder. So, I start off asking "anybody in here knows what a first responder is? Anybody in here think that they might be one. Nobody. No? You all are. Every single person in here is a first responder and you don't know what it is. Let me tell you about your job." You just think "this is unreal/crazy". You don't know that somewhere it's written down as part of your job to refer somebody to the NRM and you have no idea even how to go about doing it (S.5).

As with all other agencies, there was some regional and local variation, with some LAs active and productive in this arena. However, without any statutory guidance, the current situation is unlikely to change and the response will remain uneven.

Law enforcement

Levels of understanding of the complexities of human trafficking are also variable within law enforcement. Gaps in policing were identified in the Independent Anti-Slavery Commissioners report (2016) in which a number of regions across the UK reported few or no cases of MSHT, a claim disputed by the Commissioner. The most recent inspection by HMIC Stolen freedom: The policing response to modern slavery and human trafficking²⁸ concurs with these results.

Evidence from this study also confirms these findings:

The focus shouldn't just be on increasing the numbers of people referred into the NRM because we've seen poor NRM referrals, Police officers not obtaining informed consent before making such referrals and ultimately identification and lack of understanding of the process causes distress and confusion and at worst it can have detrimental effects on a NRM decision, asylum claim and future applications to access support resulting in re-exploitation / further harm and abuse and distrust in the authorities. All too often we have experienced Police officers focusing on someone's immigration status rather than their potential status as a victim of trafficking – this has included making judgements and being biased based on nationality (S. 22).

There are though many police forces across the country well versed in the complexity of trafficking and modern slavery cases. Those with most experience were often part of anti-trafficking or multi-agency partnerships, and took a proactive approach to identification and support of victims within a framework appropriate to their role. Some go beyond their required duty to 'protect' victims:

And we are both passionate about it. A colleague volunteered to go out to the camp. Calais - she spent some time in the jungle on rest days. As a result of her winning the trust of people out there, we got some intelligence that we roped and tied about us and we have potentially saved 40 children from organ harvesting. Out there, so we were able to intervene. And it's making that kind of difference (P.2).

In contrast, our interviews revealed that some newer, inexperienced units struggled with understanding modern slavery, and had received little awareness raising or training to support their new role. They were often most likely to express disbelief about the veracity of victim claims, and decisions were frequently based on prejudices and common sense beliefs about certain groups of people. One police force reported:

Some at the minute, they've come via Belgium into the UK made to work as kids but not many reports of that. This one has come by Salvation Army and it says in the referral that it's happened in London then she's moved to another family member and it's sort of continued in Sheffield but she's put that she was made to do the chores and washing up and she's an adult at this point and put that I've sort of accepted it because I'm not paying any rent or anything. So if you were to be given free board and lodgings at a mate's house and you said "ah I'm skint and can't pay you" and they say "well just do washing up and keep house clean", that wouldn't be exploitation would it? So it's that fine detail as to whether it's exploitation – you can't go out, you have to do this, whether you're working 12 hours a day or whether it's an agreement that you've agreed so there needs to be exploitation, fraud, threats, coercion (P.3).

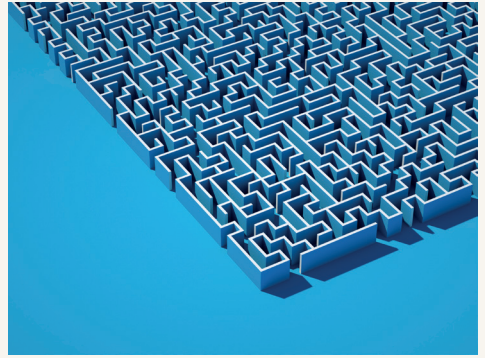
Changing a mindset from that of suspicion of authenticity in all accounts, to one of unpicking the narrative to potentially uncover other factors that might be at play, such as social and cultural expectations, is understandably challenging. Nevertheless, best practice identified and celebrated from other forces nationwide should be disseminated to encourage understanding of complexity in MSHT cases.

Frontline workers in the sector had often developed excellent relationships with some forces, but struggled to engage effectively and to the benefit of the victim with others, reflecting the wide variation as noted:

You don't want to slate the police but other forces around the country just don't know what they are doing (S.9).

We find that with some police we have a great relationship. They would bend over backwards to accommodate the victim, trying to work how they can do it. They are just fabulous. Others that we have worked for don't know the entitlements of the trafficked person, have no idea how trafficking works, can't understand the complexity. You know, a couple of...we piloted working with five men. But two of them have got criminal pasts during the trafficking. Actually, the police didn't seem to have any kind of concept of the fact that that person could have been coerced. They were under the control of somebody else while they were doing this. So, some of the police that we have worked with had been quite obstructive and difficult. It really varies and I accept that some are brilliant. It probably depends on their training, their structures and work and stuff (S.5).

Making erroneous decisions in cases of MSHT is an indicator of poor training. This is not just an issue for law enforcement. Evidence of poor practice on the part of UKVI personnel and other state actors dealing with those without leave to remain confirms this. Following identification and referral to the NRM, for survivors of trafficking, the consequent stages vary depending on status. Those without leave to remain face particular difficulties and must negotiate a number of institutional challenges bound up in the NRM process.



NRM

The NRM was introduced in the UK in 2009 to comply with the requirements of the Council of Europe Convention on Action against Trafficking in Human Beings.²⁹ The Home Office conducted a review in 2014 that identified some of the flaws of the system and made a series of recommendations.³⁰ These recommendations were summed up by Elliot and Garbers:

The existing NRM has been criticised for, inter alia, a perceived lack of adequate and consistent training for those responsible for victim identification. It was felt that some professionals involved in the identification process too frequently failed to recognise incidences of trafficking, and that even where victims had disclosed their experience in whole or in part it was still the case that they may not be identified as 'trafficked' until much further down the line. The training given to first responder agencies, if given at all, has not been approved, accredited or standardised by any formal system, which is surprising given the investment to set up the NRM.³¹

Some of the Home Office Review recommendations in the March 2016 document, Victims of Modern Slavery, Competent Authority Guidance include:

- extending the NRM to cover all adult victims of modern slavery
- strengthening the first responder role – the point when potential victims are first identified and referred by creating new anti-slavery safeguarding leads, supported by increased training and feedback
- streamlining the referral process by removing the ‘reasonable grounds’ decision once the successful implementation of accredited slavery safeguarding leads has occurred – allowing direct referral to specialist support for potential victims
- establishing new multi-disciplinary panels, headed by an independent chair, with a view to ceasing the sole decision-making roles of UKVI and the UK human trafficking centre (UKHTC)
- creating a single case working unit within the Home Office to replace the current case working units in the National Crime Agency and UK Visas and Immigration³²

One of the key recommendations outlines the establishment of ‘new multi-disciplinary panels, headed by an independent chair, with a view to ceasing the sole decision-making roles of UK Visas and Immigration (UKVI) and the UK Human Trafficking Centre (UKHTC).’³³ Without this, the competence and fairness of the current system is under scrutiny within the sector as many cases highlight.

