

Trafficking Survivor Care Standards

These proposed standards aim to improve service provision by ensuring that adult survivors of trafficking consistently receive high quality care wherever they are in the UK. This booklet intends to provide a flexible framework with guiding principles and practical recommendations that support agencies can incorporate into their own existing policies and procedures.

Its ultimate goal is to promote an integrated, holistic and empowering approach that places the real needs of survivors at the centre of the process of sustained recovery. The hope is that service providers will benefit from the consolidated experience of other agencies and, as a result of this, be more effective in their front-line work.



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This document was produced by the Human Trafficking Foundation in collaboration with several organisations and professionals working closely with survivors of trafficking across the UK. Their knowledge, expertise and considerable commitment have made this valuable work possible.

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Updates and future developments of this work will be published on the Human Trafficking Foundation's website at <http://www.humantraffickingfoundation.org/>

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The Foundation occupies a unique place in the fight against modern day slavery, with one foot in Parliament and the other in the anti-trafficking community. It has embarked upon a number of crusades in its four year of existence, including, but not limited to, the establishment of a network of over 100 Parliamentarians in EU Member State Parliaments; campaigns to raise awareness amongst politicians and policy makers; and research towards the identification of gaps in existing provisions.

The Foundation enjoys the confidence and support of a large network of NGOs working on the front-line with survivors. It is in this connection that I am delighted to introduce what I believe is a significant milestone in our journey to make people more aware of what is needed to help survivors plan their future.

Cristina Andreatta, who has worked for the Foundation for several years and has comprehensive research experience, needs to be congratulated for managing to bring together virtually all the shelters in the UK, getting them to talk together, and in doing so, produce a top-class report. It shows that higher standards of care are needed, and should be available to all survivors, wherever they are.

Anthony Steen,
Chairman of the Human
Trafficking Foundation

In my role as the UK's first Independent Anti-Slavery Commissioner the well-being of survivors of modern slavery is my utmost priority.

Victims of modern slavery may suffer from an array of serious physical and psychological health issues. This handbook is an incredibly valuable tool for frontline practitioners providing care to those who have experienced unimaginable suffering. I am endorsing these care standards as I believe that it is crucially important to ensure that high quality care is consistently provided throughout the UK by all organisations directly supporting survivors of modern slavery.

I am committed to ensuring that survivors receive the care and support they need to enable long-term healing, increased resilience, reintegration into society and the rebuilding of lives, and I understand that this requires the commitment and passion so often demonstrated by frontline practitioners. Survivors are also more likely to engage with statutory agencies such as law enforcement when they feel safe, believed and valued.

Multi-agency working is consistently shown to be a critical factor in ensuring that a holistic victim-centred approach is provided. The guidelines laid out in this document provide an excellent multi-agency framework and a clear navigation of the pathways that can be followed to ensure that every survivor across the UK will receive consistently high quality levels of support.

I want to thank the Human Trafficking Foundation and all the members of the Survivor Care Standards Working Group for their hard work in putting together this important document.

I look forward to working with the Foundation in ensuring that the guiding principles and recommendations are consistently implemented and adopted across the country. We will also work together to explore how information from the Care Standards can be most effectively included in training materials for statutory agencies, including law enforcement, as they too need to be properly equipped when working with survivors.

Kevin Hyland OBE,
Independent Anti-Slavery Commissioner

PREFACE

Establishing Care Standards for Trafficking Survivors

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A.1.1 The Human Trafficking Foundation

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

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

- Shaping policy - ensuring that existing policy is enforced and that new policy reflects the realities of human trafficking as seen by those working directly in contact with survivors;
- Supporting the efforts of the many agencies working at the 'front-line' of human trafficking by providing a sustained and collective voice for all of them;
- Raising public awareness and identifying opportunities for various types of intervention to combat human trafficking.

A.1.2 The National Advisory Forum

The Human Trafficking Foundation does not operate in isolation. Its work is guided and informed by a National Advisory Forum which meets quarterly. The Forum brings together NGOs, experts, civil servants, and frontline practitioners to share their experiences on the ground and discuss pressing issues that should be brought to the attention of policy makers.

A.1.3 The 'Survivor Care Standards' Working Group

As part of its core activities, the Human Trafficking Foundation has formed an Expert Working Group which brings together practitioners from the anti-trafficking field to discuss ways for improving support provision across the country. The group has established representation and commitment from several organisations across the UK - including faith and secular groups, contracted and non-contracted services and care providers for both men and women. Currently, the group is made up of the following organisations:

Ashiana (Sheffield), BAWSO (Wales), City Hearts (Northern England), Counter Human Trafficking Bureau (London), Helen Bamber Foundation (London), Hestia (London), Housing for Women (London), Medaille Trust (London), Poppy Project (London), The Salvation Army (United Kingdom), Community Safety Glasgow – TARA Service (Scotland), Unseen (Bristol).

A.1.4 The Survivor Care Standards

This group of experts has identified the need for standards which, building on the practical experience of the key agencies currently providing victim support, would offer guidance on care provision and promote a consistency of approach across the country to ensure better outcomes for all trafficking survivors.

A.1.5 The Aim of These Standards

These proposed standards aim to improve service provision by ensuring that adult survivors of trafficking consistently receive high quality care wherever they are in the UK. This booklet intends to provide a flexible framework with guiding principles and practical recommendations that support agencies can incorporate into their own existing policies and procedures.

Its ultimate goal is to promote an integrated, holistic and empowering approach that places the real needs of survivors at the centre of the process of sustained recovery. The hope is that service providers will benefit from the consolidated experience of other agencies and, as a result of this, be more effective in their front-line work. All support providers will be expected to embrace the principles outlined in this document and commit to the achievement of these core standards.

A.1.6 The Importance of Establishing Care Standards

Establishing trafficking survivor care standards is essential to ensure that, no matter who delivers the service, certain quality standards can be expected in the way support is delivered during and beyond the recovery and reflection period.

Trafficking survivors are entitled to good protection and care under the Council of Europe Convention on Action Against Trafficking in

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

The aim of these standards is not to recommend a model which requires a change in policy but rather to offer practical guidance that can help practitioners to improve assistance within the current framework. Since the first publication of these Standards (July 2014), the Government has introduced a review of the National Referral Mechanism (Home Office 2014), a Modern Slavery Strategy (Home Office, 2014), and passed a Modern Slavery Act (UK Parliament, 2015). Even so, the fundamental principles recommended in this document for supporting survivors should remain the same.

A.1.7 The Target Audience

The practical guidance contained in this document is aimed at all agencies that are set up to provide support and/or accommodation services to adult survivors of trafficking. These include specialised, independent anti-trafficking NGOs, sub-contractors under the Government's victim care scheme and other support services that provide assistance to survivors during or after the recovery and reflection period. Some of the core principles outlined in this document will also benefit a wider range of agencies that may come into contact with survivors, including law enforcement bodies and referring authorities.

A.1.8 Structure, Approach and Methodology

This document is divided into thematic chapters which offer guidance on the minimum organisational and support standards that should be adhered to and provided when working with trafficking survivors. A checklist of practical recommendations is included under each chapter and is intended to offer help for practitioners all the

way through the support process from the initial referral of a survivor into the service to their transition outwards from the service.

These standards have been prepared in response to extensive consultation and are realistic, proportionate, fair and transparent. They are based on information which has been collected through focus group sessions and in-depth interviews with service providers and trafficking experts as well as through the review of existing literature. Support agencies were regularly consulted when drafting and reviewing the content and their individual contributions informed key sections. A wide range of professionals - including lawyers, medical practitioners and clinical psychologists - were involved at various stages of the process to ensure the accuracy, completeness and reliability of the information provided.

A.1.9 Copyright

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

A.2 WHAT IS HUMAN TRAFFICKING

A.2.1 The Legal Definition

International: The 'Palermo Protocol' defines human trafficking as the 'recruitment, transportation, transfer, harbouring or receipt of persons by means of threat, or use of force, coercion or deception...to achieve the consent of a person having control over another person, for the purpose of exploitation' (UN, 2000, Art. 3). According to this definition, trafficking includes sexual exploitation, forced and bonded labour, domestic servitude, any form of slavery and removal of organs.

England and Wales: The Modern Slavery Act (UK Parliament, 2015) redefines the legal terms for trafficking offences in England and Wales. These new offences – an amalgamation of pre-existing legislation and 'new' modern slavery terminology – cover the definitions of 'slavery, servitude and forced or compulsory labour', 'human trafficking', and 'exploitation'.¹

For the purposes of these Standards, the term 'trafficking' is used throughout as a synonym for the more recently accepted UK terminology 'modern slavery'. However, it must be made clear that the aim of these Standards is to improve service provision for all victims of modern slavery, including trafficking.

A.2.2 Types of Human Trafficking

Human trafficking - which in current debates is referred to as modern slavery - can take different forms all of which violate the basic human rights of the person and can have devastating physical and psychological consequences. Types of human trafficking include (UNODC, 2009; 2012):

Sexual exploitation: this involves individuals profiting from the sexual exploitation of others. Usually, victims² are forced to prostitute

¹ Modern Slavery Act 2015, (c.30) s.1. 'Offences'. Available at: <http://www.legislation.gov.uk/ukpga/2015/30/part/1/enacted>

² Any reference to 'victims' across chapter 2. What is Human Trafficking is for the purpose of complying with established UK and International legal practices. However, it should be noted that we strongly advise that 'victims of human trafficking' be referred to as 'survivors' in recognition of their resilience, resourcefulness, and human agency.

themselves with very little or no pay, they are deprived of their freedom of movement and kept subjugated through the use of threats and violence. Forms of sexual exploitation include for example prostitution, pornography and lap dancing. This sex industry largely depends on a large pool of people being moved around and exploited in different locations and venues, often with debt bondage as well as physical and psychological coercion involved.

Forced labour: this occurs when work or service is exacted from a person under threat or penalty and therefore the person has not offered him/herself voluntarily. In most cases, victims are coerced to carry out work on, for example, farms, factories or construction sites for little or no pay. If they are foreign nationals, their passports are invariably confiscated by their traffickers and they may be made to live in terrible conditions and under constant threat. Often a bond or debt is used to keep the person in subjugation.

Criminal exploitation: this occurs when a person is coerced to become involved in criminal activities such as cannabis farming, forced begging, pickpocketing, shoplifting, etc. Often victims of trafficking end up in the criminal justice system and are treated as criminals instead of being protected as victims of a serious crime. In cases where the exploitation activity is in itself illegal, the risk of this happening is high.

Domestic servitude: this occurs when people are trafficked with false promises of good employment and then held in servitude in private households working under exploitative conditions, deprived of their liberty and sometimes physically or sexually abused. In some cases, forced marriage can lead to domestic servitude.

Child trafficking: children are trafficked for all types of exploitation. These include sexual exploitation, forced labour, domestic servitude, forced marriage, illegal adoption and participation in criminal activities - such as pickpocketing, shoplifting, ATM theft and cannabis cultivation. If and when trafficked children are abandoned, they are usually without money, identification papers and anywhere to go. They are especially vulnerable to physical abuse and rape.

Organ harvesting: this occurs when people are trafficked so that their organs can be sold to be used in transplants. Trafficking in organs occurs in three cases. Firstly, traffickers might force or

deceive the victims into giving up an organ. Secondly, victims formally or informally agree to sell an organ and are cheated because they are not paid for the organ or are paid less than the promised price. Thirdly, vulnerable persons are treated for an ailment, which may or may not exist and thereupon organs are removed without the victim's knowledge.

For each form of trafficking there are internationally recognised indicators that can be used to identify victims (e.g. Delphi Indicators, ILO, 2009).

A.2.3 The Scale of the Problem

Although it is difficult to establish the exact scale of human trafficking, due to the hidden nature of this crime, available data suggest that there could be millions of trafficked people across the world. The latest International Labour Organisation global estimates (ILO, 2012) show that there currently are 20.9 million forced labourers, of whom 880,000 are to be found in Europe. This estimate includes victims of human trafficking who are trapped in slave-like conditions, forced to work in restaurants, factories, construction sites, brothels, farms and private homes. The illicit total illegal profits obtained from the use of forced labour worldwide amount to US\$150.2 billion per year, of which US\$ 46.9 billion are made in the Developed Economies (ILO, 2014).

The latest human trafficking assessment published by the Serious Organised Crime Agency (SOCA, 2014) shows that in 2013 a total number of 2,744 potential victims were encountered in the UK – an increase of 22% compared to the 2,255 potential victims reported in 2012. Provisional data released by the National Crime Agency (NCA) indicates that in 2014 the total number of victims referred to the National Referral Mechanism (NRM) was 2,340 potential victims (NCA, 2015), which represents a 34% increase from the previous year. These figures, however, are unlikely to capture the full extent of trafficking in the country as they only refer to those cases that are being effectively detected. In fact, according to the Global Slavery Index (Walk Free Foundation, 2014) there could be at present as many as 8.300 victims of trafficking in the UK, many of whom remain in the shadows.

According to the NCA, the most prevalent countries of origin for adult victims referred into UK assistance are Albania, Nigeria, Vietnam, Romania and Slovakia (NCA, 2015). In terms of types of trafficking, sexual exploitation and labour exploitation are the two most common forms reported, although several cases of domestic servitude and criminal exploitation are routinely recorded.

A.2.4 The Emotional and Physical Impact of Human Trafficking

Inter-personal violence in various physical and psychological forms may be exercised by traffickers for a very long time, sometimes years. It can span the stages of recruitment, the journey, transit, arrival in the destination country and exploitation of the victim.

Survivors of any form of trafficking may suffer repeated acts of physical and/or psychological cruelty, abuse, exploitation and degradation. They may be subjected to physical violence, rape and sexual abuse, deprivation of their freedom and being forced to live in appalling conditions under constant threat. Some are psychologically controlled or conditioned by traffickers to the extent that they are unable to envisage escape. The damage to survivors' physical and mental health can be profound and enduring. It is important to understand that many survivors have suffered additional cumulative trauma from trafficking, having suffered traumatic experiences and various forms of inter-personal violence prior to being trafficked. In some cases this stems back to their early childhood or adolescent years. Some may have been exploited and/or trafficked several times before coming to the attention of support services (Helen Bamber Foundation, 2013, p. 69).

As a result of this abuse, trafficking survivors may develop a host of health conditions, including physical injuries, sexual health problems, chronic somatic health consequences and long-term mental health difficulties. Chronic health conditions may include fatigue, weight loss, headaches, dizzy spells, loss of memory, fainting, stomach and abdominal pain, chest and heart pain, breathing difficulty, back pain, vision and ear problems, etc. Emotional difficulties range from severe anxiety to depression, panic attacks, suicidal ideation and various forms of post-traumatic stress disorders (NHS Scotland, 2012; Zimmerman et al., 2006).

Understanding the long-term emotional and physical impact of human trafficking is essential to ensure that the support available for survivors is adequate to their needs and conducive to their sustained recovery (Helen Bamber Foundation, 2013).

A.2.5 The Legal Framework: Survivors' Entitlements

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

The care to which trafficking survivors are entitled under the 'Directive' includes:

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

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

A.2.6 The UK National Strategy

The UK has ratified the Convention and opted into the Directive. In 2009 the UK Government established a National Referral Mechanism (NRM) responsible for identifying potential victims of human trafficking and providing them with the protection and support they are entitled to, regardless of their gender, form of exploitation and current immigration status (HM Government, 2011; House of Commons, 2013).³

As far as the identification process is concerned, there are a number of authorised agencies – including police forces, the UK Border Force, Home Office - UK Visas and Immigration (UKVI), Gangmasters Licencing Authority (GLA), local authorities or certain NGOs – that are likely to come into contact with potential victims and are responsible for referring them into the NRM. The referring authority is known as the 'First Responder'. Two 'Competent Authorities', the UK Human Trafficking Centre (UKHTC) and the UKVI, are responsible for reviewing the information available and assessing victims. This work is divided between the two departments; UKHTC is responsible for UK, EU and EEA nationals and UKVI has responsibility for non-EU/EEA nationals (i.e. all those who require leave to remain in the UK).

Based on the information provided by the First Responders through an initial NRM form, the Competent Authority decides whether there are reasonable grounds to believe that a person has been trafficked. The threshold at this 'reasonable grounds' stage is low and defined by the principle 'I suspect but cannot prove' that the individual is a potential victim. Any person receiving a reasonable grounds decision is entitled to a 45-day recovery and reflection period, during

³ Information correct at the time of printing. Since when, a National Referral Mechanism Review (Home Office, 2014) has been commissioned by the Home Secretary, as part of the Government's wider commitment to eradicate slavery and protect victims through legislative and non-legislative work. The Review was asked to examine whether the NRM provides effective and efficient measures for supporting and identifying potential victims of human trafficking. The Review Report was published in November 2014, with pilot schemes due to be rolled out across the country during 2015-16.

which they can access safe accommodation as well as medical, legal and psychological support as prescribed by the Convention.

