

Healthcare and human trafficking

The Human Trafficking Foundation

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The Human Trafficking Foundation

Our Chair, Anthony Steen CBE, was formerly the Home Secretary's Special Envoy on Human Trafficking during the passage of the Modern Slavery Bill. Our Trustees include Vernon Coaker MP and Baroness Butler Sloss.

The Human Trafficking Foundation is the secretariat for the **APPG on human trafficking**.

- * We also lead a national **Human Trafficking Forum**, which convenes in London, with 500 members, including NGOs, police and local authorities. We meet quarterly with approximately 90 stakeholders in attendance at each event.
- * We have also just set up a **London Working Group** with 40 members, including NGOs, the Met Police's SCO7 anti-trafficking unit and expert lawyers.

Human trafficking and health

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18 April 2016

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South London and Maudsley **NHS**
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Information in the following slides also from the below research

- * **Human Trafficking and Health: A Survey of Male and Female Survivors in England**

Siân Oram, PhD, Melanie Abas, MD, Debra Bick, PhD, Adrian Boyle, MD, Rebecca French, PhD, Sharon Jakobowitz, PhD, Mizanur Khondoker, PhD, Nicky Stanley, MSc, Kylee Trevillion, PhD, Louise Howard, MRCPsych, and Cathy Zimmerman, PhD

- * **Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking**

Claire Ross,¹ Stoyanka Dimitrova,² Louise M Howard,¹ Michael Dewey,¹ Cathy Zimmerman,² Siân Oram¹

- * **Characteristics of trafficked adults and children with severe mental illness: a historical cohort study**

Siân Oram, Mizanur Khondoker, Melanie Abas, Matthew Broadbent, Louise M Howard

- * **Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care**

Jill Domoney¹, Louise M. Howard¹, Melanie Abas¹, Matthew Broadbent² and Sian Oram^{1*}

- * **Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review**

L. Ottisova, S. Hemmings, L.M. Howard, C. Zimmerman and S. Oram

Awareness in the NHS

- * Findings from one survey of NHS staff indicate that one in eight (13%) have had contact with a patient they knew or suspected were trafficked—and among maternity services professionals, this proportion rose to one in five (20%).
- * 78.3% believed that they had insufficient training to assist trafficked people

<https://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/assets/PROTECT-Report.pdf>

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Trafficking – The Official Definition

Human trafficking is the movement of people by force, coercion, or deception, for the purposes of exploitation.

The Act The recruitment, transportation, transfer, harbouring or receipt of persons,

by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person,

for the purpose of exploitation

Types of exploitation

- **Sexual exploitation**
 - **Forced marriage**
- **Forced crime (begging, cannabis cultivation)**
 - **Benefit fraud**
 - **Forced labour**
- **Domestic servitude**
 - **drug trade**
- **Organ harvesting**

Case study – sex trafficking

Marisca came to Scotland having been promised work as a nanny. On arrival she was forced into prostitution, made to live in a brothel and was expected to have unprotected sex with ‘punters’.

Marisca first attended her GP when she was seven months pregnant. She appeared frightened, had no identity documentation and was accompanied by a man who insisted on staying throughout the appointment.

The GP referred Marisca to a service for vulnerable pregnant women where the midwife was concerned that she was a victim of trafficking and contacted TARA (Trafficking Awareness Raising Alliance) on her behalf.

Marisca agreed to meet with a member of TARA and told her story. TARA gave Marisca support, advice and help to access safe accommodation. Marisca gave birth to her baby boy and is now living safely in another part of Scotland.

European law and the health rights of victims

Convention on Action against Trafficking in Human Beings (ECAT) and EU Directive 2011/36 on Preventing and Combating Trafficking in Human Beings and Protecting its Victims

The Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) came into force in the UK on 1 April 2009. It requires the UK to provide trafficked people with access to emergency medical care

More recently, the EU Directive 2011/36 on Preventing and Combating Trafficking in Human Beings and Protecting its Victims required the UK to provide trafficked people with access to "*necessary* medical treatment including psychological assistance, counselling and information, and translation and interpretation services where appropriate."

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NHS charges

Not everyone is entitled to access all NHS services in England without charge.