The NRM is not without its flaws. Some decisions they made are made in error and they are made outside the law. So, when you actually analyse some of the conclusions then, the negative ones, they are not made correctly. Either it's the wrong information they looked at or they have given us very bad reasons why they don't believe the person. One we are challenging at the moment which is... they got a negative CG because they didn't go to the police as soon as they left the trafficking. And it literally says in their guidance, in the NRM guidance, ‘you cannot give a negative CG simply based on that person didn't go to the police’, because there are a lot of reasons why they didn't go (S.5).

The review also recommended the ‘creation of a system of trained and accredited Slavery Safeguarding Leads, who make reasonable grounds decisions, a Case Management Unit to provide an administrative function and a Multi-Disciplinary Panel who make decisions within the ‘normal’ NRM timeframes’.³⁴ Elliott and Garbers question whether this qualifies as a ‘complete overhaul’ or [is] just a reframing of the current defunct system.³⁵ Yet to be formally introduced, these changes are referenced in the Victims of Modern Slavery Frontline Staff Guidance.³⁶ Introducing systemic changes is only one aspect of the problem with government agencies. A body of evidence exists that indicates serious flaws within the interview processes to establish CG decisions.

UKVI interviews

Attending interviews with Home Office personnel is part of decision-making requirements. Concerns were raised about the training and skills of Home Office interviewers by Anti-Trafficking Monitoring Group (ATMG) Report *Wrong Kind of Victim?*

The system appears to be relying excessively on the discretion of officials who receive minimal training to staff a mechanism supported by flawed legal guidance relating to who should be identified as victims of trafficking, and without a formal appeals process. This fails to consistently identify and assist people who have been trafficked. Furthermore, the system appears to be putting more emphasis on the immigration status of the presumed trafficked persons, rather than the alleged crime committed against them.³⁷

The response of a service provider illustrates the flaws within a system that relies on untrained and unknowledgeable interviewers:

In the transcripts you can see the full interview, the questions that were asked as well as the answers. Once they ask one question and the answer she gave it was like “ask more”, don’t just go “ok, that’s the answer” and you’re thinking “no, no, there are some flags in that answer, you should probably unpack that a little bit more”. And it was just a bit of “ok, on we go”. It’s kind of the idea or presumption that if I have asked the question they must have given me everything rather than being curious and asking “can you tell me a little bit about that?” And what we found with this lady is that one of the major barriers to actually disclosing everything is because she had been a domestic servant her entire life, literally from childhood. She did not know that it was relevant the fact that she slept on the floor. Or that she didn’t always get fed. Stuff like that to her was her life. It wasn’t like that was a relevant piece of information, because it’s just kind of like how it’s linked (S.5).

The implications for those also seeking asylum within an interview process that must decide on two very different aspects of a person’s status was also raised by Elliott who notes: ‘quite often there is a cut and paste ... so you read the same paragraph in a negative asylum decision that you read in her negative NRM decision’.³⁸

A report from the Institute for Public Policy Research challenged the dual purposes of these interviews as far back as 2012.

Unsurprisingly, this issue was raised in the interview with regard to providing information to trafficked persons prior to agreeing to enter the NRM in order that they can make an informed decision.

Quite often information given in one can be used as a reason to make a negative decision in another. This is important for someone entering the NRM – they need to know that information is shared between the two. Our project ensures people are aware of this – and therefore making an informed decision (S.22).

Research participants raised questions though about the competency of the interviewers to undertake this task, especially with this particularly vulnerable group. Incidences of poor interviewing skills for the purposes of establishing evidence of trafficking were commonplace and in some cases, the experience was extremely traumatising for the victims:

The thing is these people are so vulnerable that had we not been there, I really believe that all these incidents could have resulted in another deterioration. You know, to get into the Home Office, you have to assure them that they will not be detained or detained again. Some of them had already been detained. And they are very, very frightened and the Home Office are very, very ignorant in the way that they treat them. It's always very shocking (S.20).

But unfortunately we have a lot of setbacks along the way because of the legal system. So somebody who will be doing much better, having trauma focused therapy, they are doing quite well in that now and then suddenly they get the letter saying "you are a liar" – which is what the government is saying a lot to people. "This wouldn't have happened, the trafficker wouldn't have done this, you wouldn't have said this". This sort of asylum type decision making in the NRM system or in the asylum system, which brings them straight back down (S.20).

Without addressing this issue and separating these systems, progress made in terms of survivors' recovery is put at risk. In addition, a structure persists in which victims of trafficking exist in a state of limbo and cannot truly engage with full recovery. Services with many years of experience in this sector reported on the impact on potential victims that were also claiming asylum.

Status and human rights

Evidence from studies on asylum seekers demonstrates that 'the most influential mechanism directly impacting health and access to health and social services was legal status'.³⁹ One service in this study had conducted a consultation with survivors to gain insight into their experiences of the support system. The issue that caused most concern was that of asylum status:

"But not knowing whether I'm going to get sent back or not, I can never feel truly safe. I feel safe right now but what about the future?" (S.21)

Speaking at a meeting of the Work and Pensions Committee, the Independent Anti-Slavery Commissioner pronounced the treatment of victims unacceptable:

A victim of modern slavery comes forward, they are presented with a number of forms that they have to sign, then their immigration status is looked at, and then there is a process to decide whether they are a victim or not. If we did the same for a victim of domestic abuse or a victim of rape I am sure people, parliamentarians and others, would be standing there in shock and horror. (Hyland, K. 2017. Parliament UK).

