Human Trafficking Foundation

THE SLAVERY AND TRAFFICKING SURVIVOR CARE STANDARDS

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The Slavery and Trafficking Survivor Care Standards is coordinated and produced by the Human Trafficking Foundation (HTF) but is a product of the anti-trafficking sector. HTF commissioned Kate Garbers to facilitate workshops with the sector and to lead the process of updating and re-drafting the Care Standards. The time and expertise of over 150 people with lived and learnt experience of modern slavery has gone into this 2025 update and HTF remains incredibly grateful to everyone involved. We would like to pay particular thanks to the advisory group, Alicia Rana, Ann-Marie Douglas, Eleonora Fais, Maria Thomas and Naeema Ahmed for their guidance.

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INTRODUCTION

WHAT THE CARE STANDARDS ARE

The Slavery and Trafficking Survivor Care Standards (Care Standards) exist to ensure that adult survivors of human trafficking and modern slavery receive consistent high-quality care, whoever they are supported by and wherever they are in the UK.

The Care Standards, now in its third iteration, is the result of a year of work and collaboration by over 150 frontline workers, police officers, civil servants, legal advisers, lived experience consultants, health and social care providers and many others, all contributing their knowledge and insight to this review and update. The Care Standards act as an anchor to good practice, shaped by both lived and learnt experience. They set out the level of care that every survivor should expect and show how these standards can be implemented. Whilst the Care Standards focus primarily on adult survivors, there is an annex on children which addresses overlapping issues.

Survivors have the right to protection and care under the Council of Europe Convention on Action Against Trafficking in Human Beings (ECAT) (2005).[1] Adults may consent to enter the National Referral Mechanism (NRM) and receive support through a government led contract (see p.300), whilst others may be supported outside of this mechanism. We know that some survivors are in systems that are not beneficial to their recovery, for example survivors may be homeless, detained in immigration detention and/or in prison, and by setting out standards of care we are not condoning these scenarios but acknowledging the situations survivors may face and meeting them and the professionals supporting them where they are.

The collaborative nature of the creation of the Care Standards is in recognition that wherever survivors are, they are likely to encounter a multitude of agencies, and it is only through collective responsibility and partnership working that a consistent level of support can be provided.

WHO THE CARE STANDARDS ARE FOR

The Care Standards are for all professionals in all four nations of the UK, including, but not limited to, those working for specialised anti-trafficking NGOs, third sector, voluntary and faith-based organisations, the National Health Service (NHS) and healthcare providers, the police, criminal justice professionals, legal advisers, and local authority staff. The Care Standards aim to equip all professionals, acknowledging that readers will work in different contexts and have varying levels of knowledge on modern slavery. The Care Standards can also be used by survivors to advocate for their own care and support. The Care Standards are essential to ensure that no matter which organisation or professional delivers support or a service, a consistent high-quality standard of care can be expected in the way the support is delivered.

HOW TO USE THE CARE STANDARDS

The Care Standards consist of six overarching principles that guide and underpin the work of any organisation or professional interacting with, or providing support services for, survivors. The principles are outlined in chapter one and the Care Standards, as a whole, should be read and applied in line with them. Bold standards at the start of each section reinforce the principles and set a standard of care. Practice Reminders act as direct considerations for professionals as they support survivors. Relevant legislation and additional information can be found in boxes throughout.

The Care Standards can be used as a reference guide but we recommend that everyone reads and works in line with the standards outlined in the first two chapters. These chapters provide an overview of the standards for delivering care and support, ensuring that all professionals are familiar with, and work towards, the overarching principles and expectations they set out.

The remaining five chapters focus on specific areas of care and support: accommodation, health care, legal assistance, the criminal justice system, and employment and education. While these sections are relevant to any professional supporting a survivor, those working directly in these sectors may find them especially useful in their daily practice. The Care Standards should be used alongside organisational policies, frameworks, and guidance.

Finally, three annexes provide an overview of the NRM, a summary of areas of overlap in supporting children and adults, and a description of the history and methodology used in updating the Care Standards.