The NHS (Charges to Overseas Visitors) Regulations 2015 legally oblige all NHS Trusts, NHS Foundation Trusts, and Local Authorities in the exercise of public health functions in England to establish whether patients are overseas visitors to whom charges apply or whether they are exempt from charge.

When charges apply, these bodies must make and recover charges.

Public health services are, however, exempt from charge for **all** people, including:

- * **Family planning services (excluding termination of pregnancy);**
- * **Diagnosis and treatment of specified infectious diseases;**
- * **Diagnosis and treatment of sexually transmitted infection.**
- * **Care provided by a general practitioner**
- * **Accident and Emergency services (excluding services provided after admission as an inpatient or during follow-up outpatient appointments),**
- * **Treatment received under the Mental Health Act 1983 or Mental Capacity Act 2005**
- * **Treatment required for a physical or mental condition caused by torture, female genital mutilation, domestic violence, or sexual violence. this does not apply if you have come to England to seek this treatment**

Charges are also not applied to:

- * **Non-EEA nationals subject to immigration control who have paid the newly introduced health surcharge;**
- * **Refugees, asylum seekers, and certain categories of failed asylum seekers;**
- * **Looked after children;**
- * **Prisoners and immigration detainees;**
- * **UK Government employees and war pensioners;**
- * **Those covered by reciprocal healthcare agreements, other international obligations, and employees on UK-registered ships; and**
- * **Victims and suspected victims of human trafficking as determined by the UK Human Trafficking Centre or the Home Office, plus their spouse/civil partner and any children under 18 provided they are lawfully present in the UK.**

NHS exemptions Victims of trafficking

- * The specific exemption for victims and suspected victims of trafficking applies to anyone who the UK Human Trafficking Centre or Home Office have (i) conclusively identified as a trafficked person, or (ii) consider there are reasonable grounds to believe is a trafficked person and for whom a "reflection and recovery period" has not yet expired. That is, in order to make use of this exemption, a person who is thought to be a trafficked person must have been referred into the NRM.
- * Individuals may not self-refer into the NRM, but must instead be referred by a representative of a designated "First Responder" agency.
- * Prior to being referred into the NRM, a person who is suspected of having been trafficked has no entitlement to free healthcare provided by in or under the direction of a NHS hospital on the basis that they may have been trafficked (although they may be eligible on other grounds, for example, because they have claimed asylum or are EU nationals with the right to reside in the UK). A positive reasonable grounds decision (Phase 2) grants the applicant a 45 day "reflection and recovery period", during which time the trafficked person may access primary and secondary NHS healthcare without charge.
- * The Overseas Charging regulations were revised in 2015 and the guidance updated to state that charges incurred prior to a person being referred into the NRM for identification must be refunded or if a conclusive grounds decision is received, the applicant can continue to access primary and secondary NHS healthcare without charge
- * If Trafficking Centre or Home Office decide that there are not reasonable grounds to believe that the person is a trafficked person, the person is no longer exempt from charge other than for courses of treatment already under way, which remain free of charge until complete or until the person leaves the country

Modern Slavery Act July 2015

Modern Slavery: encompasses slavery, human trafficking, servitude, forced or compulsory labour. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment HM Government

Under the new **Modern Slavery Act**, various health bodies have a duty to cooperate with the Independent Anti-Slavery Commissioner, including NHS Trust, NHS Foundation Trusts, and Local Health Boards. Within the Act, however, there is limited guidance on meeting the health needs of people who have been trafficked

Physical and sexual violence

- * Prevalence of physical violence reported by trafficked women, men, and children was 38%, 49%, and 24%, respectively.
- * Sexual violence was reported by 20%, 1%, and 21% of trafficked women, men, and children, respectively. (Protect by Dr Oram et al)

Another study found that over 40% of men and over three quarters of women (77%) reported physical violence while trafficked, with two-thirds of women reporting they were forced to have sex. (Protect by Dr Oram et al)

Reasons for Health Problems

The health of trafficking victims is at risk because of:

- * exposure to infectious diseases**
- * repetitive physical, sexual and/or psychological abuse**
- * chronic lack of food, sleep or shelter**
- * hazards – poor ventilation or sanitation, dangerous machinery, lack of protective equipment and so on.**
- * Unhygienic and unsafe living and working conditions**
- * 43% reported being deprived of medical care while trafficked**