Findings from this study support the Anti-Slavery Commissioner's statement:

The NRM is an interesting one because if someone presents as a victim of domestic abuse we believe them, we don't question them on that, but the NRM kind of questions the victims of MS who come forward and say I'm a victim of MS, and I think that complicates things for a victim. A victim of any other type of crime doesn't have an analysis behind them that victims of MS do with the NRM. And I know there's a purpose behind the NRM, but then those people to whom we are saying "no we don't believe you" – what happens to them? Because if they'd have presented as a victim of any other type of crime we wouldn't have questioned their status. We would have carried on investigating (P. 6).

An additional factor concerns the right to work and education, denied those without status. Viewed as a human rights issue, frontline personnel report on the impact of this barrier for survivors during often extended waiting times in which they cannot work or access most educational provision. There is some consensus about this issue:

Status is a barrier, and with the NRM, there can be significant delays, 18 months, 3 years, during which time the case closed (S.21).

And even if they don't have the right to remain, when you are in this limbo, you should have the right to work and right to be educated. I just think it's a violation of their human rights that they are just sitting, not allowed to do anything. It's a huge violation (S. 10).

I mean while they're sitting around waiting for their asylum claim to come through, why not give them the option of working? I don't see why not, the fact is they've come here for a better life, so why not at least give them the opportunity to at least try and achieve that (P.4).

Positive conclusive grounds – just a piece of paper?



Linked to the problems identified above with the NRM and the complications with conducting one interview for dual and potentially conflicting purposes, the process that follows is problematic. In the first instance, a reasonable grounds decision provides the person with a 45-day period of reflection and recovery, a necessary stage of intensive support in a safe house, whilst awaiting a Conclusive Grounds decision. Statistics reveal that in London, the average wait for a Conclusive Grounds decision was 435 days⁴⁰, adding to the challenges faced by survivors and supporters.

Although the introduction of drop-in support goes some way to mitigating these challenges, this will not alleviate the false sense of security, after which survivors are likely to fall through gaps in support. Many respondents raised questions about the purpose and value of the CG decision:

When it comes down to it, whether a victim gets conclusive grounds decision or not, doesn't actually make any difference because if they're entitled to housing or benefits or employment opportunities, having that letter to say you've got a CG decision, actually doesn't mean anything. But if someone chooses not to enter the NRM and there are other safeguarding things that can be put around them, whether that's going back to their country or signposting elsewhere, it does start to make you wonder about the purpose of the NRM (P. 6).

Other respondents were particularly critical of the lack of actual support provided in relation to the positive CG decision, in that, post the 45-day reflection and recovery period, many victims were not entitled to any further support, recourse to public funds or entitlement to accommodation. Service providers report that trafficked asylum seekers with positive CG are made more vulnerable by systemic gaps, having to access destitution clinics across the UK. Many end up homeless, and are vulnerable to re-trafficking.

I think the biggest barrier to that is that the positive conclusive grounds doesn't mean anything. You know, it's just a piece of paper and going "congratulations, we believe you." Oh, well done, this person probably knew that they were a victim of trafficking. They didn't need you to tell them. What they do need is you to recognise that this comes with support needs. They don't need a piece of paper (S.5).

You go through the NRM process and even if you get a positive conclusive grounds decision, what does that actually achieve? Apart from confirming that you were a survivor, it doesn't actually give you rights or benefits or any access to anything. You would have had some wrap-around care during that NRM process in terms of possible counselling and somewhere safe to live. But to go through that and come out at the end. We are kind of questioning what would be the benefit of that (S.18).

Giving weight and status to the positive conclusive grounds decision has been identified as key to victim care, and has been raised with the Department for Work and Pensions as well as included in Lord McColl's Modern Slavery Act (Victim Support) Bill. It is also important to consider the significance of the decision to the victim:

In relation to the CG decision a victim said that the main thing for them was that they'd been believed. It didn't make any difference to them what else was written and that's quite important I think (P.6).

Cliff Edge

Aside from the obvious limitations of establishing a firm foundation for recovery in such a limited period of time, it is what happens next that is of ultimate concern. Every respondent identified the cliff-edge scenario of day 46 as a huge barrier to providing effective care, even within services specifically catering for longer term support. Even more concerning is the impact on trafficked persons, and the potential that they may fall through the gaps.⁴¹

We're literally putting a sticking plaster on massive gaping wounds and thinking that will work. Meetings with all the safe houses were organised. One national meeting was organised, and everybody said the same thing. It was a concurrent theme of "what do we do after 45 days?" The only response was "we don't have any money. So, teach them to live independently in 45 days and that's what you can do" (S.5).

You have got this incredibly artificial system where people get 45 days and then they get add-ons, which are very uncertain. So, they live in the safe house with a complete sense of uncertainty. But the worst thing is that they get dropped so quickly. I mean this is well known, isn't it? (S.20)

If you think about it, 45 days isn't enough to get the proper mental health things in place. It's not even enough time to get a national insurance number. It can take longer than that sometimes (S.16).

Homeless and re trafficked

Frontline staff have very real concerns about the welfare of trafficked persons in this context, who are particularly vulnerable to being made homeless, and thus to re-trafficking.⁴²

They get somebody who says "yes, we believe you, you have been trafficked in our country, positive CG, here is a piece of paperwork, off you go". And then they are faced with the fact that they have no recourse to public funds, they have no housing available to them and they only have three months of job seekers that they can get. And that's it. So, that person is most likely to be homeless or have to live with friends (S.5).

Particularly for those from within the EU, unless they're part of police investigations or they've got some other reason for discretionary leave to remain they have no entitlement to benefits. So it's trying to break that cycle and especially since that CG decision doesn't actually carry any weight or mean anything. So they're at real risk of being homeless and re-trafficked (S.19).

Accommodation

Suitable accommodation is a serious problem post day-45. Following recent changes in legislation⁴³, EEA citizens who have not exercised their treaty rights have no recourse to public funds, no access to housing benefit, and are thus vulnerable to re-exploitation. Those without leave to remain in the UK may be deported or sent to National Asylum Support Service (NASS) accommodation until their case is processed, accommodation widely regarded amongst interviewees as unsuitable for vulnerable people who are often subjected to further trauma as a result. Several agencies reported the experiences of women in mixed gender NASS accommodation:

We have had cases of women who have experienced sexual exploitation housed with men (S.22).