Numbers indicate where references have been used, and the reference list and bibliography can be found online on the Human Trafficking Foundation website. To view the references and bibliography, please scan here:

TERMINOLOGY

The Care Standards use the term 'survivor' to refer to individuals who have experienced human trafficking or modern slavery. While the term 'victim' indicates that an individual who has experienced human trafficking or modern slavery is a victim of crime, those who are no longer being exploited may find the term 'victim' limiting and potentially disempowering. There are instances in which the term 'victim' is used in the Care Standards. This acknowledges and reflects that certain professionals and organisations, including those working in the areas of legislation, criminal justice system and legal advice, commonly use this term instead of and in addition to 'survivor'.

The term 'professionals' is used throughout the Care Standards and refers to anyone employed in a role that may come into contact with survivors. We recognise that professionals may also have lived experience.

The word 'exploitation' is used in its widest sense and to acknowledge that not all nations in the UK use the term modern slavery. Where exploitation is used it can be assumed that we are referencing both human trafficking and modern slavery.

The terms re-exploitation and re-trafficking are both used, recognising that someone may experience different forms of exploitation that do not meet the act, means and purpose threshold of trafficking.

The terms care and support are used with distinct but complementary intentions. Care is framed as attentive and compassionate, rather than transactional, reassuring survivors that their wellbeing is central. It is especially important where survivors cannot meet their own needs, ensuring safety and dignity. Support refers to providing resources, opportunities, and encouragement that enable survivors to build independence and pursue their own goals. This shifts the focus from dependency to empowerment, fostering skills, confidence, and autonomy.

We have aimed to use anti-oppressive language throughout the Care Standards but acknowledge that terminology varies in this space and will continue to evolve and future iterations will reflect learning.

LIMITATIONS

- The Care Standards do not and should not replace organisational and professional responsibilities to ensure that systems, structures, approaches and practice comply with legal and professional duties.
- Every attempt has been made to ensure the information contained within the Care Standards is accurate at the time of publishing. When working with survivors it is recommended that professionals check relevant guidance, policy and legislative frameworks.
- We recognise that there are limitations around available resources and commissioning decisions at national and local levels and that this may impact an organisation's ability to deliver the standards of care outlined.

MONITORING

We are keen to know how the Care Standards are being used, their impact and any amendments that should be considered for future updates. Please use the QR code on the back cover to share your feedback.

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BRIEF OVERVIEW OF HUMAN TRAFFICKING AND MODERN SLAVERY

The Palermo Protocol offers the first internationally recognised definition of human trafficking, which was then built upon in the Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) and subsequently domestic laws across the UK came into force. Within the four nations of the United Kingdom (UK) different terminology is used and different legislative parameters apply in relation to the identification and support of victims and survivors.

The Palermo Protocol sets out that human trafficking consists of three components:

- **the act** - *recruitment, transportation, transfer, harbouring and receipt of an individual.*
- **the means** - *threat or use of force, abduction, fraud, deception, coercion or the abuse of power and vulnerability.*
- **and the purpose** – *the exploitation, such as sexual exploitation, forced labour, criminal exploitation, domestic servitude and organ harvesting.*[3]

Only the 'act' and 'purpose' are necessary for a child under 18 years to be considered as a case of 'trafficking in persons', with the 'means' part irrelevant. This is not to say that this stage does not occur for child victims, but the definition recognises that a child can never consent to their own exploitation, even if he or she agrees or understands what has happened.[4]

Modern slavery can be considered as an umbrella term that encompasses human trafficking, slavery, servitude, and forced or compulsory labour. Human trafficking and modern slavery can take many forms, including but not limited to, sexual exploitation, domestic servitude, forced labour and criminal exploitation.[5]

PRIMARY LEGISLATION AND FRAMEWORKS

ECAT which was adopted by the Council of Europe in 2005 and the UK in 2008 sets out the minimum standard requirements for victims' identification, protection and assistance.