HEALTH PROBLEMS FOR VICTIMS OF TRAFFICKING

Health problems may include:

- * bruises, burns and other physical injuries
- * malnourishment, dehydration
- * serious dental problems
- * sexually transmitted infections including hepatitis B and HIV
- * pregnancy, from rape or prostitution
- * unsafe abortions
- * infectious diseases, such as tuberculosis
- * depression, confusion, panic attacks, post-traumatic stress disorder
- * substance misuse

Common physical symptoms

- * headaches; (82.3%),
- * stomach pain;
- * back pain;
- * Fatigue (81.3%),
- * dizziness(70.3%),
- * memory problems; (62.0%).
- * dental pains.

Sexual health (study data)

- **High prevalence of forced sex while trafficked among women**
- **Low levels of condom use while trafficked: 67% reporting sex work while trafficked were never/occasionally able to use condoms**
- **23% women and 8% men reported having ever been diagnosed with STI**
- **24% women reported abnormal discharge or genital bleeding (not related to menstruation) in last 4 weeks**
- **Male victims tend not to report sexual abuse**

Protect, Dr Oram et al

Mental disorders

Common mental disorders and affective disorders

- * PTSD,
- * Stress
- * Adjustment
- * Depression
- * Anxiety
- * Suicidal ideation
- * Alcohol/drug dependency

Additional considerations

Trafficked and matched non-trafficked patients' pathways into care seemed to be broadly similar, with **one exception—maternity services emerged as a potentially important route** into mental health care for female survivors of human trafficking

Trafficked people experience these disorders **for long periods after leaving the trafficking situation**

Trafficked patients' have been found to have a **longer duration of inpatient stay** – this may be due to their complex social needs

Commonly reported indicators

Commonly reported indicators included signs of physical and sexual abuse such as

- * broken bones,
- * burns,
- * chronic pelvic pain and sexually transmitted infections
- * inability to speak the local language,
- * lack of official documents,
- * fear of deportation,
- * poor engagement with the healthcare provider
- * attending with a controlling companion

Additional indicators for children included

- * maturity,
- * self-confidence,
- * access to money and goods that are inconsistent with the child's age
- * being of no fixed abode
- * or going missing
- * and not attending school

Where victims come to light

Most victims come to light after they have escaped the trafficking situation

In part due to previous lack of access: *"I thought I needed to see a doctor. Because it isn't normal when you can't move because your whole body is in pain from being beaten ... But I didn't go, because they wouldn't take me"* (Female, trafficked for sex work)

However this is not always the first time they used the NHS.
Points of contact during the exploitation occur in:

- * GP surgeries,
- * Walk-in Centres
- * A&E departments,
- * Sexual health clinics
- * terminations of pregnancies



Barriers for victims, Dr Ross, Dr Domoney, Dr Oram et al ;

Traffickers

Many trafficked people only visited a service provider once he or she was out of the trafficking situation, including because traffickers prohibited their movement

Immigration status

"[I] advised we would support her as much as we could but realistically we are unable to take the stress i.e. immigration issues away... Her main preoccupation is that of her immigration issues not yet being resolved which clearly impact negatively on her mental well-being."

Mental health professionals also recorded how patients' social and legal insecurity disrupted, and in some cases delayed, the provision of therapeutic support:

"It will be difficult for [her] to engage in any long term psychotherapeutic support before she has the result of her asylum application."

lack of familiarity with the NHS and their rights to care

Many cases victims were turned away and did not know their rights to challenge receptionist. Or if they managed to get support they struggled to understand the system.

Difficulties accessing interpreter services

For some, difficulties speaking English and a lack of access to interpretation meant that they did not understand the medical tests and interventions that were performed or the prescriptions they were provided with, raising concerns about informed consent.

Quote example

Traffickers often denied access: *"I thought I needed to see a doctor. Because it isn't normal when you can't move because your whole body is in pain from being beaten ... But I didn't go, because they wouldn't take me"* (Female, trafficked for sex work)

Quote example

The second time that I had contact with health services was when I was 4-5 months pregnant. This was during the time that I snuck out of the house and went to the local GP surgery. When I arrived they told me that I needed 'a passport and a proof of address. I explained that I didn't have this documentation and they turned me away. They said they couldn't see me." (Female trafficked for domestic servitude 22-25).