The movement of people within the NASS estate is unsettling for survivors and can mirror their experiences of being trafficked, as does being in mixed accommodation and being vulnerable to sexual exploitation. Support workers can also struggle to provide high-level support to particularly vulnerable persons.

We often support trafficked asylum seekers housed in NASS accommodation. The outreach worker (if the person is in the NRM) is also often located far from the NASS accommodation making care challenging if someone has acute needs. NASS accommodation is also often in remote areas – without much support nearby (S.22).

We have also experienced trafficked people being moved around the NASS estate – which is very unsettling to say the least – and to a certain degree mirrors the experience of being trafficked: movement, no control over their lives (S.22).

Falling through the gaps

Other trafficking survivors with multiple and complex needs can experience a range of problems outside of a comprehensive support system including drug and alcohol use, depression, anxiety, flashbacks, insomnia and vulnerability to abusive relationships.

I basically started seeing that after this 45-day period, people who I was supporting, who were doing well, I would move them out and I had to cut off support entirely. And within a couple of weeks usually I would get a phone call, sometimes after a couple of days, but I get a phone call either from them or from someone professional saying “can you get other staff supporting this person? They are falling apart. We have no idea what to do. Have you got a history on this person? What is this all about?” And essentially people that left I would see them develop drug and alcohol problems and mental health problems that were kind of controlled in the house, just skyrocketed. People are getting serious depression and anxiety or flashbacks or insomnia, you name it, and then ladies who disappeared and some got back into abusive relationships, couldn’t manage their tenancies and this kept going, kept going and kept going (S.5).



Another case illustrates the longer term consequences of gaps in support and the impact on victims:

We have just taken on two European girls who are 19 and they went up against their traffickers. The traffickers went to prison and then they got dropped. Nobody supported them after that point and we came across them about almost a year later. They have got discretionary leave, but nobody helped them. They got back into exploitative, dangerous relationships. They both got pregnant and they came to us with a week left and that was by chance, people referred them in. It's a huge amount of work and we have managed to get them further extensions to their discretionary leave. Because they receive genuine death threats from the people back home, because they put the traffickers in jail which the police knew about. But they thought somebody was going to pick up that care, they didn't know that somebody hadn't. There is that huge amount of gaps and people not talking to each other, not knowing who is doing what and thinking that somebody is doing something and they don't get anything (S.5).

Health and wellbeing: NHS and statutory services

In specific sectors within the NHS, problems were faced because of the unwillingness of some and inflexibility of others to provide services to this vulnerable group.

It can be argued that in the last 20 years it has got even harder to access healthcare. Recognised victims of trafficking do not get any priority and depending on their immigration status, proof of an address / moving around NASS etc. it can be very hard to access even the most basic healthcare let alone acute care and/or access to mental health services (S.22).

You know for three days to get someone registered at a GP and even if it's kind of floating in their face like the statutory requirement, because, you know, the head of the GP office wouldn't accept the client, because they don't know their rights (S.20).

Even things like finding an appropriate GP who takes someone on. They don't refuse to take people on, but they would say things like "we haven't got an appointment for eight weeks" and people can't wait for eight weeks. So, we have a bit of a default around finding GPs who we know are sympathetic and understand and we would go there and avoid the ones that say they can't (S.18).

For those requiring more specialised care such as psychological or therapeutic support, the challenges are even greater.

I think there are very few of the clients that are actually being referred or being given therapeutic care. Most are just being given medication. I think most have been refused it because of their status (S.18).

Yeah, There are a couple of GP's who are the exception to the rule where they are willing and sympathetic and understand and are able to refer our clients on to that therapeutic care. But there is a large number that won't for whatever reason and they're the gateway really to accessing that further support. There are ways just to put stumbling blocks in the way I think (S.18).

I'm afraid I have come across some really poor bullying practice among social workers, even though of course that doesn't apply to every social worker. But I have to say that where you have a population of extremely vulnerable and often challenging young people and they have got no voice in society, you will get people who negate the job that they are supposed to be doing and have no trafficking protocols in place. So, no understanding of what is needed which is why we want a stronger understanding of the Care Act and how that should be used for victims of trafficking (S.20).

Social services

Mirroring this, a report from the Centre for Social Justice *It Happens Here: Equipping the United Kingdom to fight modern slavery* identified the lack of awareness of human trafficking and modern slavery amongst social workers and other first responders:

In any room of 30 to 40 social workers across the 70 local authorities we have trained, when asked if anyone knows what the NRM is no more than one or two will raise their hand. (Children's charity, in evidence to the CSJ).⁴⁴

It's like banging on a locked closed door – it can be really, really challenging and I think that is something that needs to change from the top by government, that is filtered down, because it can't be done on a local-based level. There needs to be some form of guidance around what it means when a victim of trafficking is high-risk and requires higher safeguarding (S.5).

Four years on, organisations that support victims in the longer term continue to report difficulties with accessing competent social work support, and often have to engage in very challenging and long-drawn out battles to support victims in accessing services that they are entitled to.

What happens next?

Research participants identified a number of actions and recommendations that would contribute to more effective support for victims from referral to recovery, including listening to survivors, introducing statutory guidance and care standards, professional standards, independent advocates and conducting a cost-benefit analysis to establish the value of longer term support.

The need for Statutory Guidance

National statutory guidance has to be what's next from my point of view as a professional in the field (S.9).

People need pathways; there needs to be long-term, post-NRM support that includes things like housing. That includes access to education. That includes access to employment. There needs to be a tailoring off, so that people by the end of that process are empowered. So, yes, the support should be intense within the NRM. But then once that status is achieved and the leave to remain is attained, I think there needs to be a signposting and supporting somebody into independence. And people need that level of support and care. And nobody knows whether we ever going to get that, but a start would be a statutory guidance like with children. So, when somebody presents to the local authority, there is a tick box to say this person is a former victim of modern slavery. Therefore, they will be jumped up the list and given accommodation. Because without accommodation nobody has the power to do anything.

So, statutory guidance and care needs to come quickly into the realm of local authority which I know will not be welcome, because of cuts and all that kind of stuff, but from an economical point of view, if you invest early on, you're going to get more out at the end. Instead of having 150 people in your borough who are homeless, because they are former victims of trafficking who then fall back into exploitation or into crime automatically which are the only two real options (S.9).