At the end of the recovery and reflection period, the Competent Authority makes a 'conclusive decision' which determines, on a 'balance of probabilities', whether there is evidence that trafficking has occurred, in which case the person is recognised as a victim of human trafficking. Being recognised as a victim, however, does not automatically trigger the issuing of a residence permit. Non-EU/EEA victims may be granted Discretionary Leave to remain in the UK for one year, in some cases longer, to allow them to co-operate with police investigations and/or based on their personal situation (Convention, Article 14(1) (a) & (b)). In addition, victims whose trafficking experience amounts to persecution, within the meaning of the 1951 Convention Relating to the Status of Refugees (UNHCR, 1951) or 'other serious harm' may be granted Refugee Status or Humanitarian Protection.

In England and Wales the Government's victim care contract is currently coordinated by The Salvation Army, which provides assistance to adult trafficking survivors through 12 sub-contractors located in the different geographical areas. In Scotland there is a similar victim care scheme that is coordinated by Community Safety Glasgow – TARA Service and Migrant Help. In Northern Ireland victim support is delivered through Women's Aid Federation Northern Ireland and Migrant Help.

In Scotland service providers are allowed to provide outreach support after the recovery and reflection period for as long as it is assessed that there is a need for it (usually between 12 to 18 months). In England and Wales, on the other hand, assistance can be prolonged beyond the recovery and reflection period only if the Competent Authority has not yet reached a 'conclusive decision' on a trafficking case or individuals are deemed to be particularly vulnerable. More often than not, once a trafficking decision is received, sub-contractors are expected to move people on regardless of whether or not they are fully recovered or ready for independent living. Normally, those individuals who receive a negative 'conclusive decision' need to exit the service within 48 hours and those who receive a positive 'conclusive decision' within 14 days.

At the end of the recovery and reflection period, those survivors who have a pending asylum claim receive further support through the Asylum Support Service whereas those who are legally entitled to be in the UK may be eligible to access mainstream provisions. In some cases, the long-term needs of survivors are met by independently funded services that can offer specialised care. In most parts of the country, however, the support available after the recovery and reflection period does not appear to be adequate to meet the complex needs of survivors, which often remain unmet.

Since the first publication of this document, the UK Government has launched a new Modern Slavery Strategy (Home Office, 2014) to more effectively combat this crime and support survivors. Furthermore, the Government's Modern Slavery Bill, which contains a package of legal reforms designed to improve the response of law enforcement and ensure that victims receive best practice protection and support, received royal Assent on 26th March 2015 to become a new Act of Parliament (UK Parliament, 2015).

At the same time, complementary work is being undertaken in the devolved administrations to improve local responses; the Northern Ireland Assembly passed a Human Trafficking and Exploitation Act (Northern Ireland Assembly, 2015), and the Scottish Assembly has introduced a draft Human Trafficking and Exploitation Bill (Scottish Parliament, 2015). As a result of these political developments, the current system for victims' identification, protection and assistance may change.

PART 1

Survivors Care Standards

1 ORGANISATIONAL STANDARDS

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1.1 PROFESSIONAL APPROACHES

If you are a support agency working with trafficking survivors, you should adopt and incorporate in all aspects of your work the following professional approaches. These will help survivors to develop trust and feel safe to engage.

Accessibility: the service needs to be equally accessible to all survivors. You should check before accepting new referrals that survivors meet your service criteria to ensure that you can assess and address their needs. If English is not their first language, you should always have a gender appropriate interpreter available (see Part 1 - section 2.1.2 Working with Interpreters). Your service should be welcoming and promote equality of access and engagement.

Confidentiality: you should ensure that survivors are made aware at the outset of the duty of confidentiality which applies to all persons employed by the support agency, so that they are clear and have a choice regarding disclosure. Any personal information shared by survivors should not be disclosed to any third party or agency without their prior informed consent (see Part 1 – section 2.1.1 Confidentiality and Informed Consent). Respecting confidentiality is crucial to promoting their trust in the service and encouraging their engagement.

Culturally-sensitive approach: you should actively promote equality and diversity, making sure that survivors are treated fairly and with dignity, on the basis of their individual needs and with full respect for their gender (including gender reassignment), race, nationality, ethnic or national origin, disability, religion, beliefs, sexual orientation or age. Your service provision should be diverse, inclusive and flexible to meet the different requirements of each survivor.

Empowering approach: you should support survivors to regain trust in their own ability to control their lives as this is a crucial step towards reducing their vulnerability and preventing re-victimisation. Be aware, however, that the ability of survivors to rebuild a sense of self-worth, confidence and empowerment will very much depend on their own resources, general and mental health.

In order to promote empowerment you should:

- Recognise that survivors are, despite their vulnerability, individuals with goals, dreams and aspirations;

- Give back control and restore the decision-making power of survivors as quickly and supportively as possible, by recognising that they are the experts of their own needs and are responsible for their own recovery;
- Provide support in a way that recognises their strength, resourcefulness and resilience.

Gender-sensitive approach: you should recognise that the needs of women and men are different and that, in order to treat them equally, their gender identity in relation to their needs and circumstances ought to be understood and acknowledged. Also, the impact of trafficking upon survivors may be different depending on their gender and/or type of exploitation. Your service should also strive to offer tailor-made support that takes into account the specific needs of survivors with due regard to other factors such as their age and their trafficking history.

Holistic and victim-centred approach: you should strive to provide integrated, holistic and survivor-led support that considers all aspects of each individual – including their physical, emotional, mental, spiritual, financial, legal and social well-being. You should place survivors at the centre of the decision making process and provide support based on their individual needs.

Human rights-based approach: you should recognise that trafficking is a severe form of exploitation that violates survivors' basic human rights. Therefore, your support should never be contingent upon their ability or willingness to cooperate with the authorities and should always be offered on an informed and consensual basis, with a view to respecting their human dignity and promoting their rights.

Multi-agency approach: you should adopt a multi-disciplinary approach and support the work of the Government and law enforcement agencies in a way that is respectful of your service users' human rights. You should work in partnership with mainstream providers to ensure that survivors are able to access all their entitlements, including access to health care, legal and financial help, and psychological support (see Part 1 – section 4 Multi-Agency Work).

Professional boundaries: you should bear in mind that trafficked survivors are vulnerable persons (whether adults or children) and that their vulnerability may not be obvious. Therefore, you should have policies and procedures in place that set limits for safe, acceptable and effective behaviour by workers. Fostering positive attachments and healthy

relationships within boundaries is a crucial step to keeping both survivors and workers emotionally safe. Breaches may lead to survivors feeling betrayed and/or dependent on individual workers.

Safe working approach: you should prioritise the safety of survivors, staff and volunteers by adopting adequate policies and procedures, and monitoring implementation across all your organisational activities (see ANNEX 1 – Health and Safety Policy).

Trauma-informed approach: you should recognise the impact of traumatic experiences upon survivors' lives and behaviours and always strive to do no further harm by ensuring that support is provided in a way that is respectful of their need for safety, respect, and acceptance (see Part 2 – section B.3 Advice for Non-Clinicians: Working with Survivors who Have Psychological Needs).

1.2 POLICIES

In order to protect the rights, safety and welfare of survivors, staff and volunteers, your organisation should develop and put in place a number of internal policies. Each policy should be reflected in standard operating procedures that are implemented and closely monitored throughout the organisational activities. A good range of policies must include:

- Child Protection and Safeguarding Children (including unborn children)
- Disclosure and Confidentiality
- Equality, Diversity and Non-discrimination
- Data Protection
- Referral and Access to Appropriate Healthcare Services (see Part 2 - section B.1 Appropriate Referrals for Healthcare Services)
- Health, Safety and Risk Management
- Lone Working Policy
- Professional Boundaries
- Safeguarding Vulnerable Adults
- Safer Recruitment
- Staff Support, Supervision and Development
- Stress Management Policy

A detailed description of what each policy should cover can be found in ANNEX 1 – Policies and Procedures.

1.3 SUPPORTING YOUR STAFF

It is important for your organisation to ensure that all front-line workers (both staff and volunteers) are properly inducted, trained and supported.

1.3.1 Staff Induction

As part of induction, staff should be introduced to:

- Service aims and objectives, how these will be achieved;
- Their role within the organisation;
- Organisational policies and procedures;
- Organisational approaches;
- The internal and external support available to them.

All front-line workers should be recruited based on their skills, competences and suitability for the job. However, in order to ensure the best quality of support for survivors, they should also receive, as part of their induction, training on issues relating to human trafficking and survivors' assistance. Initial training should cover the following key areas:

- Human trafficking issues (e.g. what is trafficking, types of trafficking, trafficking indicators, impact of trafficking, etc.);
- Working with interpreters;
- Appropriate referral and access to healthcare services
- Convention entitlements;
- General introduction to immigration and asylum issues (e.g. Immigration Law Practitioners' Association (ILPA) training);
- Welfare rights and entitlements;
- Working with police and the criminal justice system (including rights of witnesses);
- Multi-agency working;
- Professional relationships: boundaries, empowerment and confidentiality;
- Formal assessments (risk and need assessment) and safe engagement;
- Safeguarding vulnerable adults and children;
- Safety planning;
- Suicide and self-harm risk assessment/suicide prevention and intervention;
- Support planning.

1.3.2 Staff Development

Staff should also be encouraged to access further training and on-going development opportunities to increase their performance against the set competencies and to further their professional development. Training on offer should include topics such as:

- Counselling/listening skills/motivational interviewing;
- Diversity and cultural issues;
- Domestic violence and other forms of violence against women (VAW), including Female Genital Mutilation (FGM);
- Exiting prostitution;
- Debt bondage;
- Mental health issues;
- Report writing skills;
- Substance misuse;
- Working with trauma;
- Risks of vicarious traumatisation for staff.⁴

1.3.3 Staff Welfare

Working with trafficking survivors who have been severely abused and traumatised can be a stressful and emotionally challenging experience for front-line staff. The nature of this work puts them at risk of vicarious traumatisation, which can impact upon their emotional well-being and their ability to function and carry out their work. In order to promote the welfare of staff and prevent compassion fatigue and/or burnout, it is recommended that:

- The management fully understands the traumatic nature of the work and its impact upon the wellbeing of staff (it might be useful to have a 'Stress Management Policy' in place - see ANNEX 1 - Policy and Procedures);
- The management acknowledges the importance for staff to feel valued and supported at any time, and ensures processes are in place to enable this (this should be reflected in a 'Staff Support, Supervision and Development Policy' - see ANNEX 1 - Policy and Procedures);

⁴ Vicarious Traumatisation is defined as 'a transformation of the helper's inner experience, resulting from empathic engagement with clients' trauma material'. (Saakvitne & Pearlman, 1996,p.40)

- The management fosters a culture where it feels safe and normal for staff to share their experiences and openly talk about how their work affects them (within the bounds of client confidentiality);
- The management encourages mutual support amongst staff (e.g. through team away days, staff meetings, etc.);
- Front-line workers are trained to recognise signs of compassion fatigue and/or burnout and provided with tools and strategies that can help them manage their self-care more effectively (including grounding and breathing exercises, mindfulness, creative strategies, etc.);
- Front-line workers are encouraged to develop an understanding of themselves, to recognise their own strengths and weaknesses, their resources and boundaries;
- Front-line workers are offered regular supervision meetings with their line-manager to discuss any issues they may encounter in their work (once a month);
- Front-line workers are offered confidential clinical supervision and debriefing sessions with a trauma specialist psychologist who can support their work with victims but also provide them with an opportunity to talk about their own emotional well-being (once a month);
- Front-line workers are encouraged to regularly attend group sessions where they can share experiences and benefit from the support of their peers (every six weeks);
- Front-line workers are offered access to counselling if they need additional help to process trauma resulting from their work; 24/7 on-call support is available for emergencies debriefing;
- Front-line workers are encouraged, as much as possible, to take time off in lieu for hours worked beyond the normal working day;
- Front-line workers are encouraged to interact with other colleagues, both within and outside the organisation, and engage in advocacy activities and training to further develop their knowledge and skills, and feel less isolated.

2 DIRECT SUPPORT STANDARDS

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You should ensure that appropriate support standards are in place during all stages of support - from referral to exit. This chapter is designed to provide you with a checklist of practical recommendations that you should follow to ensure that good quality care is provided to all your service users.

2.1 REFERRAL PROCEDURES

Trafficked persons are found in different ways. There are a number of front-line agencies, including police forces, NGOs, local authorities, health care workers and immigration officers that may initially come into contact with them and refer them to specialised support agencies. The referral process is a delicate phase which needs to be handled carefully by referral agencies and support agencies to ensure the safety of both survivors and staff involved.

2.1.1 Confidentiality and Informed Consent

Any agency interacting and working with trafficking survivors should have a confidentiality policy in place (see ANNEX 1 – Policies and Procedures). This policy should cover service users, staff and volunteers as well as how interactions are to be managed with other services and statutory agencies, including how information will be/can be shared. No action should be taken without the survivor's 'informed consent', given with full knowledge of the risks involved, probable consequences, and the alternatives. To this end, it is important to ensure that:

- Organisational procedures are in place to ensure staff and volunteers understand confidentiality and informed consent;
- Survivors' options are clearly explained to them as well as how the agency can help them. It is important to be clear about the limits of organisational support so that survivors know what they can realistically expect and are supported to find other sources of help if needed;
- Interpreters should be available in all cases where the local language is not the survivors' first language (see Part 1 – section 2.1.2 Working with Interpreters);
- Survivors are given as much time as possible to enable them to make their own decisions, to understand the information they are being given and the consequences of any actions taken;
- Survivors feel confident that they can ask questions and have information explained repeatedly if needed. This enables them to make informed decisions.

2.1.2 Working with Interpreters

In order to facilitate communication between referral/support agencies and survivors, and ensure survivors are able to fully understand their rights and entitlements, it is crucial that interpreters are made available in all cases where the local language is not their first language (Council of Europe, 2005, Art. 12(1) (c)).

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

- Family members or friends are not used as 'surrogate interpreters';
- Survivors are able to choose the gender of their interpreter. If this is not possible, avoid asking for personal details of their account until an interpreter of the requested gender can be present;
- Interpreters are qualified professionals who have been Disclosure and Barring Service (DBS) checked;
- Interpreters fully understand the duty of confidentiality. This should be explained clearly to the service user at the outset of the first session with the interpreter present;
- Interpreters appreciate the importance of translating word by word questions or explanation, and any answer or information that survivors give. Interpreters make use of appropriate eye contact, presentation, linguistic skills - including speaking the right dialect and language;
- Interpreters do not indicate, through verbal or non-verbal means, any judgement regarding the survivors' conduct or experiences;
- Interpreters are briefed prior to, and following, appointments. It is helpful to brief interpreters who are not used to working with trafficking survivors to ensure they are comfortable about interpreting sensitive and personal information, and familiar with legal terminology;
- The case worker never asks the interpreter's opinion about any aspect of the survivor's behaviour and/or presentation unless this is solely to clarify the potential for cultural differences;
- Survivors understand what is being said and are comfortable with the interpreter. This should be explained to survivors at the outset of the first session with the interpreter so that they know they can raise any difficulty they have with the interpretation at any stage. Remember that survivors might not always feel able to assert their needs so staff should remain vigilant and notice any behavioural changes that could be indicative of discomfort. Also, interpreters should be questioned if what they have said does not seem to fit, has not been understood or appears incorrect;

- A telephone interpreting service is available if face-to-face interpretation is not an option. However, it is always best to have face to face interpreting whenever possible;
- All information received via an interpreter is recorded in the case notes, including the time of session/call and the name of the interpreter and/or translation service;
- Formal complaints are raised by the support agency if there are concerns about the interpreter's practice.

2.1.3 Key Considerations Prior to a Referral

First Responders or referral agencies are responsible for referring potential survivors of trafficking to appropriate support and formal identification through the NRM. If you are a referral agency, it is important to:

- Know and clearly understand the indicators of all forms of trafficking;
- Act only with the survivor's informed consent (see Part 1 – section 2.1.1 Confidentiality and Informed Consent);
- Act within a duty of care, addressing the survivors' immediate needs (food, clothing, etc.);
- Know appropriate referral routes – both NRM and non-NRM;
- Know how to refer for appropriate legal advice survivors whose circumstances are such that seeking asylum or humanitarian protection may be necessary;
- Explain to survivors the referral process and their entitlements;
- Ensure survivors give their informed consent to be referred to the NRM and/or to support services;
- Carry out an appropriate risk and immediate need assessment before filling in the NRM form;
- Understand and explain to survivors what services a particular support agency can offer (in cases where the referral is not made through the NRM, it might be useful to ask support agencies to send a copy of their service's rules and entry requirements).