Research example

Many of the participants who accessed GP services were routinely given blood and urine tests. trafficked persons reported that they had not been advised of the outcomes of these tests, did not know how to access their results, or experienced delays in finding out the results

Quote example

"It was sort of with the trafficker, the GP was asking, talking to me, and the woman was saying it in my language, I shouldn't answer anything, I shouldn't say anything, she was the one that was talking. (Female trafficked for domestic servitude 22-25).

Barriers for victims

Unstable accommodation

Relocations disrupted continuity of care, and were described as particularly problematic in the context of mental health care

Financial insecurity

Fear that they might lose their small amount of income by upsetting the trafficker or revealing their exploitation and being sent out of the country.

Presence of trafficker

Many of those who did attend a health service were accompanied by the trafficker or under surveillance by someone related to the trafficking situation.

Lack of documents and difficulty registering for primary care

Trafficked people also explained that they did not seek the care they needed because of their irregular immigration status and lack of identity documents.

But when they did, they faced barriers wrongly as a result

Quotes

"I've been trying to address a situation with mental health for a prolonged period of time...my doctor was aware of the fact that I was being made to take drugs, aware of the situation.... referred me to online CBT course. ...I finally got the help that I needed when I moved out of the refuge...I'd been attempting to, to reach the help that I needed for, I would say over 6 years". (Female, trafficked for sex work, age 22-25).

Quotes

"I had broken ribs, also. But I'm not sure why I didn't want to go to doctor. Maybe because I didn't want to lose job" (Male, trafficked for factory work, age 51-60).

Quotes

Where access was allowed, it was closely monitored: *"He went there with me...I was worried, I didn't want to say it was this person because he was there with me (Male, trafficked for car washing).*

Quotes

"I guess it's just countering this thing of seeing everyone without the right set of papers as an illegal migrant" (NGO representative)
"I think the main problem of accessing the health service is when people are trying to get into a GP surgery and they're turned away by the receptionist"

Barriers for practitioners

Lack of guidance on how to respond or clear referral pathways

"I had a quick Google...found a 24 hour helpline, erm there wasn't much more information on the, that I could find, on the website about who might be eligible [for support] and what the process might be" (General Practitioner)

Lack of training and confidence

"So I would say in terms of specific trafficking training, no. I don't think so. Um, what do I base my practice on, that is a really interesting point, I don't know" (Maternity).

Difficulties registering for primary care

Poor awareness of trafficked people's entitlements to care

Documentation requirements

"Sometimes when the families come you don't know what status they are... Do we know what their immigration status is? You have to work out what are they entitled to." (Paediatrics)

Difficulties with building trusting relationships

Many trafficked people experience intense feelings of betrayal, guilt, and shame and emphasised the importance of building trust with trafficked patients through sensitive, informal, and non-judgmental language and by acknowledging trafficked peoples' fears about the consequences of disclosure.

Facilitating access to services:

Barriers to services include language, access to interpreters, traffickers preventing access or being present during accessing of care, and immigration status.

Disruptions to care caused by relocations and immigration instability

"The need to sort patients' need for social, financial, and legal support and the efforts taken to improve the stability of patients' circumstances as a way to support their mental health needs.

"It can be challenging to take a phased, longer-term approach to care when patients who are being rehoused by the National Asylum Support Service often have interruptions in care and changes in the services providing care"

Cultural differences in attitude to health

e.g. Survivors suffer psychological distress, disorders and physical health problems. But Western approaches such as counselling may not be appropriate for all trafficked people

Additional time requirements

Trafficked patients may need both longer appointment times and a longer overall duration of contact with healthcare services

What can you do?

You have a unique opportunity to offer the first step towards safety and recovery for a victim of trafficking.