The need for some form of statutory guidance is urgent and long overdue. Without statutory guidance, especially with respect to long term support of victims, much of the current systemic problems will continue and potentially create increasing need, where victims are not accessing the services they require in order to establish a firm foundation for recovery.

What we need are protocols and they have to go into the training of all professionals and be part of their modules of learning. Because you can tack them on and then all the really interested nurses or housing officers are going to read it, but the others aren't. But it is the statutory duty, the equivalent of child protection that would mean that it becomes mandatory for everyone to know about and they have to deal with. They just need it to be like 'Every Child Matters'. It needs to be really ingrained in the culture and at work. But because it isn't, you come across such poor practices that are a shame (S.20).

What we are asking is that the Human Trafficking Survivor Care Standards are incorporated into the statutory guidance. But it's such a fight, isn't it? Because they haven't published it (S.20).

Experts in the sector who deal with survivors on a daily basis are best placed to make recommendations for care standards. The HTF model developed with practitioners over a lengthy period of consultation, presents a framework for improving service provision.

By ensuring that adult survivors of trafficking consistently receive high quality care wherever they are in the UK [providing a] flexible framework with guiding principles and practical recommendations that support agencies can incorporate into their existing policies and procedures.

The guidelines cover Organisational Standards; Direct Support Standards; Safe Accommodation: Multi-Agency Work; Safe Return and Monitoring and Evaluation. This framework could operate as a starting point for the sector, but needs statutory buy-in to have any impact.

Independent Modern Slavery advocate

In addition to the *Trafficking Survivor Care Standards*, some of the key recommendations⁴⁵ in *Life Beyond the Safe House* address the need for advocacy within the context of move-on care plans and case transfer protocols, much like systems already in place for other types of victim support, such as Multi Agency Risk Assessment Conference (MARAC).

There should be an independent advocate throughout. Because without that you are not going to get consistency of any kind... It's advocating for that person's right and to make sure that they have access to services and do what we call 'bridging', making a bridge between them and the next professional and say 'I know this person, they are really safe here'. (S.20).



We were talking about carers and advocacy and how referrals are made. We've been thinking about what is the role of adult safeguarding in terms of modern slavery and it's about having capacity to make decisions. Have they actually been trafficked or are they just being exploited? Have they got capacity to know that yes I know I'm only getting £5 a week and a meal a day but I'm happy with that?. Are they in a position to know what is the right thing? Because [Region] Adult Safeguarding Board they recognise that most victims of trafficking won't fit that criteria but they're now looking at doing away with that criteria and actually if it's safeguarding it's safeguarding, it doesn't have to fit that top 10% or whatever it is (P.6).

Hope for Justice prepared a briefing paper outlining the need for an Independent Modern Slavery Advocate (IMSA) for adult victims.⁴⁶ Based on the recommendations made in the Day 46 report by HTF, in conjunction with evidence of the success of the Independent Sexual Violence Advocates (ISVA) and the Independent Domestic Violence Advocates (IDVA) it states:

Specialist advocacy services are also well-established and successful for other vulnerable groups; aiming to provide support, reduce risk and ultimately increase conviction rates – for example, Independent Domestic Violence Advocates (IDVAs) and also Independent Sexual Violence Advisors (ISVAs). These services positively impact on prosecution rates: the 2010 Stern review into rape cases in England and Wales “suggested that ISVAs are the most effective, cost-effective and affordable example of a reform to a system, provide a trafficking-specific long-term alternative to deportation or repatriation to foreign victims making

an enormous difference to how victims feel about what is happening to them as they process through the criminal justice system”.⁴⁷

Evidence from the sector demonstrates the need for advocacy to deal with not only navigating the complexity of the systems, but also often literally navigating the local area, from public transport and shopping.

Things like hospital appointments, so making sure that appropriate and suitable interpreters are available, making sure on that day people can be helped to attend. [support worker] does a lot of work helping people just to navigate the bus system in the [area], because you have got to have the right money and know where you are going. That unlocks a lot of stuff for people. It's worth doing, but in some ways it seems really trivial. It's not, because people often have panic attacks on the bus because they are going to a new place, they get off in the middle of [city] and it's busy and noisy, so she needs to be aware what those are and even just unlocking “can you use a bus to get to an appointment?” is huge. Shopping, how to go about shopping in the supermarket...if you are not from the culture of supermarkets. It's all there, DWP, job centre, not understanding the kind of complexity and benefit sanctions happen a lot, because people missed appointments, because the letter was going to the wrong place (S.18).

At the moment, the fragmented, variable and under resourced system can have serious consequences for victims in which they are subject to a range of responses. Many are denied access to health care, mental health care, drug and alcohol services and consequently are in danger of experiencing depression, flashbacks and additional trauma.

There is the potential to ‘spiral out of control’, resulting in vulnerability to dangerous/exploitative/abusive relationships and/or situations. Some survivors were and continue to be allocated inappropriate accommodation that exposes them to further distress. Others are made homeless post the statutory 45-day support and thus vulnerable to re-exploitation and other traumatic situations. Many are kept in limbo as to their status, limiting their engagement with employment and education opportunities. A high proportion lack knowledge of day-to-day living in the UK, which can result in scenarios in which appointments are missed, and/or important letters/bills are lost or not responded to, thus creating the need to engage with a further layer of bureaucracy.

There is no one who actually looks after people indefinitely, because I think it's frightening to statutory services and others – the idea that that it is very resource-intensive, but I can tell you, it's far less resource-intensive than a young woman like that crashing down, some crime happening – that's the police – health deterioration – that's the mental health services (S.20).