Support services are usually contacted by First Responders and other referral agencies to check whether they can accept new referrals. Some First Responders can also provide support directly. If you are a support agency that is in a process of accepting a new referral you should:

- Gather as much information as possible regarding survivors from the referral agency, including indicators and/or reasons for trafficking concerns;
- Ensure your service is appropriate for individual survivors and they meet the service's minimum criteria for accepting new referrals (e.g. male/female, alcohol allowed/not allowed, drug use allowed/not allowed, mental health issues, suicide risk, pregnancy, etc.);
- Negotiate with the referral agency, including the police and other First Responders, the safest form of transportation to safe accommodation (e.g. be mindful of what survivors have been through and try not to recreate aspects of previous traumatic experiences; consider any risks of transporting survivors on public transport, in private vehicles, etc.; make sure only unmarked vehicles are used in police work; ensure safety of staff, etc.).

2.1.4 Key Considerations on Entry into Support Services

Once survivors have been referred and accepted by the support agency, it is important that you:

- Ensure safety and continuity;
- Address their immediate needs (food, clothing, rest, etc.) so that they can feel safe and comfortable;
- Ensure it was the survivor's choice to be referred (i.e. that they gave their informed consent to the referral agency);
- Ensure appropriate child protection and safeguarding policies are in place when working with adult survivors who have children or young dependants (see ANNEX 1 - Policies and Procedures);
- Ensure survivors understand the confidentiality policy and are willing and capable of providing informed consent to share personal information;
- Ensure that basic information on the referral form is accurate by speaking directly with survivors;
- Ensure interpreters are made available to survivors in all cases where the local language is not their first language (see Part 1 - section 2.1.2 Working with Interpreters);
- Keep communications simple and clear, taking appropriate case notes;
- Ensure the NRM process has been clearly explained to survivors and they understand that they can choose to enter or leave the support service at any point;
- Ensure survivors understand the service - what is being offered

and for how long, the basic 'rules' and boundaries, where the service is located, etc.;

- Manage expectations around the NRM and what support will be provided by the support service – including preparing survivors for the possibility of having to leave the service if denied a positive 'reasonable grounds' decision;
- Select and prepare gender appropriate interpreters, making sure they are able to present all information in an appropriate manner (see Part 1 – section 2.1.2 Working with Interpreters);
- Always work with survivors in a way that is sensitive to their needs and minimises any distress (see Part 2 - section B.3 Advice For Non-Clinicians: Working With Survivors Who Have Psychological Needs).

2.1.5 Appropriate Recognition of the Age of Young People

Many young people who have suffered trafficking will find that their stated age is not believed by the authorities. As a result of having their age 'disputed' they may be detained and their case put through accelerated asylum procedures, or they may be prosecuted and imprisoned with adults. They may also be accommodated with adults which is inappropriate and contravenes relevant statutory child welfare and protection legislation. Where there are concerns that a case may be one of a trafficked child, this becomes, first and foremost, a child protection matter.⁵

If you have any concern that an adult survivor of trafficking within your service provision may be a child you should immediately raise your concerns with the Local Authority Children Services, which are responsible for age assessments.⁶

⁵ It is important to bear in mind that an exact determination of age is not possible and a young person's appearance, in terms of how old they appear to be, can be misleading. From a developmental point of view, the 'cut off' point between the minor age of 17 and the 'majority' age of 18 is arbitrary. It has no bearing on the vulnerability or individual needs of any young person who has been, or is at risk of, human trafficking. Age assessments are also most likely to arise in cases where a young person is unaccompanied, without status in the country, lacking the support of a family and therefore vulnerable (Helen Bamber Foundation, 2013, pp. 96 – 97).

⁶ In England and Wales age assessments are undertaken by Local Authority Children Services where a child is an unaccompanied, separated migrant child, including where there are concerns the child may be a survivor of trafficking. For more information about current arrangements to support a co-operative approach to age assessment between see the 'The Joint Working Protocol on age assessment between Immigration and Nationality Directorate of the Home Office, now the UKBA, and the Association of Directors of Social Services (ADSS) (2006)[Online. Available at: <http://www.childrenslegalcentre.com/userfiles/file/AgeassessmentprotocolDecember2.doc>

If you are concerned about a survivor who may be a child:

- Act fast to refer them to Children's Services as the decision as to when, or if, an age assessment or re-assessment will be carried out. Be prepared to advocate for this;
- Advise the Children's Services that you will be referring a survivor to them and follow up by making that referral in writing, regardless of whether or not survivors have already undergone an age assessment;
- If you know that an age assessment has already been undertaken, it is important to contact the same local Children Services that conducted the assessment to see what information is already available;
- Inform the survivor's legal representative of your concerns as soon as possible and ensure that they are aware of any referral you are making to Children's Services;
- You should be aware that your local authority may be part of the one year Advocacy for Trafficked Children pilot scheme commencing in August 2014. As such they may have a role to play in advocating on behalf of survivors that claim to be or are suspected to be children;⁷
- You should bear in mind that in cases where a survivor has already undergone an age assessment, Children Services are required to re-age assess if new information comes to light. As service providers, who may be in daily contact with survivors, the observations which have prompted your concerns are valid and should be understood as part of the holistic age assessment process.

An age assessment for a survivor of trafficking should be:

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

⁷ Under the Home Office funded scheme, child victims will be allocated a specialist advocate trained in the unique needs facing these children. The advocates will provide each child with a single point of contact to guide them through children's services and the criminal justice and immigration systems.

Child protection issues (including safety, welfare, housing, therapeutic care and related needs as well as contact with the authorities/police) must take immediate precedence over concerns with determination of the age of the survivor.

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

2.1.6 Access to Healthcare

A detailed explanation of healthcare referrals, and advice for non-clinicians working with survivors of trafficking, is provided in Part 2. Enhancing practice in relation to the health and well-being of survivors.

Health and wellbeing should be an immediate, primary concern for all professionals working with survivors of trafficking. Physical injuries, psychological problems and illnesses may not be obvious or visible in many cases and it is important that the person has access to appropriate healthcare services as soon as possible.

Each survivor of trafficking should be offered early and straightforward access to:

- A GP: registration with a local GP provides survivors with essential healthcare for any physical and psychological injuries. A GP also provides an appropriate referral gateway for further secondary and tertiary treatment if it is required (see Part 2 – section B.1.1 Registering with a GP);
- Sexual health screening services: in cases where there has been sexual contact, sexual health screenings should be conducted in order to treat any Sexually Transmitted Infections (STIs) as early as possible. Some STIs are asymptomatic, so sexual health screening is essential (see Part 2 – section B.1.2 Access to Sexual Health Services);
- Therapeutic care which is appropriate for their psychological needs: where there are concerns that a person has psychological difficulties, a referral should be made to a GP so that the person can be assessed by a qualified professional and referred for appropriate treatment if needed. Referrals can also be made to

specialist clinical charities (see Part 2 – section B.2 Understanding the Psychological Needs of Survivors).

In some cases, the immediate psychological needs of clients must take precedence over all other considerations. Survivors who express suicidal intent (i.e. if the client is talking about an intention to kill themselves, has a suicide plan and/or is acquiring the means to commit suicide) should be referred urgently (the same day) to their GP. Where there is immediate suicidal intent or planning, accident and emergency services at local hospitals can be contacted.

2.2 SUPPORT PLANNING

Appropriate risk and need assessments should be carried out as soon as survivors are referred for support in order to promptly establish their support requirements and plan assistance. When conducting this type of assessment you should always bear in mind that, with appropriate support, survivors are best placed to identify their own needs and your role should be to help them identify and address those needs.

2.2.1 Assisting Survivors to Engage with Support Services

Whenever you are working with survivors, strive to do no further harm and remain aware that eliciting information without establishing a relationship of trust can undermine the support process and risk loss of contact with survivors (see Part 2 - section B.3 Advice for Non-Clinicians: Working with Survivors who have Psychological Needs).

Each time you arrange a meeting with a survivor, it is recommended to:

- Keep the number of staff attending the session to a minimum, making sure survivors are clear about who is working with them and why;
- Remain observant for signs of pain, disability, injury or trauma and make survivors as comfortable as possible;
- Avoid a structured interview format which could intimidate survivors and try instead to gather the information as part of an organic conversation;
- Show respect for survivors' cultural, spiritual and gender needs as well as for their personal integrity and privacy;
- Show an interest in helping survivors to solve their immediate practical needs;
- Ensure survivors feel in control of what information they share;

- Ensure survivors know that they can stop or take a break at any time;
- Be prepared to respond sensitively to any emotional distress resulting from the conversation;

2.2.2 Recording, Retaining, and Storing Data

It is important that you accurately record relevant and objective information in case notes and store them appropriately. All records should be complete and accurate enough to allow all employees working on the case and other agencies that may be authorised to access this information to undertake appropriate actions in the context of their responsibilities.

Remember that the information contained in a case note might be used as evidence to inform additional information reports for the Competent Authorities, to support advocacy, and to challenge external agencies' misperceptions or poor NRM decisions. It may also be requested by the Police and the Court, should survivors decide to be involved in criminal investigations and/or proceedings. It is therefore important to:

- Ensure the authenticity of the records so that the evidence derived from them is shown to be credible and authoritative;
- Ensure all records are stored in an environment that provides the requisite levels of security and protection to prevent unauthorised access, damage or loss, whilst allowing maximum accessibility to the information appropriate with its frequency of use.

Be mindful that all personal and sensitive information kept about survivors should be processed in line with the Data Protection Act. Disclosure and disposal of this information should therefore be undertaken in accordance with clearly established policies and supported by appropriate documentation (see ANNEX 1 – Policies and Procedures).

2.2.3 Risk Assessment

It is important that a risk assessment is performed prior to, and again after, a survivor's arrival in the service. Before accepting new referrals, you should conduct a preliminary crisis risk assessment based on the information you receive from the referral agency to ensure the safety of survivors, staff and other service users in the

house. Within 24 hours of a survivor's arrival in your service, you should conduct a full risk assessment with a view to establishing their immediate needs and put in place a proper safety plan.

When conducting a risk assessment, it is crucial to:

- Draw relevant information from the referral agency or other agencies involved with the survivor, by checking any existing risk assessments;
- Have a conversation directly with survivors to check whether they feel safe or at risk for any reason;
- Conduct the risk assessment in a culturally sensitive and tactful way with a view to minimise any potential distress for survivors;
- Identify in partnership with survivors key areas of concern and put in place a survivor safety plan which can mitigate the following risks:
 - Risk from traffickers;
 - Any physical, sexual or mental health issues;
 - Risk of self-neglect;
 - Risk of suicide;
 - Risk of self-harm;
 - Any substance misuse;
 - Any risk taking behaviours;
 - Risk of harm to others;
 - Any spiritual abuse;
 - Risk of the victim leaving/absconding from accommodation without notifying staff;
 - Risk on return.

A full list of issues you should consider when assessing these risks is enclosed in ANNEX 2 - Risk & Need Categories;

- Listen to and respect the survivor's own assessment of the situation and ensure all information collected is kept confidential and only used in their best interests, with their informed consent;
- Identify priority questions based on the level and likelihood of risk and carry out a more in-depth assessment at a later stage when the survivor feels safer and more settled;
- Inform all survivors of the service's health and safety policies, encouraging them to take responsibility for their own safety and the safety of other service users. For example, in a safe house

service it might be a good idea to have a group discussion with all the residents in the house about safety. It is also important to encourage survivors to use technology safely (including phones, internet and social media) to minimise any potential risks of being found by traffickers;

- Put in place appropriate risk management plans to ensure survivors' safety and mitigate risks to the other residents and also to the organisation;
- Ensure all identified risks are incorporated in the survivors' individual care plans;
- Bear in mind that risks can change. Therefore you should periodically review the risk assessment to ensure that all safety needs are met at any given time.

2.2.4 Need Assessment

As soon as it is safe to do so, you should carry out a more in-depth assessment that looks at all aspects of each individual, including their inter-dependence on other persons, services and psycho-social interactions, to establish their support needs. A complete need assessment should cover the following key areas:

- Physical and sexual health needs;
- Psychological and emotional needs;
- Cultural and spiritual needs;
- Practical and psycho-social needs.

A full list of needs that should be considered as part of a need assessment is enclosed in ANNEX 1 - Policies and Procedures.

2.2.5 The Survivor Support Plan

The survivor support plan should be based on the outcomes of the individual risk and need assessments, and prepared with the direct involvement of survivors. During this process, it is crucial to establish trust, with mutually agreed, realisable objectives and to avoid making any promises or guarantees to survivors which may not be possible to fulfil. The survivor should be placed at the centre of the process about any decisions on their support and support should be planned in a way that promotes their empowerment, self-efficacy and independence. They should be encouraged to regain their agency and supported to reintegrate in the community. Remember

that your role is to assist survivors to understand their rights and entitlements in relation to support and make their own informed choices. Survivors should always feel in control of the support plan process. So, for instance, if you make a suggestion which they are not comfortable with, they should not feel compelled to follow it.

When planning support you should make sure that:

- The survivor support plan reflects the needs and aspirations of the survivors as much as possible. Remember that their basic needs – such as food, clothing, shelter, and immediate physical safety – should be met before you can effectively work on higher level needs, such as self-confidence, empowerment and self-realisation. See Maslow's Hierarchy of Needs (Maslow, 1943);
- The survivor support plan is seen as an organised and manageable structure through which survivors can identify problems, prioritise needs, set realistic goals and tackle problems;
- The survivor support plan helps survivors to acquire skills, knowledge, self-confidence and self-awareness, while providing them with a means for identifying available support;
- The survivor support plan promotes survivors' empowerment, by establishing autonomy and helping them to feel part of a team with mutually agreed goals and expectations;
- The survivor support plan encourages survivors to take responsibility for making decisions and provide clear evidence of their ability to take control of their own life;
- The survivor support plan identifies areas of development and achievable goals; wherever possible, you should encourage survivors to take small steps towards meeting their goals rather than having goals achieved for them;
- The survivor support plan is agreed, signed and owned by survivors;
- The survivor support plan is subject to regular reviews to allow survivors to alter their goals and aspirations and to reflect any change in need or desired outcome;
- The survivor support plan is used to monitor progress made by survivors as well as the effectiveness of the support provided by your service and by external agencies;
- Any further amendments to the survivor support plan are clearly recorded and survivors have an up-to-date copy.

2.3 EXITING THE SERVICE

Any support should start with the end in mind and all survivors should be made aware that the support being offered is limited. It is therefore crucial that an exit strategy is devised as soon as survivors are rehabilitated to the fullest extent possible and are sufficiently safe, so that they can get ready for independent living. Remember, however, that what survivors want may not always result in the desired or expected outcome so the exit plan should only set realistic expectations.

Before the survivors exit a support service, it is recommended that you:

- Give survivors time to explore and understand all the exit options available to them, including repatriation if they have expressed a clear desire to return home based on an informed decision;
- Assist survivors to move on from the service, including finding suitable accommodation and financial support, and making appropriate travel arrangements;
- Carry out a final assessment – using an appropriate outcome monitoring tool – to identify areas where survivors have made progress and/or needs that have not been fully met yet. The exit interview should include an evaluation of the support they have received and cover the following areas:
 - Safety (including risk from traffickers);
 - Legal issues/immigration status;
 - Ongoing access to appropriate healthcare services;
 - Drug and alcohol misuse;
 - Housing and finance (access to welfare, managing money and debts);
 - Living skills (readiness for independence);
 - Education and work;
 - Social and spiritual networks (contacts with family, friends, and community agencies);
 - Return options.
- Ensure that an effective multi-agency approach is embedded in the way your service operates so that survivors have access to additional support upon exiting the service;
- Assist survivors to research what services are available in the local area where they are moving to. Ensure survivors are provided with a move-on package, including a list of useful contacts, addresses, numbers and referral forms they can use if needed. If survivors consent to

it, you could also make referrals to external organisations in advance of their departure;

- Celebrate the exit of survivors from the service to help them welcome this step as a positive outcome in their life.