- **Prioritise the safety of the patient.**
- **If you suspect the victim is in immediate danger, notify the police.**
- **See the patient alone, even if they are accompanied.**
- **Record as much information as possible.**
- **Speak to your manager, colleagues or Local Safeguarding Leads for support and advice.**
- **Follow child protection procedures as needed.**

Prioritizing medical and health needs



- * • Specifically enquire about health problems upon arrival into services
- * • Address urgent problems as quickly as possible
- * • Consider whether frontline staff need support to identify and respond to psychological distress.
- * • Obtain a sexual history
- *

Approach towards victims of trafficking

Offer trafficked people attending health services a choice regarding the gender of health professionals and interpreters

Explain and inform

- * Explain to trafficked people the importance of confidentiality and how it is defined, and its limits
- * The purpose for the questions and the process, step by step.
- * General subjects that will be discussed and acknowledge difficulty of some questions
- * Reassure them that it is safe for them to speak to you

Enquire about the client

- * How are you feeling? Are you currently in any pain or discomfort?
- * Do you have any urgent concerns or fears that you want to tell me about before I ask you some questions? Are you ready to start?

Be on their side

- * Ask questions in a way that shows (s)he is believed and that you have concern for him/her
- * ask only non-judgemental and relevant questions
- * Allow them **time** to tell you their experiences

Possible Questions

After medical treatment, sensitively enquire about health and living circumstances:

- * **Does anyone have your identity documents?**
- * **Are you free to come and go as you wish?**
- * **What are your work/home conditions like?**
- * **Can you leave your job/home if you want?**
- * **Have you or your family been threatened or harmed in any way?**
- * **Is anyone forcing you to do anything you don't want to do?**

Service Provisions

- * Ensure that health professionals **have access to confidential and expert advice** where they are concerned that a patient might be a trafficked person. This could be incorporated into the role of safeguarding leads
- * **Remove any barriers to GP registration** that would prohibit trafficked people from registering and ensure that registration for GP services is made as simple as possible and does not rely on ensuring proof of address
- * Ensure that trafficked people attending primary care are offered a **choice regarding the gender** of health professionals and interpreters
- * Ensure that **interpretation is not provided by a person accompanying a patient** who is suspected of being trafficked and that patients are seen privately
- * **Establish local links with non-governmental organisations (NGOs)** working with trafficked people

Awareness-raising

Make sure you are aware

- * Of indicators of possible trafficking
- * Understand how to safely identify and refer
- * That trafficked persons may continue to be vulnerable to exploitation and abuse after leaving the trafficking situation and ensure patients have safety plans and know how to access help if needed
- * Of the likelihood of people who have been trafficked having high levels of mental health needs and high prevalence of abuse both prior to and during trafficking and can make referrals to appropriate agencies

Ensure that GP practices are made aware

- * That identity documents and proof of address are not an essential requirement to register a patient

Develop links with key health services

KEY SERVICES INCLUDE:

- * **GP surgery**
- * **Dentist**
- * **Counselling services**
- * **Sexual health**
- * **Maternity services**

Provide services with information about human trafficking and discuss appropriate referral pathways into and from support services.

- * **How will information be shared and stored?**
- * **How will contact be arranged?**
- * **How will consent be ensured?**

ASSISTING WILL REQUIRE:

- * **registering with services;**
- * **booking appointments;**
- * **ensuring provision of interpretation and translation services or advocacy;**
- * **paying for prescriptions and/or applying for exemptions from prescription charges;**
- * **accessing written medical information in an appropriate language and format;**

Sexual healthcare

- * Obtain a sexual history from trafficked people who access health services. National guidelines on sexual history taking, which have been developed for all health professionals irrespective of whether or not they are working in sexual health services, should be followed.
- * Ensure that sexual health services are available for trafficked people to access, regarding the type of exploitation suffered;
- * Provide sexual healthcare that is appropriate to an individual's gender, age and culture. Sexual healthcare should be sensitive to an individual's culture and possible previous trauma and/or abuses and address both acute and longer term health needs, which may include counselling and treatment for STIs, HIV/AIDS, and sexual violence trauma, as well as for HIV post-exposure prophylaxis, hepatitis B vaccination, emergency contraception, contraceptive advice and supplies and abortion referral