The cost saving potential for introducing the IMSA, in the context of a set of robust statutory requirements cannot be underestimated. As this respondent recognises, without longer term input, people may come ‘crashing down’, requiring much more cost intensive, emergency support. Others report on the necessity for advocacy, an empathetic approach, and the benefits of being supported:

You know there's no kind of empathy within this system, there's no special measure, there's no special caretaker. There was a young lady who was a survivor, who told her story. But the one thing that I remember from what she said was: the only thing that made a difference from her to move from being a survivor to actually flourishing in life was that there was one consistent person in her life and that was the support worker from this project, who was consistently there. Other workers came and went, but there was one person there. [...] it's just being that consistent person to check in every few weeks to see if you are alright. But it's going to make that difference in the longer term that they feel they can trust someone, that they feel that they can go to if they have got an issue.. Because people duck in and out all the time. So for a client for example they may have us for a few days until the reasonable grounds decision is being made, but that's not what we do generally, but they may have that. They now are going through the NRM process where we are not allowed to get involved and then we get involved after they have left it. Even then that can be quite fragmented, but at least there is some kind of relationship building and trust building and some kind of continuity. I do feel that's absolutely crucial and even just to sort of help them with all their trauma. So, that they have got something that they can look to and someone that they can look to just trusting which is very crucial (S.18).

Baroness Newlove, in an address to the HTF forum (September, 2017), discussed the findings of a review of what works for victims: timely and effective communication, professionalisation of the sector; justice – 'empathetic listening'; statutory and voluntary agencies working together; personalised package of care; independent professional victims advocate; and access to compensation. Applied to this sector, this professional advocate would be someone who knows the criminal justice system, can advocate with housing and other services, and will be respected by other professionals.

Professional standards and accredited training

The development of professional standards and accreditation in consultation with experienced practitioners may be of benefit in terms of gaining greater credibility for the very evident expertise within the sector. Concerns were expressed during the research by some respondents, both from NGOs and within law enforcement, about the potential for anyone to set up as a support provider, including those who may have little or incomplete knowledge/ understanding of the complexity of trafficking and slavery, or may have a particular agenda to promote. To counter this, developing a basic entry qualification for support staff may go some way to improving the level of expertise within the field.

For experienced service providers, there is certainly an appetite to move the professional status within the sector forward:

I think it's one of the most fascinating areas of support and development. Because it's all new to our industry. It has only got a ten-year maximum history of development in the country in terms of really looking at support needs and then this long-term area. I think because we have got years now of piecing things together. We have got the data and we are beginning to consolidate our knowledge, so we can write it down and create this matrix of complexity. But it's still so new and developing and it's great, because I think everybody is in that position at learning together, bringing the different aspects of professionalism and knowledge and working together and how can we understand this better as a sector? (S.5)

I think one of the things that is going to eventually change people's mind the most is actually statistical evidence in terms of value for money. At the moment, we are really in a unique position. It's the first time we have collated our data and started to analyse it intelligently to be able to advocate and say "the biggest barriers to reintegration are these, because of these people that had been with us for the longest and the main theme of stopping it is immigration and their mental health". So, we can start to intelligently analyse it. There are not big pieces of data, because we are only small at the moment, but our plan is to tick away with that (S. 5).

If I can this kind of intelligent analysis of some of our data. If I can get those to essentially line up that would start to have some form of weight to go "look, this is the difference that it is making, this is how much money it's going to save in the long-term and this is the way that you can analyse it and design a support programme based on the knowledge of complexity that we had been looking at over the last five, maybe ten years". Every time people try to lobby the government, we talked to them about this and people have only anecdotal information and the response is always "while you give us anecdotes, we can give you anecdotes". It's tit for tat. That's all it is at the moment. It's ... we have got this story and they go "we have this story". It's not going to move until we have some form of data (S.5).

Cost Benefit Analysis

Life Beyond the Safe House (HTF) also recommends the need for better data to monitor reintegration/retrafficking, and the NAO report specifically addressed this gap. The role of the IMSA could include recording the pathways of survivors in the longer term, the data of which could contribute to understanding the benefits and challenges of the recovery journey. Linked to this, an independent cost analysis could potentially provide evidence of the benefits of investment in longer-term support.

Conclusion

Clearly, in recognising the multiple and complex needs of survivors on a continuum from highly vulnerable at one end to managing to cope effectively at the other, but in which there is a certain level of fluidity and fluctuation depending on life circumstances, there is certainly no 'one size fits all' answer to longer term support. Identifying what works, what is effective and where the gaps are is key to identifying solutions. There is potential to move forward with developing a better evidence base to support tools for measuring outcomes effectively – the cost benefit analysis. Linked to this, promoting the care standards more widely and developing professional qualifications could be of benefit. Logging the work already being done within the sector that to some extent mirrors the potential offered by a fully funded and supported IMSA could support the call for piloting this important role.

For the survivors, longer term support is a necessity, but must be more than an abstract concept. The recent announcement by the Home Secretary (October, 2017) to improve the NRM is a step in the right direction, as is the transfer of the decision making process to a newly created unit in the Home office, separate from the immigration system, and an independent review of all negative decisions. However, without proper resourcing, the CG decision will remain nothing more than a piece of paper. Without investment in the extension of the reflection and recovery period, services will struggle to support 'victims' to survive. Without statutory guidelines, the sector will face ongoing challenges in supporting survivors to navigate the terrain of statutory services and the gaps in knowledge and understanding therein. 'Post NRM Living'⁴⁸, a very recent publication from the Snowdrop Project, attests to the variable outcomes for survivors post CG decision and evidences the need for action.

Summary of recommendations

The following is a summary of recommendations based on the findings of the study.

Resource services to work with the complexity of survivor needs

There are many excellent examples of services that provide real options for victims in the longer term. However, because of the scale of need that ranges from extremely high (due to levels of trauma and other issues, including substance use, psychological and physical health issues), to medium to low, a range of options need to be available for long term recovery. The following are examples of the range of services available that work with this continuum of need from referral to employment:

General

- The British Red Cross pilot of Your Space⁴⁹ provides three days access to accommodation and impartial advice and information so the person can make an informed decision about entering the NRM.
- Safe houses and trauma informed services including Bakhita House, Palm Cove; Hope for Justice, Medaille Trust, Helen Bamber.
- Providers of 'in-house' employment training and potential for social enterprise such as Snowdrop, Saheliya and Jericho.
- Partnership between Bakhita House, the Sophie Hayes Foundation and Tesco to support survivors of trafficking with employability skills.
- The Sophie Hayes Foundation Day 46 programme providing employability and confidence building for survivors of trafficking.