If you provide accommodation to survivors of trafficking you should consider registration with a regulatory body and make sure your premises are safe, secure, fit for purpose and in a confidential location. More specifically, you should ensure that:

- Accommodation is not located in the proximity of a crime/red light area or near establishments selling sexual services;
- Accommodation can accommodate age, gender and special requirements of individuals, including medical and disability needs as well as cultural and religious needs (see Part 1 - section 1.1 Professional Approaches);
- Accommodation addresses are kept confidential by both staff and service users and if there are trafficker-related risk concerns about a survivor in a property, he/she is moved immediately;
- Survivors are informed of their rights, responsibilities and anticipated length of stay in the accommodation;
- Safety rules of the accommodation are explained to survivors clearly, in a language they can understand – including non-disclosure of address to family and friends, curfews, organisational policies and procedures about moving tenants for safety reasons etc.;
- Staff are provided guidance on how to report missing persons to the police should survivors leave or abscond from accommodation without notifying staff (see ANNEX 1 - Policies and Procedures);
- Accommodation safety is prioritised and security systems such as spy holes, intercom systems and CCTV cameras are well maintained, as is the functioning of doors and windows (window locks, panic alarms, police flag on property are highly recommended);
- Accommodation is subject to the Health and Safety Executive's standards, including fire and evacuation procedures;
- Accommodation is fit for purpose and has adequate repairs and maintenance systems;
- Where staff are not permanently on site, a 24/7 emergency number or on-call service is available;
- Survivors are consulted regularly about the service they receive to ensure that accommodation and support are fit for purpose and they feel secure;
- All complaints are monitored and strict procedure is followed to ensure complaints are acted upon; survivors are informed of all action or response taken.

When a person has no other option other than to be placed in the Asylum Support Service's accommodation and the service provides outreach support only, it is important that the safety and suitability of such accommodation is checked (it might be appropriate to liaise with the Competent Authority and local police).

4 MULTI-AGENCY WORK

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Promoting a multi-agency approach is crucial not only to ensuring the prompt identification of trafficked persons but also to provide them with adequate support for as long as they need in order to rebuild their lives. Individuals who have survived trafficking frequently have medical, psychological, legal and practical needs that will only be met by establishing partnerships with local services - including GPs, NHS services, solicitors/regulated legal advice agencies, therapists, local authorities, the Department for Work and Pensions (DWP), police, community support groups, recruitment agencies, educational institutions, etc.

4.1 ADVOCACY

The creation of joined up services and effective advocacy are key to ensure that survivors can fully access their entitlements and are well supported throughout their recovery process. It is therefore important that case workers providing direct support to survivors make a conscious effort to:

- Ensure they have survivors' informed consent to advocate for them;
- Ensure that they always act in survivors' best interests wherever possible and are assertive on their behalf;
- Explain to survivors their rights and entitlements, ensuring that where required, they have access to appropriate legal advice on how these might change depending on their immigration status. Remember that it is unlawful for staff to offer legal advice unless they are accredited to do so (it is advisable to encourage front-line staff to access the Office of the Immigration Services Commissioner (OISC)'s immigration advice training);
- Be clear about the work they are doing on behalf of survivors and the reasons why;
- Understand survivors' individual needs, and ensure they are fully supported in getting their needs addressed;
- Assist survivors to develop the confidence to do things on their own and to speak up for themselves, by affirming their individual strength, abilities and resilience;
- Work in partnership with other agencies to raise awareness about survivors' needs and to establish fast-track pathways for referrals.

4.2 WORKING WITHIN THE NRM SYSTEM

The Competent Authorities decide whether or not a person is a victim of trafficking based on the initial information provided by the First Responders in the NRM referral form as well as any additional information

provided by those support agencies that assist survivors during the recovery and reflection period.

If your organisation is acting as a First Responder for the NRM it is crucial that you adopt a survivor-centred approach, explaining the purpose of the process and who will have access to their information. In order to ensure that the survivors' rights are fully acknowledged, protected and their consent is informed it may also be appropriate to seek independent legal advice before referring survivors into the NRM system.

If your organisation is acting as a support agency and you are requested to provide additional information to the Competent Authority in respect of a conclusive NRM decision, it is recommended that you:

- Read the most up-to-date Competent Authority guidance (Home Office, 2013);
- Consider requesting a copy of the completed NRM form from the First Responders but be prepared to advocate strongly for that. Please bear mind that the content of the form may be subject to restrictions under the Data Protection Act so further dissemination will require the permission of survivors and the Competent Authority's approval;
- Check that information on the NRM form is as accurate and thorough as possible;
- Provide a more detailed account of survivors' history/trafficking indicators;
- Explore reasons for any discrepancy with original account/NRM form⁸;
- Consider sending the NRM reports to survivors' legal representatives to highlight and, wherever possible, explore reasons for any discrepancies with the information disclosed as part of their applications for Refugee Status, Humanitarian Protection or Leave to Remain in order to meet obligations under the Convention;
- Gather additional and supporting evidence from other organisations which survivors may be getting support from – such as the Community Mental Health Team, social workers, legal advisors (within the limitations of legal professional privilege), police forces, clinical psychologists, etc.;

⁸ It is very important that every effort is made to ensure that the information gathering process is undertaken in a fair, transparent and accurate manner. Asking open, objective, non-leading questions is therefore an essential part of this process.

- Where appropriate, request and include medico-legal reports, including physical and psychological assessments done by an appropriately qualified expert such as a specialist doctor or a clinical psychologist or psychiatrist (see Part 2 – section 4. Medico-Legal Reports);
- Include any information on continued contact with traffickers etc.;
- Give an objective assessment of survivors' vulnerabilities and their needs, including their safety needs;
- Provide details of survivors' opinions on, and feelings about returning, including any safety concerns they may have;
- Make clear whether survivors are planning to engage with the police and/or are likely to be witnesses in criminal proceedings;
- Use your experience and knowledge to support the evidence gathering process and ensure that trafficking indicators are adequately considered by the Competent Authority;
- Make reference to reports, such as the Country Information and Guidance Reports (issued by UKVI and The Upper Tribunal - Immigration and Asylum Chamber), the Trafficking in Persons Report (UNODC, 2009; 2012). It may be necessary to obtain an independent expert report which has specific detail on trafficking in relation to a particular country;
- Maintain open communication with the Competent Authority and be prepared to provide them with additional information as it arises, making sure survivors give consent to share this information.

Although the recovery and reflection period is time limited, prior to making the NRM decision, the Competent Authority must be made aware of any specific circumstances of the individual which you consider warrants more than the 45 day period. The Competent Authority should consider all representations made in deciding whether an extension is appropriate to provide the potential survivor with a further period of recovery. Likely reasons for the extension should include health issues, mental health/psychological issues (including Post-Traumatic Stress Disorder) and high levels of victim intimidation.

If you need to request an extension of the recovery and reflection period, it is important that you:

- Provide the Competent Authority with as much notice as possible and clearly explain the reasoning for an extension (e.g. too vulnerable due to late stage of pregnancy, ongoing trauma, mental and/or physical health issues etc.). If you are waiting for a medico-legal report, you should provide approximate timescales;
- Request in writing and/or record any discussions with the Competent

- Authority in your case notes. Make sure you take note of the date and time, the names of the Competent Authority's officials you were in contact with and the details of the conversation;
- Request in writing a detailed explanation as to why an extension has been refused. Be prepared to contact the Competent Authority's senior officials if necessary for further discussion on refusal.

In some cases, the Competent Authority may conclude that a person has not been trafficked. It is vitally important that the Competent Authority is provided with complete and accurate information to make an informed NRM decision. If a negative NRM decision is made and there are reasons to believe that the Competent Authority was ignorant of a material fact, such facts should be submitted to the Competent Authority together with a formal request for reconsideration of the negative decision. In order to do so effectively, you should:

- Put your request in writing, even if this is to summarise previous discussions;
- Clarify the reasons for requesting a reconsideration and provide evidence of your concerns;
- Provide clarification on any contentious comments (including comments that are subjective and/or factually incorrect) contained in the NRM decision;
- Make sure you are familiar with the relevant Convention articles and reference these in your request;
- Speak to other agencies who may be providing support and reference them;
- Notify the Competent Authorities of any new or 'fresh' information that has come to light;
- If necessary, refer survivors to a solicitor who has a civil contract with the Legal Aid Agency under which they can currently apply for a judicial review of negative NRM decisions. You should bear in mind, however, that a judicial review will highlight failure to apply guidance but will not challenge the 'quality' of the decision.

4.3 WORKING WITH THE POLICE AND CRIMINAL JUSTICE SYSTEM

Support agencies may be required to support and accompany those survivors who intend to report the crimes of traffickers to the police, provide witness testimony and cooperate with police in criminal investigations. In order to facilitate this process, you should:

- Establish good working relationships and partnerships with local police forces, the NCA and UKVI to ensure survivors can safely provide intelligence about their trafficking experience if they so wish;
- Provide survivors with clear information about cooperating with the police. Be prepared to address any concerns they may have and ensure they are fully aware of their options. If possible arrange an informal meeting with a trusted police officer to clarify the process;
- Ensure police officers are sensitive to the vulnerability of survivors and keep the number of required interviews to a minimum. If more than one interview is required, encourage any further contact to be coordinated via your service;
- Encourage police officers to take the main statement from survivors in a neutral venue - such as service meeting rooms or specialist police office/sexual assault interview rooms - to minimise any distress;
- Avoid future statements or police visits to survivors' accommodation. Their home/bedroom should be viewed as a safe place rather than associated with a feeling of distress;
- If survivors choose to cooperate with the police, ensure they understand that they can withdraw from the process at any time or choose to give intelligence to police anonymously without pressing any criminal charge against their traffickers.

All survivors wishing to speak with the police should be provided with options as to how they can safely do so. These include:

- Early interviews: police officers could be invited to informally meet survivors who have concerns about speaking formally to the police, to provide reassurance and an explanation of the process. During this interview, survivors would not be required to give their real name and could choose whether they wish to disclose any information;
- Sanitised intelligence accounts: survivors could choose to provide an overview of their trafficking history and details/phone numbers of traffickers but ask for any information that could identify them to be removed;
- Formal statements: survivors could choose to provide formal accounts of their trafficking experience and how this has affected them. This process should be co-ordinated directly with the investigating Police Force. As further guidance is required, you should consider contacting the UKHTC's team of expert tactical advisors.

If survivors agree to be formally interviewed by the police, it is recommended that you:

- Request for their case worker to attend interviews/statements as a 'supporter' with a view to provide emotional reassurance rather than answering on behalf of survivors;
- Encourage survivors to request breaks or to end the interview if they feel distressed/tired;
- Request a break if something needs to be explained or clarified to police;
- Ask for a postponement of the interview if survivors do not feel fit for it. Remember that trafficking survivors are victims of a crime and as such entitled to postponements;
- Ensure police officers respect survivors' rights and treat them with dignity. Remember that survivors may not feel able to refuse the police so you need to be assertive on their behalf.

If survivors choose to act as witnesses in court proceedings, it is important that you:

- Request that special measures be put in place for vulnerable witnesses;
- Arrange a pre-court visit and request for a case worker to accompany survivors as a 'supporter'(where appropriate);
- Request for a case worker to accompany survivors to the witness interview (precognition) again as a 'supporter';
- Communicate well and appropriately with the Crown Prosecution Service (CPS), either directly or via your local police contact;
- Establish good links with your local victim support agencies - e.g. Victim Information Advice Service (VIA), the Children and Family Court Advisory and Support Service (CAFCASS) - Defence Solicitors, the CPS and the Crown Office and Procurator Fiscal Service (COPFS);
- Arrange any additional support survivors may require to attend planned court interviews;
- If survivors intend to return to their country of origin but are still required as witnesses, make sure you establish in advance of their departure who should maintain contact with them and the frequency of such contact. Make sure they know that support will be provided to facilitate their return and/or arrange for video evidence to be provided from the country of origin if it is safe to do so. It may be appropriate to ask COPFS/CPS and police forces to carry out a risk assessment before their departure to ensure it is safe to involve the police in their country of origin.

4.4 ACCESSING SERVICES AND ENTITLEMENTS

Best practice suggests that survivors of trafficking should be entitled to access healthcare services and therapies for psychological needs, legal advice, financial support, community support, educational and employment opportunities. In practice, however, their ability to access some of these crucial entitlements may depend on their immigration status and will often require strenuous advocacy even in cases where there are no legal restrictions.

In order to support survivors to access their entitlements, it is important to:

- Be familiar with the Convention and the Directive and have a good knowledge of survivors' rights and entitlements. Be mindful of any legal restriction to access certain entitlements and be prepared to seek independent legal advice if needed. It may also be helpful seeking direct advice from appropriate agencies;
- Establish good working relationships with external agencies and healthcare services located in your local area and make onward referrals on the basis of assessed needs;
- Make sure survivors are well aware of what they can expect from each service and know what they need to do in order to access their entitlements; it may be useful to provide them with a booklet containing information about what they can expect from each service – translated in a language they can understand;
- Carefully consider what information is shared (or not shared) with other organisations in accordance with a duty of confidentiality and informed consent (see Part 1 - section 2.1.1 Confidentiality and Informed Consent);
- Support survivors to liaise with external agencies. Be aware that some survivors may not feel confident at first or there may be other safety concerns; as soon as they feel ready, you should encourage them to attend appointments on their own as a way to promote their independence and empowerment;
- Be prepared to strongly advocate on behalf of survivors to ensure they can access their entitlements and try to encourage them to assert themselves in relation to their specific needs.

4.4.1 Access to Legal Advice

All survivors should be referred for legal advice as soon as possible and where possible they should be given a choice as to who they want to represent them legally. Normally, legal advice is required in relation to an immigration and asylum matter. However, it

is advisable to ask solicitors/legal representatives to support survivors through the NRM process as well. In order to help survivors accessing legal support, it is recommended that you:

- Establish good links with local firms that offer legal aid or pro-bono legal support. It may be appropriate to provide solicitors with advice and training to ensure they can identify survivors and respond appropriately to their legal needs;
- Offer legal advice appointments to all survivors, making sure they are comfortable sharing information about their case with a legal representative. It is advisable that a solicitor is contacted as soon as survivors are referred for support so that they can access legal assistance as a matter of priority;
- Encourage solicitors to clearly explain to survivors their rights and entitlements, their legal options and what information will be required from them;
- If survivors choose to claim asylum, remember you can request permission from the UKVI for a case worker to accompany survivors to both the screening and substantive interview as a 'supporter'(where appropriate);
- Ensure survivors are offered independent legal advice on any matter they may require support with (including immigration, criminal law, family and employment rights, etc.).

4.4.2 Access to Compensation

The Council Framework Decision 2001/220/JHA of 15 March 2001 (OJ L 82, 22.3.2001, p. 1) on the standing of victims in criminal proceedings establishes a set of victims' rights in criminal proceedings, including the right to protection and compensation. According to the 'Directive' (2011/36/EU, para. 19) human trafficking survivors should be given access without delay to legal counselling and, in accordance with the role of victims in the relevant justice systems, to legal representation, including for the purpose of claiming compensation.

In the UK, victims of serious crimes - including human trafficking - may be eligible for compensation under the Criminal Injuries Compensation Scheme (Ministry of Justice, 2012). It is therefore important that survivors are made aware of their entitlements under this scheme.

In order to help survivors apply for compensation, which they may

qualify for if they have suffered criminal injuries, it is important that you:

- Encourage survivors to seek independent legal advice for more information and support throughout this process. Law centres or victim support groups may be able to provide pro-bono assistance on these matters;
- Consider offering training to case workers on how to complete Criminal Injuries Compensation Authority (CICA) applications, in cases where solicitors are not be involved in the process;
- Bear in mind that the Criminal Injuries Compensation Scheme requires that all incidents, for which a claim is made, be reported to the police. Therefore, if survivors intend to claim for compensation but are not ready to speak to the police, you should ensure that an application is filed as soon as possible and request for it to be put on hold until they are ready to work with the police, so that they do not miss any deadline.

4.4.3 Recourse to Public Funds

As soon as survivors receive a conclusive grounds decision, survivors may be entitled depending on their immigration status to access mainstream welfare entitlements, such as financial support and housing. In order to adequately support those who have recourse to public funds, it is important that you:

- Ensure case workers are trained on welfare rights so they can support survivors to access all their entitlements through appropriate referral;
- Establish partnerships with key agencies, including the DWP, Jobcentre Plus and local authorities, to ensure the needs of survivors as vulnerable adults are well understood and they can have fast-tracked access to financial support and housing;
- Schedule an appointment with the Jobcentre Plus as soon as possible to help survivors to get a National Insurance Number (NINO). It may be difficult to request a NINO without an NRM certificate which could take time to be issued; in this case, it could be useful to use NRM letters to facilitate your advocacy work;
- Be aware that it can take a long time for a NINO to be issued; without a NINO, survivors will not be able to claim housing and/or other benefit so the risk of them becoming homeless after the end of the recovery and reflection period should be considered and mitigated;
- Be aware that survivors may be entitled to a range of benefits; you

- should help them explore their options and ensure they can fully access their entitlements;
- Help survivors access housing and be prepared to advocate on their behalf to ensure they are not placed in unsuitable accommodation, such as mixed hostels; if they end up in shared accommodation, make sure it is safe for them to live there;
- Make sure you advocate as necessary on their behalf if there are issues with the Habitual Residence Tests. It may be useful to use NRM letters to support advocacy;
- Establish good working relationships with private landlords and housing providers that might be able to help accommodate survivors while they are waiting for their permanent accommodation;
- Establish good links with the local Citizens Advice Bureau and law centres (e.g. The AIRE Centre, Legal Service Agency, Ethnic Minorities Law Centre, etc.) that can provide advice on welfare entitlements;
- Signpost survivors and make onward referrals to services that support the integration of migrants and refugees.