Mental healthcare services

- * Recognise that people with mental health problems with a history of being trafficked may have experienced abuse **prior to, during, and since trafficking and undertake routine enquiry**
- * Recognise people with mental health problems with a history of being trafficked may be **vulnerable to further abuse**, including re-trafficking and domestic and sexual violence
- * **Explain clearly to trafficked people and support services the arrangements** for care coordination, and duration of care, care plans, and care programme approach (CPA). Recognise the possible additional communication requirements needed by trafficked people. All relevant members of the healthcare team should be aware of the patient's history, health and social needs and ongoing need for follow up
- * **Addressing social and welfare needs** (including meeting basic needs for food, clothing, and appropriate housing; supporting the regularisation of immigration status or return to the country of origin and participation in criminal proceedings against their traffickers; and providing opportunities for education, employment, vocational training, and social integration) seems to be important in predicting mental health adverse outcomes in trafficked people

* Domoney, & Protect

Maternity services

Indicators

- * **Recognise that indicators of trafficking include women who delay antenatal booking until their second or third trimester of pregnancy, or do not seek admission to a maternity unit until their labour is well established, especially those without English-language skills.**

Response

- * **In these cases midwives and other maternity professionals need to talk sensitively and in private**
- * **Consider safeguarding issues and involve appropriate agencies**
- * **Recognise that in addition to core recommended care, trafficked women are likely to require additional care, such as that recommended by the National Institute for Health and Care Excellence (NICE) guideline on pregnancy and complex social factors**
- * **Ensure that all women who self-report or are suspected of being trafficked have access to one-to-one midwifery care during and after their pregnancy.**
- * **Individual care plans should be developed and plans for timing and content of each contact discussed to ensure needs are addressed**
- * **Ensure that timing and duration of all contacts with trafficked women are flexible in terms of frequency and duration;**
- * **Discuss postnatal contacts with trafficked women, including duration of midwifery follow up, transfer to the primary health care team, and how care will be coordinated**
- * **Ensure planned postnatal follow up, co-ordinated by one nominated lead across secondary and primary care sectors**
- * **Protect, Oram**

National Referral Mechanism and health care

If you think someone is trafficked, and you have the victims consent, contact a first responder to place the victim in the the National Referral Mechanism (NRM).

People identified as trafficked through the National Referral Mechanism and their dependents are entitled to free primary and secondary care

- Kicks in at point of positive reasonable grounds decision
- Decision is documented in the “NRM decision letter”
- Charges incurred prior to decision being made should be cancelled/refunded.
- Trafficked people may also be eligible for free care on other grounds (e.g. seeking asylum, refugee status, looked after child, covered by reciprocal healthcare agreement)

The NRM is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support. Trained case owners decide whether individuals referred to them should be considered to be victims of trafficking

First Responder

A first responder can be found in the following organisations:

- National Crime Agency
- Police forces
- UK Border Force
- Home Office Immigration and Visas
- Gangmasters Licensing Authority
- Local Authority
- Health and Social Care (only in Northern Ireland)
- Salvation Army
- Migrant Help
- Medaille Trust
- Kalayaan
- Barnardos
- Unseen
- TARA Project (Scotland)
- NSPCC (CTAC)
- BAWSO
- New Pathways
- Refugee Council

National Referral Mechanism - Protection

The National Referral Mechanism (NRM) Provides a national framework where public bodies such as the police, UKBA, local authorities and NGO's work together to identify potential victims of trafficking to provide appropriate support and protection.

- Accommodation and material assistance
- Medical treatment and care
- Counselling and emotional support
- Advice on immigration and legal rights and services
- Advice on the criminal justice system
- Guidance on education, training, and employment
- 45-day reflection period when you cannot be removed
- Non-EU possible one year permit to remain – case by case

Voluntary notification of suspected victims of trafficking

Modern Slavery Act 2015 introduced a duty to notify the Home Office about suspected victims of trafficking for selected public authorities

- **The NHS is exempt from this duty but encouraged to make voluntary notifications.**
- Identifiable information must be omitted where consent to notify has not been obtained; consent is not required in relation to children under 18 years.
- Information provided is shared with the National Crime Agency and other enforcement agencies to build a better picture of modern slavery in England and Wales;
- Notification should not replace a police referral or safeguarding procedures.