- Jericho Foundation's employability skills training through social enterprise.
- Hestia's Phoenix Project.
- Snowdrop's Renovation programme (and social enterprise).
- Her Equality and Autonomy Rights (HERA) Business Mentoring Programme for survivors of trafficking, currently all female but a version being developed for male survivors.
- The Bright Future programme, a collaboration between City Hearts and the Co-op, to provide 30 survivors of modern slavery paid work experience in its food business and, if suitable, a guaranteed job.

Introduction of the Trafficking Survivor Care Standards (TSCS)

- Implemented as a standard model of best practice with monitoring and evaluation carried out by independent body.

Conclusive grounds decision must carry status and resources

- Automatic status should be given to all confirmed victims, in line with Lord Mc Coll's Modern Slavery (Victim Support) Bill. This is particularly important for those outside EEA currently and post-Brexit, all those without British passports. The status must carry weight and have resources attached to it.

Statutory guidelines must be introduced and monitored that

include the requirement for compulsory and embedded training for all first responders and other statutory services

- Training and awareness raising is required across statutory services which must be compulsory and embedded within other training on identifying and working with vulnerable persons, but also specifically acknowledging the complexity of MSHT potential victims who may not even recognise themselves as victims.

Personnel conducting CG interviews properly trained

- Interviewers must be properly trained, including understanding the indicators within the complexity of MSHT, the potential for post-traumatic stress disorder, and the implications this has on interview processes.

Consistent monitoring of the NRM drawing on evidence based research about what works

- Entering the NRM has consequences as outlined above. The system needs to be fit for purpose, monitored and evaluated to fulfil its purpose. Introduction of the initial 3 day, pre-decision period before deciding on entry should be monitored to ensure no negative unintended consequences for potential victims.

Conduct a Cost Benefit Analysis

- To improve the evidence base for discussions with policy makers and develop outcome measurement tools that can be used across the sector as a consistent and coherent approach to data collection and analysis in the longer term, as this is currently variable.

Other

- Consideration of the firewall principle

proposed by the United Nations Special Rapporteur on the Rights of Migrants⁵⁰.

- Consult and evaluate other systems of referral and support in different jurisdictions such as the Multi-Agency Safeguarding Hub in Wales⁵¹.

Footnotes

- ¹ Human Trafficking Foundation (2016) Day 46: Is there life after the Safe House for Survivors of Modern Slavery? www.humantraffickingfoundation.org/news/2016/day-46-there-life-after-safe-house-survivors-modern-slavery
- ² www.labourexploitation.org/news/press-release-flex-condemns-going-home-office-control-modern-slavery-victim-identification
- ³ www.nao.org.uk/report/reducing-modern-slavery
- ⁴ The United Nations Special Rapporteur on the Rights of Migrants, François Crépeau, has made the case for a 'firewall' to clearly separate access to basic public services from immigration law enforcement. Pilot study conducted in Amsterdam http://picum.org/wp-content/uploads/2017/11/WorkerComplaintMechanismLeaflet_EN.pdf www.rctcbc.gov.uk/EN/Council/Partnerships/MultiAgencySafeguardingHubMASH.aspx
- ⁵ Gajic-Veljanoski & Stewart, D. (2007) Women Trafficked into Prostitution: Determinants, Human Rights and Health Needs in Transcultural Psychiatry, Vol 44(3): 338–358 DOI: 10.1177/1363461507081635; Raymond, J.D. & Hughes, D.M. (2001) Sex Trafficking of Women in the United States: International and Domestic Trends; Zimmerman, C., Yun, K., Shvab, I., Watts, C., Trappolin, L., Treppete, M., Bimbi, F., Adams, B., Jiraporn, S., Beci, L., Albrecht, M., Bindel, J., and Regan, L. (2003). The health risks and consequences of trafficking in women and adolescents. Findings from a European study. London: London School of Hygiene & Tropical Medicine (LSHTM). www.oas.org/atip/global%20reports/zimmerman%20tip%20health.pdf; Clawson, H.J., Small, K.M. Go, E.S., & Myles, B.W. (2003) Needs Assessment for Service Providers and Trafficking Victims, National Institute of Justice, US; Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010) "The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women", American Journal of Public Health 100, no. 12 (December 1, 2010): pp. 2442-2449; Cwikel, J., Chudakov, B., Paikin, M., Agmon, K., & Belmaker, R.H. (2004) Trafficked Female Sex Workers Awaiting Deportation: A Comparison with Brothel Workers in Women's Mental Health, Volume 7, Issue 4, pp 243–249.
- ⁶ Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010) "The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women", American Journal of Public Health 100, no. 12 (December 1, 2010): pp. 2442-2449; Zimmerman, Hossain, M., & Watts, C. (2011) Human Trafficking and Health: A conceptual model to inform policy intervention and research in Soc Sci Med. 2011 Jul;73(2):327-35. doi: 10.1016/j.socscimed.2011.05.028.
- ⁷ Balch, A. (2017) Fresh Start: Integrating Survivors of Modern Slavery <https://news.liverpool.ac.uk/2017/03/01/new-report-examines-the-integration-of-modern-slavery-survivors-2/>
- ⁸ Zimmerman et al. 2011.
- ⁹ Zimmerman, C., and Borland, R. (2009) 'Caring for Trafficked Persons: Guidance for Health Providers'.
- ¹⁰ Ibid.