4.4.4 Access to Spiritual and Cultural Support

Survivors may have specific cultural and spiritual needs. It is particularly important that support agencies are able to provide a space for them to explore safe ways to address these needs, if they wish to do so, by adopting a holistic approach to care which recognises the complexity of the person as a whole (body, mind, spirit).

In order to support survivors to address their individual spiritual and cultural needs, it is recommended that you:

- Ensure survivors are given the option of obtaining spiritual support if desired;
- Ensure spiritual support is provided separately from the daily support work. Key workers should not be directly supporting spiritual needs but rather signposting survivors to appropriate groups (churches, mosques, other spiritual groups). In some cases, survivors may require staff support to attend such meetings, but this should only be undertaken if staff are comfortable and boundaries are clear;
- Make sure staff and volunteers do not impose their religious beliefs or non-beliefs on survivors;
- Ensure survivors understand the need to protect their own safety, encouraging them to establish trust and respectful relationships

before disclosing their trafficking experience to clerics such as imams, pastors, priests, vicars, other members of a congregation. Work with them on appropriate but safe responses to questions such as 'when' and 'how' they arrived in the country;

- Ensure that the spiritual support survivors receive makes them feel good about themselves, by increasing their sense of freedom and self-worth. Check with them regularly how they feel about it, to ensure they are choosing to go freely and they feel in control of their choices. Explore their communication with spiritual leaders and other members of the congregation to make sure survivors do not interpret spiritual messages in a way that is detrimental to them;
- Within a safe environment, try to establish if there has been any ritualised abuse, trying to understand any such practice from the perspective of the survivor rather than based on your personal beliefs. Make sure that survivors who have suffered ritualised abuse, e.g. 'juju' ceremonies⁹, are referred for specialist therapeutic care and support (see Part 2 - section B.2.2 Trauma focused therapeutic treatment);
- Consider seeking advice from the police if survivors wish to attend a non-mainstream or non-established church affiliation to ensure that survivors are fully aware of any potential risks;
- Ensure all faiths and non-faiths are respected equally and survivors can have access to a faith of their choice;
- Make sure all religious holidays are respected within the support setting and be mindful of the impact they may have on other cultures in the house. Ask survivors if there is any dietary requirement that their religion would include. Be aware that religion is a culture, so you may have a culture within a culture in the same house;
- Make sure staff are trained to confidently respond to cultural norms and to challenge those which are illegal or inappropriate in the UK - such as physical discipline of children, FGM etc.
- Make sure staff are prepared to advocate and challenge other agencies around cultural norms.

⁹ In some countries, especially those in West Africa, traffickers perform ritualised, often violent ceremonies - known as 'juju' - in order to subjugate and silence victims through the threat of their destruction, or that of their loved ones by malign spirits. The oaths of silence and obedience that survivors are coerced to swear to their traffickers can have a profound and enduring effects upon them, posing major challenges to their long-term recovery (HBF, 2013, pp. 55-56).

4.4.5 Access to Education, Training and Employment

In order to integrate and fully participate in society, survivors should be supported to access language classes, training, educational opportunities as well as voluntary and paid working experiences. However, their ability to access education as well as paid and unpaid work may depend on their immigration status. In order to best support survivors in this area, you should:

- Be aware of any legal restrictions to access work (e.g. immigration restrictions). Make sure you seek professional legal advice to clarify any related matter;
- Explore access to education, volunteering and employment as part of their survivor support plan, help survivors set realistic goals and take steps towards achieving their aspirations;
- Make sure survivors can access ESOL classes to improve their English, if possible tailored to their future employment needs;
- Support survivors to navigate the Jobcentre Plus system, helping them write a CV or a job application;
- Establish good contacts with recruitment agencies and migrant support groups to help survivors access training and volunteering opportunities that could help enhance their CVs but also improve their emotional well-being;
- Support survivors with income maximisation and budgeting so that they are not negatively impacted if in employment;
- Make sure you do not 'force' upon survivors your own cultural norms and expectations around employment or your ideas of 'success'.

4.4.6 Access to Community Support

It is important that survivors are encouraged to establish community networks and safe relationships that can support their long-term recovery and psycho-social reintegration. In order to facilitate this process, it may be appropriate to research your local area and find community groups that survivors could be linked with depending on their specific needs and interests (e.g. women's groups, migrants and refugees groups, mums and toddlers groups, drop-in services, handicraft groups, art groups, etc.). Before you make referrals, however, you should carry out a risk assessment and make plans for safety to help survivors understand the importance of establishing healthy relationships based on trust and to encourage them to be careful about disclosing their trafficking experience to new friends.

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

However, survivors of trafficking may wish to voluntarily return to their country of origin, in which case they should be encouraged to consider whether this is a viable and safe solution for them.

Each individual case should be evaluated on its own merits based on a thorough risk assessment (see Part 1 - section 2.2.3 Risk Assessment), which should consider the family circumstances in each individual case, as well as advice from independent country experts on socio-economic, cultural and gender identity issues. It is essential that survivors are able to discuss and consider any risks of re-trafficking prior to their return. The concept of 'abuse of a position of vulnerability', to which many survivors of trafficking are susceptible, should be borne in mind and if there are reasons to believe that return may endanger their lives and put them at risk, they should be encouraged to consider other options.

In cases where survivors choose to return, it is important that every effort is made to ensure that they can do so as safely as possible. If your organisation is responsible for supporting this process, you should obtain the survivors' informed consent for each of the following procedures:

- Carry out a multi-agency risk assessment, calling on parties within the UK and abroad, and ensure that risks of re-trafficking or reprisals are limited. The family's circumstances should be carefully considered and, where appropriate and safe, the local police should be notified of any active risk of reprisals from traffickers or witness intimidation;
- Identify NGOs and government agencies that can support and sustain survivors' social reintegration and recovery upon return, by helping them access appropriate healthcare services, realistic and progressive training opportunities, financial and housing support. If possible, liaise with other UK agencies and services that might be able to share existing contacts and ensure survivors give their consent to arrange

- assistance in the country of origin;
- Consider making travel arrangements of behalf of survivors, through other agencies - such as Refugee Action or the International Organisation for Migration (IOM) - or directly by using your organisation's own funds if this is possible and appropriate in the circumstances;
- Accompany survivors to the Embassy to collect their travel documents. Accompany survivors to the airport. Arrange special assistance at the airport to ensure survivors are escorted to the plane and arrange pick up on landing (if available);
- Ensure that a named and identifiable person from a support agency and/or a named family member, who is known to be safe and acting in their best interests, picks them up at the airport. If the family is involved, ensure their trafficking experience is not disclosed to them without prior consent of survivors;
- If possible, agree with survivors continued contact and/or call on safe arrival but avoid making promises that you will not be able to keep;
- Encourage survivors to agree to providing evidence either in person or via video link if they have accepted to be witnesses in criminal proceedings (see Part 1 - section 4.3 Working with the Police and the Criminal Justice System);
- Explore survivors' plans on return – access to education, work etc. – and how to address the vulnerabilities that may remain and eliminate, so far as reasonably practicable, any risks of subsequent re-trafficking.

Comprehensive data collection and monitoring systems are required to develop a better understanding of the issue of trafficking through detailed analysis of patterns, statistics, methods and profiles. Services should also monitor and assess work done, outcomes achieved and learning points. To this end, it is important that:

- Services have clear frameworks for self-assessment, including clear aims and objectives, work plans and performance indicators stating what they hope to achieve, to what standard and to what timeframe;
- Work plans, performance indicators and service aims and objectives are informed by survivors, through consultations, support plans, complaints and other forms of feedback;
- Services regularly monitor performance and quality of projects using performance indicators;
- Services periodically evaluate the effectiveness and quality of the work done, by measuring the outcomes for survivors – including access to welfare, employment, training or education, language skills, resettlement, etc.
- Survivors and staff are involved in assessing the service, through surveys, questionnaires, exit forms, comments boxes, and regular updates and consultations;
- Survivors' forums are established to collect additional feedback on the service;
- Survivors and staff feedback is used to evaluate both the quality of the service and the ability of external agencies to meet survivors' needs;
- Survivors' unmet needs are recorded and analysed to improve service provision and ensure they can more effectively access their entitlements.

The Human Trafficking Foundation recognises that the support agencies currently providing assistance to survivors have a vital role to play in making sure that they feel safe and looked after in a way that is conducive to their sustained recovery. With this in mind, we have provided trafficking survivor care standards that support agencies should follow so that survivors have access to consistent protection, quality support and care. The core principles outlined in this document are informed by a survivor-centred approach. This is crucial to ensuring that survivors are well supported to acquire the living skills, the competencies and the confidence they need to live independently and rebuild their lives after trafficking.

RECOMMENDATIONS

In order to be more effective in promoting the recovery and social re-integration of trafficking survivors, we encourage support agencies to ensure that:

- All necessary organisational policies and procedures are in place to enable staff to safely work with survivors;
- Staff maintain professional relationships and clear boundaries with all survivors they work with, and understand the importance of full respect for confidentiality;
- Staff have access to training and ongoing support to improve their professional development and minimise risks of 'burnout' or vicarious traumatisation;
- Any potential safety risks for the survivors and/or the staff are assessed and promptly addressed;
- The service is accessible and encourages the full engagement of all survivors, by providing support that is culturally and gender sensitive;
- Support is offered on an informed and consensual basis, in a language the survivors can understand;
- The survivors' vulnerabilities and traumas are fully acknowledged and the principle 'do no further harm' is respected in any aspects of care;
- The support provided is holistic, integrated and tailored to the individual needs of each survivor;
- Survivors are involved in the development of their care plan and placed at the centre of the decision making process so that they can feel in control of their recovery and regain autonomy;
- Survivors are supported to acquire skills, knowledge, and self-confidence to achieve their goals and fulfil their aspirations;
- Good working relationships are established with key agencies – such as local NHS services, solicitors, specialised psychological services,

police, Jobcentre Plus, the DWP, local authorities, community and migrant groups etc. - to ensure survivors can fully access their legal, medical, psychological, financial and social entitlements;

- Survivors are fully aware of their rights and entitlements, and know exactly what they can expect from the NRM system and from each external agency they come into contact with;
- Front-line staff are capable of strongly advocating on behalf of survivors to ensure their voice is heard while they are encouraged to speak up for themselves;
- Survivors are encouraged to establish community networks and to access educational and employment opportunities (being mindful of any legal restrictions) so that they can feel more integrated into society, more fulfilled and less dependent on support;
- An exit strategy is developed as part of the support plan so that survivors are fully aware of their options upon exiting the service, including integration in the host community or safe return to the country of origin;
- Continuation of care and communication with survivors is guaranteed UK wide and for as long as it is required by their individual circumstances;
- Robust monitoring and evaluation systems are in place to improve the support based on survivors' needs and feedback.

PART 2

**Enhancing Practice
in Relation to the
Health and Well-being
of Survivors**

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Health and wellbeing should be an immediate, primary concern for all professionals who work in contact with survivors of trafficking. It is important to consider the health of each person overall, and to understand that physical and/or psychological violence, neglect, deprivation and exploitation-related injuries can be suffered at various times, or throughout the trafficking experience. Physical injuries, psychological problems and illnesses may not be obvious or visible in many cases and it is important that the person has access to appropriate healthcare services as soon as possible.

It is best to avoid a 'checklist' approach to the assessment of health and, instead, to approach each person with an open mind and to understand the intertwined relationship between physical and psychological injuries and symptoms which can affect overall health and well-being. Effective clinical work requires an integrated, holistic approach that can take into account the multiple causes and influences connected to the experience of symptoms ranging from direct physical damage to psychosomatic symptoms.

All professionals who work with victims of trafficking should remain observant for signs of physical and psychological trauma. Each person should be made as comfortable as possible. Actions that can be taken to minimise discomfort and distress range from obvious practical steps such as making appropriate space for an injured person, allowing them to rest an injured limb or providing cushioned support for their back, to a more holistic approach to minimising psychological discomfort (see Part 2 - Section B.3 Advice for Non-Clinicians: Working with Survivors who Have Psychological Needs).

B.1 APPROPRIATE REFERRALS FOR HEALTHCARE SERVICES

Each victim of trafficking should be offered early and straightforward access to:

- A GP;
- Sexual health screening services;
- Therapeutic care which is appropriate for their individual needs.

It is a matter of choice for the victim in all cases as to whether they want to access healthcare services and they should be given enough explanation and adequate time to make informed decisions and provide their informed consent (see Part 1 – section 2.1.1 Confidentiality and Informed Consent). It is essential that appropriate interpreter services are used for all

appointments for survivors who do not speak English fluently (see Part 1 - section 2.1.2 Working with Interpreters). Where possible, an extended initial appointment should be booked to allow the extra time needed.

B.1.1 Registering with a GP

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

- Stay informed of up to date information on statutory duties of NHS practices and charges for treatment and prescriptions;
- Consult appropriate professionals to find out about any benefits (such as maternity benefits) that survivors may be entitled to.

Survivors of trafficking may be vulnerable not only because they are traumatised, but also because of cultural differences and/or learning difficulties. They may not have the confidence to register themselves with a GP or to ask questions about their medical care. They often lack knowledge of healthcare services which are available to them and this, together with isolation and fear, can perpetuate their difficulties in obtaining access to services.

Not all GP services will understand the complexities involved in the registration and care of survivors of trafficking and the response of surgeries across the UK can vary. Therefore it is helpful for survivors to have access to:

- A person who can understand and explain the local procedures for accessing the GP, and initiate registration;
- NHS Choices (see Useful Links) can identify local GP practices and contains client reviews which can be helpful in identifying friendly, high quality GP practices. It is helpful for safe houses and NGOs to develop a good working relationship with local GP practices;
- In some cases survivors may need to be accompanied by support workers to attend health appointments and will benefit from this pro-active support. Others will find it helpful to be provided with summary letters which are read through to them, and which they can give to their new GPs if they wish. It is useful to bear in mind that practical support and accompanying of survivors can encourage their trust and engagement. Equally working to assist

survivors to complete tasks independently when it is possible for them to do so can help to build their self-esteem;

- These summary letters may confirm the name, date of birth and address of the client; requests for appropriate interpreters/extended appointments and background information which can help doctors and saves survivors from having to recount traumatic experiences. It might be useful to produce a supporting letter from your organisation confirming the name of the client, his/her date of birth, address of their temporary accommodation, the day they arrived in the service and useful contact information.

B.1.2 Access to Sexual Health Services

Understanding the extreme trauma of a single act of rape upon a person is essential to acknowledging the enduring impact of multiple rape and prolonged rape upon male and female survivors of trafficking. Many will suffer difficulties disclosing rape and sexual abuse due to shame and fear of stigma/shunning from their communities and families. Access to counselling should be provided for all survivors who are undergoing sexual health screening. Counselling and ongoing therapeutic care should be available to those who have a diagnosis of HIV/AIDS (e.g. Terrence Higgins Trust in England and Waverley Care in Scotland).

Specialist clinics understand the specific sensitivities of working with people who have suffered rape. They should provide rapid, non-judgemental advice in the immediate aftermath of rape and have psychologists actively working within the service who can provide follow up care.

Access to Sexual Assault Referral Centres, Rape Crisis Centres and reporting to police should be considered in parallel with sexual health screening. In all cases any action should only be taken with the survivor's informed consent.

In any case where there has been sexual contact, a sexual health screening should be conducted in order to treat any sexually transmitted infections (STIs) as early as possible.

A negative outcome does not undermine a person's claim that they have been raped any more than a lack of physical signs of other injury. It is important to note that there may be no physical signs

or symptoms after vaginal, anal or oral rape, whether from STIs or physical injury. A person who has suffered multiple rape, even over a period of many years, may have no signs or symptoms.