Page 38 <https://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery>

Who to contact

A person under 18 years (child):

- ▲ Emergency or in doubt : **999**
- ▲ Indicators of human trafficking: **NRM Referral 0844 778 2406**
ECPAT 020 7607 2136
- ▲ For advice: **NSPCC 0808 800 5000**

Over 18 (adults):

- ▲ In an emergency or in doubt: **999**
- ▲ Indicators of human trafficking:
NRM Referral 0844 778 2406
Modern Slavery Helpline 0800 0121 700
- ▲ Victim Referral:
Salvation Army 0300 303 8151

Where can I go for more information?

Adults	
In an emergency	999
NRM Referral	0844 778 2406
Modern Day Slavery Helpline	0800 0121 700
Salvation Army	0300 303 8151
Children	
Local authorities	<i>Find out your local duty team number:</i>
NSPCC CTAIL	0800 107 7057
ECPAT	020 7607 2136
NSPCC	0808 800 5000

Organisation	Website
AIRE Centre - for European Nationals	http://www.airecentre.org
Latin American Women's Rights Service (LAWRS)- for Latin American Women	Latin American Women's Rights Service
Joint Council for the Welfare of Immigrants (JCWI)	https://www.jcwi.org.uk/about/contact-us
Anti Trafficking Legal Project	http://www.atlep.org.uk/
Kalayaan (Migrant Domestic Workers)	http://www.kalayaan.org.uk/

Resources

The [Istanbul Protocol](#) is a “Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment” adopted by the UN in 1999.

The [Council of Europe Convention on Action Against Trafficking in Human Beings](#) came into force in the UK on April 1, 2009.

The [Anti-Trafficking Legal Project](#) is a network of solicitors, barristers and specialist practitioners who advise, represent and support victims of trafficking and other vulnerable people.

The [Immigration Law Practitioners' Association](#) exists to promote and improve the advising and representation of immigrants, provide information to members and others on domestic and European immigration, asylum and nationality law, and secure a non-racist, non-sexist, just and equitable system of immigration refugee and nationality law practice.

The [British Red Cross](#) provides a range of important casework services for asylum seekers and refugees.

The [Refugee Council](#) provides support and help to refugees and asylum seekers and to make information and advice available to them directly. Free advice and information can be provided to refugees and asylum seekers in their own language through the One Stop Services.

[Project London](#) is an advocacy project that provides information, advice and practical assistance to vulnerable people to help them access NHS and other services.

[The Havens](#) are specialist centres in London for people who have been raped or sexually assaulted.

[Crisis](#) offers education, employment, housing and well-being services to single homeless people including asylum seekers and works to prevent homelessness.

Health resources

Health Resources - Training Page 39



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Identifying and Supporting Victims of Modern Slavery

An interactive learning resource to support all health staff in identifying and supporting victims of modern slavery.

Menu

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- [More information](#)
- [Open access session](#)
- [How to access](#)

Modern Slavery

Modern Slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

This online resource provides an overview of the issue of modern slavery. It is aimed at helping all healthcare staff recognise the signs that someone has been trafficked, and to take appropriate action with confidence.

In partnership with



<http://www.e-lfh.org.uk/programmes/modern-slavery/>



KING'S HEALTH PARTNERS

Dr Sian Oram

Other resources

- ❑ Information leaflet, co-produced by the Department of Health and Platform 51 (<http://www.fsrh.org/pdfs/HumanTraffickingGuidanceLeaflet.pdf>);
- ❑ E-learning module, co-produced by the Department of Health and Platform 51 (<http://www.e-lfh.org.uk/programmes/modern-slavery/>);
- ❑ Awareness raising video (“Modern slavery is closer than you think”), produced by the Home Office and available to watch on YouTube (https://www.youtube.com/watch?v=Jv1H_fAoOG4);
- ❑ Trafficking Survivor Care Standards, produced by the Human Trafficking Foundation (http://www.humantraffickingfoundation.org/sites/default/files/Trafficking_Survivor_Care_Standards.pdf);
- ❑ Guidance from the IOM on caring for trafficked people in healthcare settings (http://publications.iom.int/bookstore/free/CT_Handbook.pdf);
- ❑ Information leaflet on working with refugees, produced by the South London Refugee Clinical Team;
- ❑ Resources from the Health Professional Education, Advocacy and Linkage (HEAL) website;
- ❑ Resources from the Anti-Trafficking Legal Project (ATLEP) website;
- ❑ ❑ Free training from the NSPCC Child Trafficking Advice Centre

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