- ¹¹ Internationally, the UN 4Ps are Prevention, Protection, Prosecution, Partnerships. The UK 4P's is based on the organised crime strategy:
- 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 and resilience against this crime; and
 - Prepare – Reduce the harm caused by modern slavery through improved victim identification and enhanced support (Modern Slavery Strategy, p.10).
- ¹² The United Nations Special Rapporteur on the Rights of Migrants, François Crépeau, has made the case for a 'firewall' to clearly separate access to basic public services from immigration law enforcement. Pilot study conducted in Amsterdam http://picum.org/wp-content/uploads/2017/11/WorkerComplaintMechanismLeaflet_EN.pdf.
- ¹³ www.rctcbc.gov.uk/EN/Council/Partnerships/MultiAgencySafeguardingHubMASH.aspx.
- ¹⁴ Modern Slavery Strategy (2014) www.gov.uk/government/publications/modern-slavery-strategy.
- ¹⁵ www.antislaverycommissioner.co.uk/media/1164/iasc_annual-report-16-17-web.pdf.
- ¹⁶ Helen Bamber Foundation (2013) *Trafficking in Human Beings Amounting to Torture and other Forms of Ill-Treatment*, OSCE.
- ¹⁷ Andreatta, C., Witkin, R., & Robjant, K. (2015) Trafficking Survivor Care Standards www.humantraffickingfoundation.org/sites/default/files/Trafficking_Survivor_Care_Standards.pdf.
- ¹⁸ Beddoe, C., Bundock, L., & Jordan, T. (2015) Life Beyond the Safehouse www.humantraffickingfoundation.org/sites/default/files/Life%20Beyond%20the%20Safe%20House_0.pdf.
- ¹⁹ www.liverpool.ac.uk/media/livacuk/csis/Fresh,Start,A5.pdf.
- ²⁰ Bordell, W. (2017) Freedom – or Freefall? www.renecassin.org/freedomorfreefall/.
- ²¹ See for example Andreatta et al. 2015; Beddoe et al. 2015.
- ²² Human Trafficking Foundation (2017) *Supporting adult survivors of slavery to facilitate recovery and reintegration and prevent re-exploitation* www.humantraffickingfoundation.org/sites/default/files/Long%20term%20survivor%20support%20needs%20March%2017%202.pdf.
- ²³ Particularly through the All-Party Parliamentary Group for Human Trafficking.
- ²⁴ Human Trafficking Foundation forum, 19 September 2017.
- ²⁵ A concept originally developed for recovery from substance use White & Cloud, 2008, www.williamwhitepapers.com/pr/2008RecoveryCapitalPrimer.pdf.
- ²⁶ Modern Slavery Strategy (2014) www.gov.uk/government/publications/modern-slavery-strategy.
- ²⁷ Centre for Social Justice (2013) *It Happens Here: Equipping the United Kingdom to fight modern slavery*.
- ²⁸ HMIC (2017) *Stolen freedom: The policing response to modern slavery and human trafficking*.
- ²⁹ <https://rm.coe.int/168008371d>
- ³⁰ <http://webarchive.nationalarchives.gov.uk/20141202113228/https://nrm.homeoffice.gov.uk/documents/2014/11/nrm-final-report.pdf>

- 31 Elliott, J and Garbers, K. (2016) The National Referral Mechanism Pilots: A Review of the Training www.unseenuk.org/uploads/20160609115454807.pdf
- 32 www.antislaverycommissioner.co.uk/media/1059/victims_of_modern_slavery_-_competent_authority_guidance_v3_0.pdf
- 33 The UK Human Trafficking Centre has been replaced by the Modern Slavery Human Trafficking Centre (MSHTC) which is part of the National Crime Agency.
- 34 Elliot and Garbers 2016.
- 35 Ibid.
- 36 www.antislaverycommissioner.co.uk/media/1057/victims-of-modern-slavery-frontline-staff-guidance-v3.pdf.
- 37 Anti Trafficking Monitoring Group (2010) 'Wrong Kind of Victim? One year on: An analysis of UK measures to protect trafficked persons' http://www.antislavery.org/wp-content/uploads/2017/01/full_report.pdf.
- 38 Elliott and Garbers 2016.
- 39 Fang, M.L., Sixsmith, J., Lawthom, R., Mountian, I., & Shahrin, A. 2015 Experiencing 'pathologized presence and normalized absence'; understanding health related experiences and access to health care among Iraqi and Somali asylum seekers, refugees and persons without legal status in *BMC Public Health* 2015, 15: 923.
- 40 www.hestia.org/wp-content/uploads/2017/11/HT_Policy_Report_A4_20pp_Final-22.11.17.pdf.
- 41 Ferrell-Sweppenstedde, S. 2016, *Day 46: Is there Life after the Safe House for Survivors of Modern Slavery?* HTF.
- 42 The Passage (2017) Understanding and Responding to Modern Slavery within the Homelessness Sector.
- 43 www.legislation.gov.uk/uksi/2016/1052/made.
- 44 www.centreforsocialjustice.org.uk/core/wp-content/uploads/2016/08/CSJ_Slavery_Full_Report_WEB5.pdf.
- 45 Safeguarding under the Care Act, 2014; provision of advocacy; move-on care plans; case transfer protocols; outcome based support model; research and monitoring of reintegration/re-trafficking and an independent cost analysis.
- 46 Roberts 2017.
- 47 Roberts 2017.
- 48 <https://snowdropproject.co.uk/wp-content/uploads/2018/04/RPF-and-living-scenarios-post-CG.pdf>.
- 49 www.redcross.org.uk/about-us/what-we-do/modern-slavery-and-trafficking
- 50 The United Nations Special Rapporteur on the Rights of Migrants, François Crépeau, has made the case for a 'firewall' to clearly separate access to basic public services from immigration law enforcement. Pilot study conducted in Amsterdam http://picum.org/wp-content/uploads/2017/11/WorkerComplaintMechanismLeaflet_EN.pdf.
- 51 www.rctcbc.gov.uk/EN/Council/Partnerships/MultiAgencySafeguardingHubMASH.aspx.

Appendix 1:

Interviews and written contributions

Service providers

Adavu
Bakhita House
British Red Cross
Helen Bamber Trust
Hestia
HERA
Human Trafficking Foundation
Jericho Foundation
Medaille Trust
Saheliya (Glasgow)
Snowdrop
Palm Grove
TARA (Glasgow)

Police forces, Consultants and PCC

Greater Manchester
Kent and Essex
London Metropolitan Police (Kidnap and Trafficking Unit)
South Yorkshire
West Midlands
West Yorkshire PCC

Acknowledgements

This report was made possible thanks to professionals working with survivors of modern slavery and human trafficking in the UK, who gave up their valuable time to contribute to the study about their insights and experiences about long term support in the sector.

Thanks to colleagues in the Centre for the Study of Modern Slavery for their support:
Dr Sasha Jespersen, Centre Director and Anne-Marie Barry, Research Associate.

The Centre for the Study of Modern Slavery would also like to thank Trixie Brennickmeyer for funding this project.



St Mary's
University
Twickenham
London

St Mary's University, Waldegrave Road
Strawberry Hill, Twickenham TW1 4SX

Switchboard 020 8240 4000
Fax 020 8240 4255
www.stmarys.ac.uk



The Centre for the Study
of Modern Slavery