Some STIs (for example, hepatitis, HIV or chlamydia) are asymptomatic. These can cause either life threatening or distressing sequelae so sexual health screening for STIs is essential.

Some survivors who have suffered rape are keen to be screened for STIs. However, others may be reluctant to attend an STI screening because they perceive it as invasive and traumatic. They are often fearful of a positive result, particularly the possibility that they have HIV/AIDS.

Survivors should be helped to obtain access to an STI clinic. Although STI clinics are self-referral, provision of a summary letter explaining their history and needs can also be helpful. They need to access a service in which they are treated sensitively and time can be spent exploring specific fears about STI testing, particularly with those who have witnessed others dying from HIV/AIDS in their home countries and may therefore view HIV as a fatal illness. It can be explained to them by clinicians that, with antiviral drug regimes, HIV can now be controlled reasonably successfully. Early diagnosis and treatment with anti-virals for hepatitis and HIV can significantly improve the course of these diseases and their outcomes.

However, if a survivor is reluctant to attend an STI clinic (they may find that this is too daunting for them), they should be encouraged to attend their GP practice. A GP can perform all the relevant tests (apart from male urethral swabs), and can make onward referrals if necessary. For people who feel unable to proceed with examination at all, a doctor may decide that it is appropriate to prescribe antibiotics without testing.

Depending on the individual history of each person, sexual health screening may include:

- Vaginal (urethral for men), oral and anal swabs for chlamydia, gonorrhoea and trichomonas;
- Blood tests for syphilis, HIV and hepatitis B and C. These blood tests need to be repeated up to four months later depending on the last episode of sexual contact;

- Examination for herpes and genital warts;
- Offer of a smear test for women;
- Offer of a pregnancy test for women.

B.1.3 Assisting Pregnant Survivors of Trafficking

Women may become pregnant or give birth to children while under the control of traffickers, or after having escaped from traffickers. They need special care and assistance whether their pregnancy is a result of rape or a person who is not involved with their trafficking situation.

Mothers, especially those who have children from rape and/or who lack a partner, may need psychological support and contact with professionals who understand trafficking and the complexity of trauma suffered to sustain and help them while they care for their child. The ability to provide for themselves and their child is also of primary importance. This is a fundamental component of care and protection and significantly lowers their risk of further harm and exploitation.

The approach to integrated and long-term care is essential for trafficked women who are, or become, pregnant or have children. Ensure that women who use your service have access to appropriate counselling and advice which enables them to make independent and informed choices about all aspects of reproduction, including contraception, conception (including fertility issues), pregnancy, abortion and childbirth. Useful services include local GPs, Family Planning Clinics, Marie Stopes and the British Pregnancy Advisory Service (BPAS).

Pregnant women who have suffered trafficking may have mental health problems that have required anti-depressants or other medication. In such cases, a doctor should consider, and monitor, the risks and benefits of continuation of medication, or change of medication during pregnancy and breastfeeding. The effects of withdrawal from medication which is stopped can increase the need for consistent therapeutic care. Access to a range of specialist support services and long-term care is essential to keep pregnant women safe, and to protect their unborn child.

Services for trafficked women who are pregnant or are mothers are not standard and situations for our clients who are pregnant vary

widely, making contact with helpful care NGOs and charities potentially very important. Some babies could be born into substandard housing or destitution, or into situations where the mother is still under the influence of traffickers or other harmful relationships. In the Helen Bamber Foundation's experience pregnant women and women with children who are victims of trafficking often end up in situations where they are dependent on shelter provided by others. The providers of this accommodation may become overburdened and find it too difficult to support them on a continuing basis. Others may use the situation to exploit, harm or threaten those they are sheltering. Depending upon others for shelter and support is a very vulnerable situation, especially for pregnant women and their children.

It is important that women do not suffer stress and anxiety about the condition of their baby and a lack of knowledge due to not having essential pregnancy advice, for example on self-care, the right foods (and how to get them) and taking daily vitamins such as folic acid and vitamin D.

Immediate referral to a good GP will help pregnant women obtain antenatal care at the local hospital/clinic as soon as possible. A safeguarding midwife (who can assist the woman throughout her pregnancy, including provision of advice and assistance in obtaining any maternity benefits entitlements), should be available to contact through the hospital. The safeguarding midwife will have access to the services of a perinatal mental health team. This team can usually see pregnant women or those with babies within a few weeks for support with the mother-baby relationship in cases where the mother has mental health problems.

Some pregnant women will have previous histories of being forced by their traffickers to ingest contraception pills or other substances, have coils inserted or undergo injections as a form of birth control. Others have suffered forced abortions within or outside medical services, or have 'lost' children to traffickers while they were within trafficking. In some cases, the woman has escaped trafficking to save their unborn baby. All of these scenarios can complicate the woman's feelings about pregnancy.

SUPPORT FOR MOTHERS AND CHILDREN

- Acknowledge the presence of babies and children in a positive way and understand the challenges for the mother of practical matters such as travel, attendance and breastfeeding;
- Communicate respect and support for the bond between mother and child;
- Do not make promises that cannot be kept, but be consistently positive and reassuring.
- As well as access to essential NHS care, try to ensure that they have access to on-going care and support from specialist charities and services before, during and after the birth.

Where there are child protection or child welfare concerns referral to social services should be made. The social services must look primarily at the needs of the child (see Child Protection and Safeguarding Policy in ANNEX 1 – Policies and Procedures).

B.2 UNDERSTANDING THE PSYCHOLOGICAL NEEDS OF SURVIVORS

All professionals who come into contact with survivors should understand the serious psychological impact of human trafficking and be aware that the psychological needs of this client group are complex and diverse. This understanding forms the basis for effective and appropriate assessment of needs and provision of ongoing assistance and support, as well as referrals for medical services and specialist therapeutic care.

Post-Traumatic Stress Disorder (PTSD), Complex PostTraumatic Stress Disorder (CPTSD) depression and anxiety are all common amongst survivors of trafficking. These, and other mental health problems, can only be diagnosed and treated by an appropriate clinician. Given the complexity of the psychological problems experienced by survivors of trafficking, identification of mental health difficulties and provision of long-term therapy where necessary is the most effective route to sustained recovery.

URGENT REFERRAL TO MENTAL HEALTH SERVICES

In some cases, the immediate psychological needs of clients must take precedence over all other considerations. It is essential that all professionals are able to recognise situations where this applies and take appropriate action.

People should be referred urgently (the same day) to their GP if suicidal intent is expressed. This means that a person is talking about an intention to kill themselves, has a suicide plan and/or is acquiring means to commit suicide.

Where there is immediate suicidal intent or planning, accident and emergency services at local hospitals can be contacted.

B.2.1 Referral for Psychological Health Problems

Psychological health problems are complex and are unlikely to be immediately obvious in a person's presentation. Where there are concerns that a person has psychological difficulties, a referral should be made to a GP so that the person can be assessed by a qualified professional and referred for appropriate treatment if needed.

It can be helpful to provide a summary letter explaining the survivor's history and needs. A GP can diagnose mental health problems, maintain contact with their patient and prescribe anti-depressants. They may also be able to refer for counselling or specific therapies, but this depends upon local NHS resources. In cases where mental health issues fall outside the GP's remit, they can refer to the local Community Mental Health Team (CMHT). Referrals can also be made by all practitioners to specialist charities such as HBF and the Refugee Therapy Centre.

Referral for therapeutic care must always be with informed consent. A good clinical service will evaluate whether the person feels that they are ready and wishes to engage in the therapeutic process and, if so, the level of stabilisation that may be required prior to engaging in therapy.

B.2.2 Trauma-Focused Therapeutic Treatment

It is useful for non-clinicians to know that 'trauma-focused' therapeutic treatment appropriately reflects the complexity of the challenges faced by survivors. These may include panic attacks, flashbacks and nightmares, self-harming behaviours, substance abuse and eating disorders. Trauma-focused therapy can be particularly helpful for people who have suffered repeated inter-personal violence, in the form of rape, sexual abuse and psychological control, and for those who have suffered ritualised violence, for example in juju trafficking ceremonies.

There are three phases of trauma-focused treatment, although these overlap and may be adapted to individual requirements in each case:

- Stabilisation;
- Trauma-focused therapy;
- Re-integration.

For people who have experienced prolonged and repeated inter-personal violence, psychological recovery is a long-term and ongoing process. Its duration cannot be estimated from a clinical 'snapshot' of a client's recovery progress taken at any particular point in time.

Once they are engaged in therapeutic care, survivors may experience positive steps forward and setbacks to their recovery, which can range from moderate to extreme. Critical developments (for example, practical, legal, welfare, relationship issues) can also weigh upon victims of trafficking over time and they may become increasingly distressed, despite efforts to relieve this.

Some survivors will remain vulnerable to experiencing relapses months or even years following positive progress, and after therapeutic care has ended.

B.3 ADVICE FOR NON-CLINICIANS: WORKING WITH SURVIVORS WHO HAVE PSYCHOLOGICAL NEEDS

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

Symptoms may not be immediately obvious and it is important to keep an open mind and not make assumptions about what any client may be

experiencing. For example, apparent detachment or even hostility should not be assumed to mean that the person is disengaged or reluctant to converse. Likewise, outward confidence, eye contact and engagement may be masking problems that emerge later on.

B.3.1 Applying Basic Therapeutic Principles to Contact Work with Survivors of Trafficking

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

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

B.3.2 A Safe, Calm, Consistent Environment and Approach

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

creates a feeling of safety and openness which assists communication. This approach is possible even in a tiny room, and is helped by the presence of plants or other comforting, natural objects.

In terms of being able to make choices, clients should be offered a drink and given the opportunity to make small choices such as where to sit, and whether to have the window open or the heating on. Demonstrating attentiveness to individual needs is especially reassuring for people who have been subjugated and for some it can be a small step towards their recovery of agency and autonomy.

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

B.3.3 The Client Should Know Who is Working with Them

People who have been trafficked may be easily confused about who is working with them. There are many reasons for this, but it is good to bear in mind that they may have had multiple interviews or exchanges with a wide range of professionals, including those who work for the authorities. Some will have come directly out of their trafficking situation or other disorienting experience, such as detention or prison. It is important to explain who each person in the room is at the outset, their professional role, why they are there, and their professional obligations to ensure client confidentiality. It is important to check that the client understands and that they know they can ask questions about any aspect of the work or people's roles at any time. Use of professional interpreters is essential in all cases (see Part 1 – section 2.1.2 Working with Interpreters).

B.3.4 The Client Should Know that They Have Time to Be Heard

It is important to create the impression that you have plenty of time for the client, even when that is not the case. It is far more effective to listen carefully and pace a conversation, then simply agree a further appointment to hear more, than it is to share the frantic nature of your schedule with a client from the outset, which can inhibit them from speaking openly.

The appearance of having time to listen and time for the person is calming and increases their confidence. Hurried, swift movements,

lack of eye contact or any form of action which suggests that you are in a hurry or have authority over the client has the opposite effect, and can exacerbate any anxiety they may be feeling. It is important not to make assumptions about a person's initial presentation which may have little bearing on how they are actually feeling. A clear and demonstrated willingness to listen and lend time builds trust. For those professionals who work in a busy or 'crisis' environment, this consistent approach can actually be a time saver because it enables people to explain their needs and their background more easily.

B.3.5 Demonstrated Interest in the Client's Immediate Safety, Health and Practical Needs

Care for the client can be demonstrated immediately through concern for their physical comfort, acknowledgement of any pain or discomfort they may be experiencing, and an interest in helping them to solve their immediate practical needs. It is important to establish trust, with mutually agreed, realisable objectives and importantly, to avoid making any promises or guarantees to the client which may not be possible to keep. Try to finish contact work by providing the client with moderate 'next steps' that they can focus on, for example another appointment, finding an address or other information that they need.

B.3.6 Maintaining Focus on the 'Here and Now'

People who have been trafficked often find discussion of their traumatic history or uncertain future overwhelming, and this can exacerbate existing psychological problems and symptoms. Although such discussions may be necessary, it is important to be aware that immediate 'debriefing' which involves discussion of survivors' traumatic history is not recommended and can be harmful. This engagement needs to be managed at a pace that survivors can cope with, so that they do not become overwhelmed. Consistent return to practical issues and the discussion or planning of small actions that are in the current moment or 'here and now' can be very effective in helping clients to feel in safe and in control. It is sometimes helpful to simply say to an anxious client that they are safe right now, and everything is fine here.

Sometimes dissociation is experienced as a response to severe trauma. This is the perceived detachment of the mind from the

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

There is a lot to be said for a few simple words or expressions of positivity, kindness and recognition of what a victim has been through. For those whose work involves seeking further information or questioning, the account of a person's background, an outward expression of disbelief or indifference is detrimental. All people have to establish a relationship of trust before they can be expected to discuss issues of rape and other forms of assault, shame, stigma and intricate family details. In cases where juju ritualised violence forms part of the background, it may not be disclosed at an early stage, if at all. Where a background of juju/ritualised violence or oath taking is known, it should not be explored without the client having ongoing appropriate therapeutic support and care.

B.4 MEDICO-LEGAL REPORTS

Provision of medico-legal reports may assist survivors of trafficking to secure legal recognition and protection, provide corroborating evidence for those acting as witnesses for the prosecution of their traffickers or assist in their defence if they are prosecuted for crimes committed while under the influence/control of traffickers. The potential to provide medical evidence may prevent survivors from being administratively detained or their case being transferred into inappropriate 'fast track' asylum procedures. It can help them to obtain compensation for crimes committed against them as a victim of trafficking and provide support for wider welfare, medical and therapy needs.

B.4.1 Use of the Istanbul Protocol for Medico-Legal Reports

Medico-legal reports may be relevant where there are immigration, welfare or housing issues, in cases where the survivor is involved in a criminal case and where there compensation is being sought. Access to medical or psychological experts to write reports will be through solicitors.

The Istanbul Protocol Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ('the Istanbul Protocol') provides a sound basis upon which to document torture and ill-treatment and provides key indicators for treatment.

The Helen Bamber Foundation recommends the use of the Istanbul Protocol for all psychological and physical assessment and documentation of survivors of trafficking. Decision makers are able to refer to detailed and authoritative clinical evidence which minimizes the need for further investigative questioning (HBF, 2013).

Child Protection and Safeguarding

All children have the right to protection from all forms of abuse including exploitation, neglect, physical and mental abuse regardless of their age, gender, disability, culture, language, racial origin, religious beliefs or sexual orientation.

A Child Protection and Safeguarding policy should be in place in any organisation that is likely to come into contact with children to ensure that all staff and volunteers understand their duty to promote the welfare and safety of children. This policy should be in line with the Children Acts 1989 and 2004 that set out the legislative framework for safeguarding children. It should also make reference to Working Together to Safeguard Children 2013, which provides guidance on inter-agency working to safeguard and promote the welfare of children.

Any organisation working with children should:

- Call the police and make a referral to children's services if there is a concern that a child might be at risk of harm;
- Promote and prioritise children's safety and wellbeing;
- Ensure everyone understands their roles and responsibilities in respect of safeguarding and is provided with appropriate training to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children and young people;
- Ensure appropriate action is taken in the event of incidents/concerns of abuse and support provided to the individual/s who raise or disclose the concern;
- Ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored;
- Ensure robust safeguarding arrangements and procedures are in operation and mandatory for everyone involved in the organisation;
- Nominate a Safeguarding Lead within the organisation to be consulted by staff and volunteers should any concerns about children's safety arise;
- Arrange appropriate DSB checks on new staff and volunteers that have access to children (see Safe Recruitment Policy);
- If you are working with vulnerable pregnant women, make sure protective measures are in place to safeguard unborn children.

Useful Links:

- Children Act 1989
- ↳ <http://www.legislation.gov.uk/ukpga/1989/41/contents>
- Children Act 2004
- ↳ <http://www.legislation.gov.uk/ukpga/2004/31/contents>
- Child Exploitation & Online Protection Centre (CEOP)
- ↳ <http://ceop.police.uk/>
- Child Protection Procedures
- ↳ <http://www.londoncp.co.uk/>
- Convention on the Rights of the Child
- ↳ <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- National Society for Prevention of Cruelty to Children (NSPCC):
- ↳ https://www.nspcc.org.uk/Inform/research/ctail/ctail_wda84866.html
- The London Safeguarding Children Board:
- ↳ <http://www.londonscb.gov.uk/trafficking/>
- Working Together to Safeguard Children 2013
- ↳ <https://www.gov.uk/government/publications/working-together-to-safeguard-children>

Confidentiality and Informed Consent

Any organisation interacting and working with trafficked survivors should have a confidentiality policy in place regarding personal information. This should comply with the Information Commissioner's Office's (ICO) rules and regulations. This policy should cover service users, staff and volunteers as well any interactions with external agencies, clarifying in which cases confidentiality can be breached.

In particular, service users should be clearly explained:

- What information will be kept about them;
- How this information will be used;
- Who will have access to this information, where it will be kept and why;
- With whom this information will be shared.

Any signed agreement should provide information on who the information be shared with and what information will be shared. It should by no means be a blank authorisation that agencies can share.

The ultimate reference point for deciding who should be informed of a piece of confidential information is the individual to whom it applies who

should be in a position to give informed consent. Once consent has been obtained, it is the responsibility of the person passing on any information to ensure that this is only done on the terms agreed.

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

If a person is deemed incapable of giving informed consent under the Mental Capacity Act 2005, a guardian should be appointed to help him or her make decisions. The person, however, should still be placed at the centre of the decision making process.

Unlawful breaches of confidentiality should be subject to disciplinary proceedings. You should also remember that service users are entitled to private life so staff should not access their rooms or look at their phones/Facebook without prior consent unless it is deemed necessary for safety reasons.

Useful Links:

- Information Commissioner's Office
- ↳ <http://ico.org.uk/>
- Mental Capacity Act 2005
- ↳ <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Equality, Diversity and Non-Discrimination

Any organisation working with survivors of trafficking should take positive actions to challenge disadvantage and discrimination and to promote diversity and full access to opportunities in all areas of its work and structures.

It should comply with anti-discrimination legislation, including the Equality Act 2010, and protect both staff and service users from being discriminated against on the grounds of group membership i.e. sex, race, disability, sexual orientation, religion, belief, or age. In doing so it should strive to:

- Promote social justice and full access to opportunities through all its activities and programmes;
- Promote the diversity of its workforce;
- Ensure both staff and service users are treated fairly on the basis of need and not discriminated against on any ground;
- Ensure both staff and service users are treated in a manner which respects their religious beliefs, culture, gender, sexual orientation or ability;
- Ensure service users' rights are communicated clearly and respected at all times;
- Ensure the privacy, confidentiality and dignity of service users are respected at all times;
- Ensure language interpreter services are provided when required, including spoken and sign language.

Useful Links:

Equality Act 2010

- ↳ <http://www.legislation.gov.uk/ukpga/2010/15/contents>

Data Protection

All agencies working with trafficked survivors should be registered with the ICO to ensure they are meeting their legal obligations in regards to the Data Protection Act 1998.

Any organisation holding and processing personal and sensitive information about service users, staff and volunteers is legally obliged to protect that information by:

- Ensuring that information about individuals is not held without their knowledge and consent;
- Ensuring that all personal information is held for a specific purpose;

Keeping information secure by setting up adequate IT protection systems and ensuring that paper records are stored and disposed in a secure way;

- Ensuring information is relevant and up-to-date;
- Ensuring information is not retained once it is no longer required for its stated purpose;
- Allowing the subject of the information to see it on request.

Useful Links:

Data Protection Act 1998

- ↳ <http://www.legislation.gov.uk/ukpga/1998/29/contents>

Information Commissioner's Office

- ↳ <http://ico.org.uk/>

Health, Safety and Risk Management

Organisations providing support to trafficked survivors have a duty to look after the safety and wellbeing of service users, staff and volunteers to ensure they are protected from abuse, unsafe working practices and other risk factors, including any potential risk from traffickers. To this end, it is important to ensure that:

General

- Adequate control systems are in place to monitor any potential health and safety risks arising from the work activity;
- Staff, volunteers and service users are aware of all health and safety policies and procedures and understand their rights and responsibilities;
- Service users, staff and volunteers are consulted on matters affecting their welfare;
- All areas of work and premises are assessed for risk, and action is taken to minimise risk to an acceptable level (see Part 1 – section 3 Safe Accommodation);
- All health and safety incidents are recorded and learning points are acted upon promptly;
- The organisation is equipped to provide support in crisis, including dealing with any suicide attempts;
- Health and safety policies and risk management protocols are reviewed regularly.

Staff Welfare

- Staff and volunteer induction and training programmes cover health and safety policies;
- Staff are committed to establishing and maintaining safe working practices;
- Staff are provided with adequate support to recognise and minimise risks to their safety and the safety of service users;
- Staff have access to training and support to mitigate risks that can affect their wellbeing, including the risk of secondary

- traumatisation and burnout;
- A Stress Management Policy is in place to maintain and promote the health and wellbeing of all employees;
- A Lone Working Policy is in place to ensure the safety of lone workers;

Service Users' Welfare

- A risk assessment is undertaken within 24 hours of a survivor's referral to the service and a safety plan put in place to mitigate any identified risks;
- Service users are informed of all health and safety policies and procedures, and fully understand their responsibilities to ensure the safety of the accommodation they share with other service users;
- Procedures are in place to report to the relevant authorities a service user going missing from the safe accommodation;
- Procedures are in place to deal with the sudden death of a service user.

Useful links:

Health and Safety Executive

↳ www.hse.gov.uk/

Lone Working Policy

Where the conditions of service delivery or its associated tasks require staff to work alone, both the individual staff member and managers have a duty to assess and reduce the risks which lone working presents. This policy should be designed to alert staff to the risks presented by lone working, to identify the responsibilities each person has in this situation, and to describe procedures which will minimise such risks.

'Lone working' refers to situations where staff in the course of their duties work alone in the community, in the homes of individuals or in their own home, or may be the only staff member present in an office. In all these situations, they will be physically isolated from colleagues, and without access to immediate assistance. In order to ensure their safety, it is important for any organisation to:

- Conduct a risk assessment before lone working is planned;
- Encourage lone workers to take all reasonable precautions to ensure

their own safety (including checking their mobile phone is in good working order, being mindful of the environment and the people they work with, being aware of themselves – how they speak, body language, triggers, etc.);

- Make sure that staff inform their line manager when they are planning to work alone, giving accurate details of time and location, and arranging a plan to inform that person when the task is completed;
- Ensure that there is a robust system in place for signing in and out, and that staff use it.

Put in place operations to immediately check a situation where a member of staff does not report in as expected.

Professional Boundaries

Trafficked survivors should be treated as vulnerable adults. Therefore, services providing support to this group of people should have policies in place that set limits for safe, acceptable and effective behaviour by workers. These policies should encourage frontline staff to:

- Explain their role to service users as soon as they are referred into the service, making very clear what they can and cannot do;
- Maintain a professional relationship with service users at all times;
- Be friendly without forming any personal relationship with service users;
- Avoid any unprofessional physical contact towards or from service users (appropriate physical contact may be acceptable only if initiated by service users);
- Recognise that there is a power imbalance between staff and service users that needs to be carefully managed to avoid any form of dependency and manipulation;
- Be aware that service users may develop strong or close feelings about staff so they have a responsibility to manage this within the boundaries of their role as professionals;
- Be sensitive to the cultural needs and differences of service users without imposing their own personal, cultural, religious, philosophical or other beliefs on them;
- Support service users to establish healthy and safe social and community networks so as to minimise reliance on staff.

Safeguarding Vulnerable Adults

A vulnerable person is someone who may be in need of support due to historical or current circumstances that make him/her less able to take care of him or herself, incapable to protect him or herself against significant harm or exploitation, or more prone to risk taking behaviours.

Trafficked survivors may fall under this category. Therefore, support agencies should safeguard their safety and welfare by protecting them from abuse or neglect. This can be done by adopting policies and procedures that enable staff/volunteers to make informed and confident responses to specific adult protection issues - including physical, sexual and psychological abuse. These policies should be in line with the Human Rights Act 1998, the Care Standards Act 2000, and the Mental Capacity Act 2005.

According to the Department of Health, agencies working with vulnerable adults should develop safeguarding arrangements that are based on the following key principles:

- Empowerment (taking a person-centred approach, whereby people who lack mental capacity feel involved and informed);
- Protection (delivering support to service users that allows them to take action);
- Prevention (responding quickly to suspected cases of abuse);
- Proportionality (ensuring outcomes are appropriate for the individual);
- Partnership (information is shared appropriately and the individual is involved);
- Accountability (ensuring all involved agencies have a clear role).

As part of its safeguarding policies and procedures, an organisation should carry out appropriate DBS checks on new staff and volunteers and train staff to effectively respond to safeguarding issues (see below, Safer Recruitment Policy).

Useful Links:

- ↳ <http://www.legislation.gov.uk/ukpga/2000/14>
Care Standards Act 2000
- ↳ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215591/dh_126770.pdf
Department of Health (2011) Statement of Government Policy on Adult Safeguarding [Online].

Human Rights Act 1998

- ↳ <http://www.legislation.gov.uk/ukpga/1998/42/contents>
- ## Mental Capacity Act 2005
- ↳ <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Safer Recruitment

Organisations working with trafficked survivors should have in place a recruitment policy that is in line with recommended best practice to safeguard vulnerable groups and children as prescribed by the Protection of Freedoms Act 2012.

It is our recommendation that this policy should be included as part of the organisation's application pack for any position, both paid and unpaid, that requires contact with survivors, and should be given to applicants along with a detailed job description, person specification, application form (CVs are not appropriate), equal opportunities policy and equal opportunities monitoring form.

This policy can form an essential part of the organisation's efforts to safeguard vulnerable groups. The recruitment and checks that are undertaken as part of this process are the organisation's first chance to make robust efforts to prevent unsuitable individuals from working with survivors. This aim should be reflected in all stages of the recruitment process – including advertising, application, selection criteria, references, interviews, reviews.

It is a statutory requirement that everyone working with children and vulnerable adults undertake a DBS check. This is to enable an employer to access their criminal record history and ensure they are not listed on the children's and/or adults' barred list that prevents them by law from working with these groups.

Useful links:

- ↳ <https://www.gov.uk/government/policies/helping-employers-make-safer-recruiting-decisions>
Disclosure & Barring Service and Home Office (2013) Helping employers make safer recruiting decisions [Online].
- ↳ <http://www.legislation.gov.uk/ukpga/2012/9/contents/enacted>
Protection of Freedoms Act 2012

Staff Support, Supervision and Development

Any organisations working with trafficking survivors should strive to create an environment where staff do their jobs well, are committed and enthusiastic, feel valued, know what they are supposed to do and how to do it. The aims of a staff support policy should be to:

- Get the best from every member of staff so that the organisation can provide a high quality service and deliver the work set out in its work plan;
- Support staff and encourage them to learn and develop;
- Ensure the well-being of staff in the long-run;
- Ensure improved outcomes for service users.

In order for staff to feel properly supported, the management should ensure that regular appraisals, supervision and debriefing sessions, team meetings, and day-to-day contact on work issues are provided as part of each individual development plan. Staff should also be encouraged to access relevant training and other learning opportunities (see Part 1 - section 1 Organisational Standards).

In addition, frontline staff should have access to clinical supervisions and self-care training, in order to prevent risks of vicarious trauma, compassion fatigue and burnout that can affect their professional wellbeing and their ability to work effectively.

Stress Management Policy

Any organisation should be committed to providing a supportive working environment that maintains and promotes the health and wellbeing of all its employees. A controllable level of stress is healthy because it can lead to improved motivation, performance and increased job satisfaction. By contrast, excessive stress is damaging to individuals and ultimately the organisation. Therefore, a Stress Management Policy should be implemented throughout the organisation with an aim to:

- Manage stress through effective and sensitive management;
- Develop working practices which reduce factors that may lead to stress in the workplace;
- Manage problems which do occur and to provide accessible and confidential support;
- Increase awareness of stress and methods to combat it;
- Assist employees in managing stress in themselves and others;
- Monitor procedures and outcomes.

ANNEX 2 – RISK AND NEED CATEGORIES

This is a full list of issues that you should consider when performing the risk and need assessment which will inform survivors' individualised safety and support plans (see Part 1 - section 2.2 Support Planning), and help you provide the right type of service. Be mindful, however, that you should avoid a 'checklist approach' and apply the basic principles of a trauma-informed approach, making every effort to gather information as part of a tactful conversation with respect to the safety and welfare of survivors (see Part 2 – section B.3 Advice for Non-Clinicians: Working with Survivors who Have Psychological Needs). You should also be prepared to the fact that survivors might not always be able nor willing to answer your questions so some risks or needs may not be immediately recognised.

Trafficking/Safety: Is there anyone who may harm them? Has anyone made threats to harm them or their friends or family? Are they in contact with their traffickers? When and where was the last time they saw their traffickers? Do they have a mobile phone that their traffickers can contact? Do they know how to use social media and internet safely (e.g. location and privacy settings on Facebook)? Are they in contact with any other survivors? Do they feel safe now? Do they worry about their safety? Is there anything you can do to make them feel safer?

Physical health: Have they got any medical problems? Do they have any injuries that need immediate attention? Are they experiencing any physical pain? When did they last see a doctor? Do they think they could be pregnant? Are they taking any medication currently? If this is the case, how do you expect them to keep that medication safe?

All survivors should be encouraged and accompanied if requested to a GP appointment (see Part 2 – section B.1.1 Registering with a GP).

Sexual health: If there has been a history of sexual contact and they have not had STI testing already, survivors should be encouraged to attend a sexual health screening and if appropriate formally report sexual violence. Avoid intrusive questioning and bear in mind that STI tests should be offered even in cases where there are no symptoms (see Part 2 – B.1.2. Access to Sexual Health Services).

Mental/Emotional health: Do they ever have nightmares or flashbacks about what has happened? Do they find it hard to sleep? Do they feel anxious, panicky or depressed? Do they ever feel like killing themselves?

Do they avoid situations/places out of fear? Do they ever do things that worry them? Are they worried about how they are feeling? Have they ever been diagnosed with any mental health issues? Did they receive any treatment e.g. anti-depressants, tranquillizers or a talking therapy? Are they still receiving treatment? Have they ever had to go into hospital because of mental health problems?

Self-harm and suicide: Do they ever feel like hurting themselves? Have they ever done so in the past? When do they get these thoughts and how do they deal with them? What makes/made them feel like hurting themselves? When was the last time they felt like this? What, if anything, stops them from doing this? Would they like any support in ensuring that they do not harm themselves again?

Previous suicidal behaviour: Have they ever attempted suicide or thought about committing suicide? When was this? What did they do? How often have they had suicidal thoughts or attempted suicide? What did they use?

Current suicidal behaviour: Are they expressing suicidal ideation? Have they got a suicide plan? Do they have access to the lethal means they have chosen to use for their suicide plan? (e.g. knife, drugs, medication, alcohol, rope etc.). What makes them feel better or stops them from wanting to commit suicide? Would they ask for help and support if they felt suicidal?

Where there is immediate suicidal intent or planning, accident and emergency services at local hospitals can be contacted.

Self-neglect: Do they sometimes find it hard to take care of themselves? Assess if self-neglect is caused by limited access to toiletries/clothing and provide if necessary: Do they have access to bathing facilities? Do they have access to changes of clothing? Explore presenting circumstances: Did they escape the trafficking situation recently? Have they been homeless or destitute for a period of time? Do they have money to purchase toiletry and clothing? Explore feelings around self-care: Is their self-neglect deliberate (active) e.g. if women are being sexually exploited, have they made conscious decisions to neglect hygiene/over/under eating to 'put off' purchasers? Is there any potential mental health issues exacerbating self-neglect? Explore cultural differences that may have an impact on self-neglect.

Substance misuse: Do they drink alcohol or use drugs (prescribed or other)? Have they ever done this in the past? What, how and how much? Are they worried about their drug or alcohol use? If the answers to this question is yes, it is important that you try to establish whether they use drugs and alcohol as a coping mechanism. If this is the case, would they want help with this?

Risk taking behaviour: Do they give their phone number to strangers? Could they put themselves at risk? Do they find it difficult establishing relationships they can trust? Would they like any support with this?

Risk to others: Do they ever take their feelings out on other people? Do they ever get angry? What sorts of things do they do when they get angry or upset? Have they ever hurt another person or child? Have they ever damaged property? Would they like any support in not harming anyone else?

Cultural/Spiritual needs: Do they already have or want to establish connections with their faith communities/cultural groups? Have they expressed a desire to get spiritual support? If they are already part of a spiritual congregation, do they feel comfortable and supported there? Do they feel they can trust their priest, vicar, pastor, imam, etc.? Does the spiritual support they receive make them feel good about themselves? Do they feel in control of their spiritual choices? Would they need some help addressing their spiritual/cultural needs in a safe way?

Ritualised abuse: Have they ever been coerced to give oath of silence to the trafficker through ritualized violence ceremonies (e.g. juju)? If there are concerns that this may be the case, you should refer survivors for specialist therapeutic care and support.

Practical needs:

- Legal: Do they need legal support to deal with any immigration/asylum issues or to access compensation? Do they require legal advice on any other matter? Do they already have a solicitor? Would they like your help to find one?

You should also consider crucial questions around legal representation: Is the lawyer who has been recommended fully qualified? Does he or she have experience of representing survivors of trafficking? Is he or she charging clients privately when legal aid is available for their services? Has he or she been positively

- recommended by other survivors or their lawyers or experienced NGOs? Is there any chance that he or she may be connected to any traffickers?
- Finance and Accommodation: Are they entitled to access welfare entitlements, including housing and benefits? Do they need any help in accessing their entitlements? If they have no other option other than being placed in Asylum Support Service's accommodation, do they have any issues with the support they receive? Are they at risk of becoming homeless and/or destitute at any point in the future? Do they find it difficult to manage their finances/maximising income/budgeting? Do they have any debts that they may need help with?
 - Language: Do they require an interpreter? How would they like to have information presented to them – face to face, written, phone translation? Are they willing to learn English? Would they like help in accessing ESOL classes or other language? (see paragraph 4.1.2. Working with Interpreters);
 - Living skills: Are they equipped with the skills they need to live independently? Can they cook? Can they take care of their personal hygiene? Do they find it difficult to make their own decisions? Do they understand how the 'British system' works? Do they know what their rights and entitlements are? Can they speak up for themselves? What help do they need to feel more confident do things for themselves?
 - Education, Training and Employment: What are their dreams and aspirations? Do they have plans to get a job, to volunteer or to further their education? Do they feel ready for that? Do they need support in accessing training, education, or employment opportunities? Do they have permission to work? Are they entitled to free further education? Are they entitled to grants or loans for higher education? Do they need help in writing a CV/job application or to prepare for a job interview?
 - Social well-being: Do they have friends or family they can trust? Do they know how to establish and maintain healthy relationship and community networks? Are there any social activities they would like to do that could help them integrate in the community?

Risks on return: Do they want to return? Do they have to return because they have been refused Refugee Status or Humanitarian Protection? Would they be returning to the place they were trafficked from? Were their family and friends involved in the trafficking? Will they be at risk of re-trafficking? Do they have support networks and specialist services they can access if they return? Do they have good prospects for a financially stable and independent life upon return?

BIBLIOGRAPHY

**Helping Trafficking
Survivors Have a Future**

The Nature and Scale of Human Trafficking

- ILO (2009) *Operational Indicators of Trafficking in Human Beings*. Geneva: International Labour Organisation [Online]. Available at:
 ↳ http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_105023.pdf
- ILO (2012) *ILO Global Estimate of Forced Labour: Results and Methodology*. Geneva: International Labour Organisation [Online]. Available at:
 ↳ http://www.ilo.org/wcmsp5/groups/public/@ed_norm/@declaration/documents/publication/wcms_182004.pdf
- ILO (2014) *Profits and Poverty: The economics of Forced Labour*. Geneva: International Labour Organisation [Online]. Available at:
 ↳ http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_243391.pdf
- NCA (2014) *National Referral Mechanism – Statistics 2013* [Online]. Available at :
 ↳ <http://www.nationalcrimeagency.gov.uk/publications/139-national-referral-mechanism-statistics-2013/file>
- NCA (no date) *National Referral Mechanism* [Online]. Available at:
 ↳ <http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism> (Accessed: 15 June, 2014).
- SOCA (2013) *UKHTC: A Strategic Assessment on the Nature and Scale of Human Trafficking in 2012* [Online]. Available at:
 ↳ <http://www.nationalcrimeagency.gov.uk/publications/15-ukhtc-strategic-assessment-on-human-trafficking-in-2012/file> (Accessed: 15 June, 2014).
- UNODC (2009) *Global Report on Trafficking in Persons*. New York: United Nations Office on Drugs and Crime [Online]. Available at:
 ↳ https://www.unodc.org/documents/Global_Report_on_TIP.pdf
- UNODC (2012) *Global Report on Trafficking in Persons*. New York: United Nations Office on Drugs and Crime [Online]. Available at:
 ↳ http://www.unodc.org/documents/data-and-analysis/glotip/Trafficking_in_Persons_2012_web.pdf
- Walk Free Foundation (2013) *The Global Slavery Index 201*. [Online]. Available at:
 ↳ <http://www.globallslaveryindex.org/report/?download>

The Impact of Human Trafficking on Survivors

- Helen Bamber Foundation (2013) *Clinical Links between Human Trafficking and Torture*. In OSCE (ed.) *Trafficking in Human Beings Amounting to Torture and other Forms of Ill treatment*. Vienna: OSCE [Online]. Available at:
 ↳ <http://www.osce.org/cthb/103085?download=true>
- NHS Scotland (2012) *What health workers need to know about human trafficking* [Online]. Available at:
 ↳ <http://www.gbv.scot.nhs.uk/wp-content/uploads/2012/07/Human-Trafficking-document-final.pdf>
- Zimmerman, C. et al. (2006) *Stolen smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe*. London: The London School of Hygiene & Tropical Medicine [Online]. Available at:
 ↳ <http://www.lshtm.ac.uk/php/ghd/docs/stolensmiles.pdf>

The UK and International Legal Framework

- Council of Europe (2000) *Charter of Fundamental Rights of the European Union* [Online]. Available at:
 ↳ http://www.europarl.europa.eu/charter/pdf/text_en.pdf
- Council of Europe (1950) *Convention for the Protection of Human Rights and Fundamental Freedoms* [Online]. Available at:
 ↳ http://www.echr.coe.int/Documents/Convention_ENG.pdf
- Council of Europe (2001) *Council Framework Decision of 15 March 2001 on the Standing of Victims in criminal proceedings* (2001/220/JHA) [Online]. Available at:
 ↳ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2001:082:0001:0004:en:PDF>
- Council of Europe (2005) *Convention on Action against Trafficking in Human Beings and its Explanatory Report* [Online]. Available at:
 ↳ http://www.coe.int/t/dghl/monitoring/trafficking/Source/PDF_Conv_197_Trafficking_Erev.pdf
- European Commission (2013) *The EU Rights of Victims of Trafficking in Human Beings on the Rights and Entitlements of Trafficking Survivors* [Online]. Available at:
 ↳ http://ec.europa.eu/dgs/home-affairs/e-library/docs/thb_victims_rights/thb_victims_rights_en.pdf

- European Parliament and Council of Europe (2011) *Directives 2011/36/ EU of the European Parliament and of the Council, of 5 April 2011, on Preventing and Combating Trafficking in Human Beings and Protecting its victims and replacing Council Framework Decision 2002/629/JHA* [Online]. Available at:
 ↳ <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:101:0001:0011:EN:PDF>
 HM Government (2011) *Human Trafficking: The Government's Strategy*. London: Home Office [On-line]. Available at:
 ↳ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97845/human-trafficking-strategy.pdf
 HM Government (2014) *Modern Slavery Strategy*. London: The Stationery Office [Online]. Available at:
 ↳ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf
 Home Office (2013) *Draft Modern Slavery Bill*. London: The Stationery Office [Online]. Available at:
 ↳ <https://www.gov.uk/government/publications/draft-modern-slavery-bill>
 Home Office (2014) *Review of the National Referral Mechanism for victims of human trafficking*. The National Archives: Home Office [Online]. Available at:
 ↳ <http://webarchive.nationalarchives.gov.uk/20141202113128/https://nrm.homeoffice.gov.uk/documents/2014/11/nrm-final-report.pdf>
 House of Commons (2013) *Human Trafficking: UK Responses*. London: Library House of Commons [Online]. Available at:
 ↳ <http://www.parliament.uk/briefing-papers/SN04324>
Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015, (c.2). London: The Stationery Office [Online]. Available at:
 ↳ http://www.legislation.gov.uk/ni/2015/2/pdfs/ni_20150002_en.pdf
 Ministry of Justice (2012) *The Criminal Injuries Compensation Scheme 2012*. London: The Stationery Office [Online]. Available at:
 ↳ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/243480/9780108512117.pdf
Modern Slavery Act 2015, (c.30). London: The Stationery Office [Online]. Available at:
 ↳ http://www.legislation.gov.uk/ukpga/2015/30/pdfs/ukpga_20150030_en.pdf

- NCA (no date) *National Referral Mechanism* [On-line]. Available at:
 ↳ <http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>
 Northern Ireland Assembly (2013) *Human Trafficking and Exploitation (Further Provisions and Support for Victims) Bill* [Online]. Available at:
 ↳ <http://www.niassembly.gov.uk/Assembly-Business/Legislation/Current-Non-Executive-Bill-Proposals/Human-Trafficking-and-Exploitation-Further-Provisions-and-Support-for-Victims-Bill-/>
 Scottish Parliament (2015) *Human Trafficking and Exploitation (Scotland) Bill* [Online]. Available at:
 ↳ <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/84356.aspx>
 The Scottish Government (2014) *New human trafficking bill for Scotland* [Online]. Available at:
 ↳ <http://news.scotland.gov.uk/News/New-human-trafficking-bill-for-Scotland-a76.aspx>
 UNHCR (1951) *Convention Relating to the Status of Refugees*. Geneva: United Nations [Online]. Available at:
 ↳ <http://www.unhcr.org/4ec262df9.html>
 United Nations (2000) *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime*. New York, NY: United Nations [Online]. Available at:
 ↳ http://www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_%20traff_eng.pdf
 UK Parliament (2014) *Draft Modern Slavery Bill Joint Committee - Report* [Online]. Available at:
 ↳ <http://www.publications.parliament.uk/pa/jt201314/jtselect/jtselectslavery/166/16602.htm>

Assisting Trafficking Survivors - Statutory Guidance

- Home Office (2013) *Victims of Human Trafficking – Competent Authority Guidance* [Online]. Available at:
 ↳ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/298421/traffickingcompetent.pdf

- Brunovskis, A. and Surtees, R. (2008) 'Agency or Illness--The Conceptualization of Trafficking: Victims' Choices and Behaviours in the Assistance System', *Gender Technology and Development*, 12 (1), pp.53-76.
- Elliott, D. et al. (2005) 'Trauma-informed or Trauma-denied: Principles and Implementation of Trauma-informed Services for Women', *Journal of Community Psychology*, vol. 33, no. 4, July 2005, pp. 461-477.
- GVAWP (2010) Practice Guidance on Interpreting for Women Who Have Experienced Gender-based Violence [Online]. Available at:
↳ www.west-dunbarton.gov.uk/media/845427/interpreting_for_women_gvawp_good_practice_guide_2011.pdf
- Harris, M. and R.D. Fallot (2001) 'Envisioning a Trauma-informed Service System: a Vital Paradigm Shift', *New Directions for Mental Health Services*, vol. 89, Spring 2001, pp. 3-22.
- IOM (2007) *The IOM Handbook on Direct Assistance for Victims of Trafficking*. Geneva: IOM [Online]. Available at:
↳ http://publications.iom.int/bookstore/free/IOM_Handbook_Assistance.pdf
- IOM (2009) *Caring for Trafficked Persons. Guidance for Health Practitioners*. Geneva: IOM [Online]. Available at:
↳ http://publications.iom.int/bookstore/free/CT_Handbook.pdf
- IOM (2010) *Training Manual on Psychosocial Assistance for Trafficked Persons*. Bangkok: IOM Online]. Available at:
↳ <http://www.iom.int/jahia/webdav/shared/shared/mainsite/activities/health/mental-health/IOM-Training-Manual-Psychosocial-Assistance-for-Trafficked-Persons.pdf>
- IOM (2013) *Evaluation of the Effectiveness of Measures for the Integration of Trafficked Persons*. Paris: IOM [Online]. Available at:
↳ http://publications.iom.int/bookstore/free/FIIT_study_ENG.pdf

- Jorge-Biroll, A. P. (2008) 'Empowering Victims of Human Trafficking: the Role of Support, Assistance and Protection Policies', *HUMSEC Journal*, Issue 2, pp. 163-178 [Online]. Available at:
↳ http://www.humsec.eu/cms/fileadmin/user_upload/humsec/Journal/Pedra.pdf
- LEFÖ (2011) *Quality Standards for Risk Assessment and the Safe Return and Reintegration of Trafficked Persons* [Online]. Available at:
↳ http://www.ungift.org/doc/knowledgehub/resource-centre/CSOs/Lefoe_RueckkehrFrauenhandel_ENGLISH.pdf
- Maslow, A.H. (1943) 'A Theory of Human Motivation', *Psychological Review*, 50(4), pp. 370-96.
- Platform 51 (2013) *Identifying and Supporting Victims of Human Trafficking: Guidance for Health Staff* [Online]. Available at:
↳ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/187041/A5_Human_Trafficking_Guidance_leaflet.pdf
- Refugee Action & Maternity Action (2013) *When Maternity doesn't Matter: Dispersing Pregnant Women Seeking Asylum* [Online]. Available at:
↳ http://www.refugeecouncil.org.uk/assets/0002/6402/When_Maternity_Doesn_t_Matter_-_Ref_Council__Maternity_Action_report_Feb2013.pdf
- Saakvitne, K.W. & Pearlman, A. (1996) *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York: W.W. Norton.
- Solace (2009) *The Role of Local Authorities in Addressing Human Trafficking* [On-line]. Available at:
↳ <http://www.newport.gov.uk/stellent/groups/public/documents/report/cont372291.pdf>
- Surtees, R. (2012) 'Reintegration of Trafficked Persons: Supporting Economic Empowerment 2012', *Issue Paper N. 4*. Washington: Nexus Institute.
- Zimmerman, C. and C. Watts (2003) *WHO Ethical and Safety Recommendations for Interviewing Trafficked Women*, World Health Organization. Geneva: 2003 [On-line]. Available at:
↳ http://www.who.int/mip/2003/other_documents/en/Ethical_Safety-GWH.pdf

- AIRE Centre
↳ <http://www.airecentre.org/>
- Children and Family Court Advisory and Support Service (CAFCASS)
↳ <http://www.cafcass.gov.uk/>
- Citizens Advice Bureau
↳ <http://www.citizensadvice.org.uk/>
- Community Safety Glasgow – TARA Service
↳ <http://www.saferglasgow.com/what-we-do/support-services-for-victims/support-to-victims-of-human-trafficking.aspx>
- Crimestoppers
↳ <https://crimestoppers-uk.org/>
- Criminal Defence Solicitors
↳ <http://www.criminaldefence.co.uk/>
- Criminal Injuries Compensation Authority (CICA)
↳ <https://www.gov.uk/government/organisations/criminal-injuries-compensation-authority>
- Crown Office and Procurator Fiscal Service (COPFS)
↳ <http://www.crownoffice.gov.uk/>
- Crown Prosecution Service (CPS)
↳ <http://www.cps.gov.uk/>
- Department for Work and Pensions (DWP)
↳ <https://www.gov.uk/government/organisations/department-for-work-pensions>
- Ethnic Minorities Law Centre (EMLC)
↳ <http://emlce.org.uk/>
- Helen Bamber Foundation (HBF)
↳ <http://www.helenbamber.org/>
- International Organisation for Migration UK (IOM London)
↳ <http://www.iomlondon.org/>
- Legal Service Agency (LSA)
↳ <http://www.lsa.org.uk/>
- Metropolitan Police – Victim Support and Advice
↳ <http://content.met.police.uk/Site/victimadvice>
- Migrant Help
↳ <http://www.migranthelp.org/>
- NHS Choices
↳ <http://www.nhs.uk/Pages/HomePage.aspx>
- Office of the Immigration Services Commissioner (OISC)
↳ <http://oisc.homeoffice.gov.uk/>

- Refugee Action
↳ <http://www.refugee-action.org.uk/>
- Refugee Therapy Centre
↳ <http://www.refugeetherapy.org.uk/>
- The Salvation Army
↳ <http://www.salvationarmy.org.uk/uki/trafficking>
- Sophie Hayes Foundation
↳ <http://www.sophiehayesfoundation.org/>
- UK Human Trafficking Centre (UKHTC)
↳ <http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre>
- UK Visas and Immigration (UKVI)
↳ <https://www.gov.uk/government/organisations/uk-visas-and-immigration>
- Victim Information Advice Service (VIA)
↳ <http://www.victimsofcrimeinscotland.org.uk/support-and-advice-for-victims-and-witnesses/other-sources-of-advice/victim-information-and-advice/>
- Unseen
↳ <http://www.unseenuk.org/>
- Women's Aid Federation Northern Ireland
↳ <http://www.womensaidni.org/>

Please note that all the links listed in this section may be subject to change. Should you have any problems accessing these resources, please contact the Human Trafficking Foundation at info@humantraffickingfoundation.org