ECAT provides the basis for domestic legislation and outlines the access a victim should have to:

- A recovery and reflection period
- Safe accommodation and material assistance
- Translation and interpretation services
- Legal advice
- Medical services (including psychological support)
- Compensation
- Vocation training and employment opportunities
- A safe repatriation and return.[6]

DOMESTIC LEGISLATION

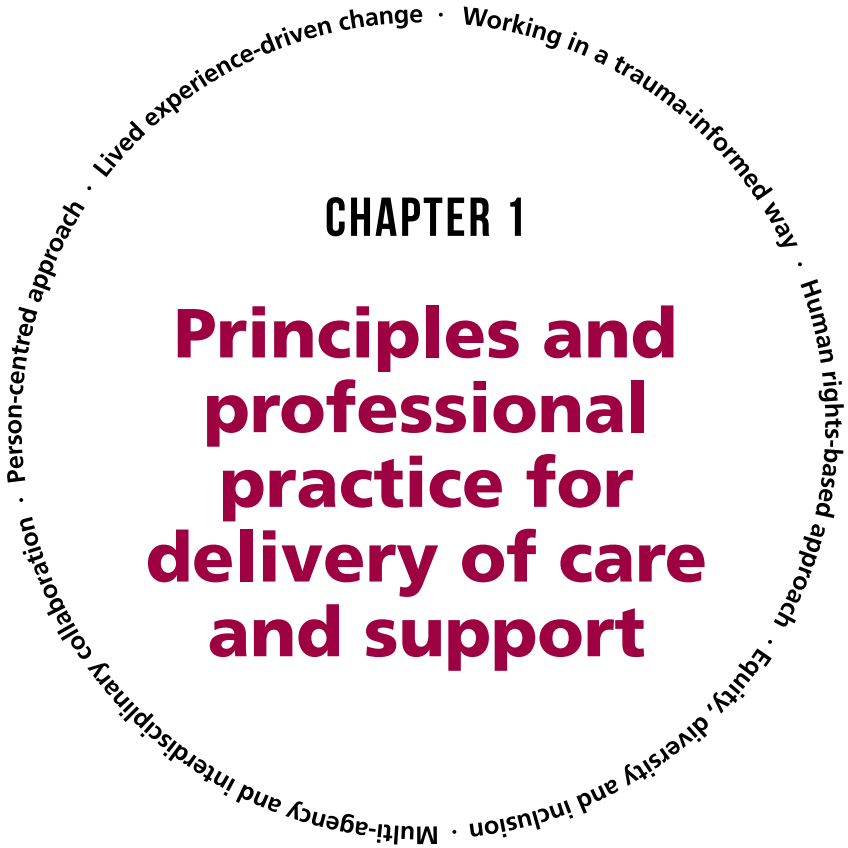
England and Wales: Modern Slavery Act 2015. An Act to make provision about slavery, servitude and forced or compulsory labour and about human trafficking, including provision for the protection of victims; to make provision for an Independent Anti-slavery Commissioner; and for connected purposes.[7]

Northern Ireland: Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015. An Act to make provision about human trafficking, slavery and other forms of exploitation, including measures to prevent and combat such exploitation and to provide support for victims of such exploitation, and for connected purposes.[8]

Scotland: Human Trafficking and Exploitation (Scotland) Act 2015. An Act of the Scottish Parliament to make provision about human trafficking and slavery, servitude and forced or compulsory labour, including provision about offences and sentencing, provision for victim support and provision to reduce activity related to offences.[9]

Statutory Guidance: The Modern Slavery Act s. 49 requires statutory guidance to be produced. This is relevant to England and Wales and provides non-statutory guidance for Scotland and Northern Ireland. This provides practical guidance and can be read alongside the Care Standards for further information on the forms of modern slavery, indicators and processes.[10]

Whilst the Care Standards makes reference to relevant legislation, professionals should be aware of wider laws and policies which intersect with modern slavery and human trafficking and the care and support of survivors.



CHAPTER 1

Principles and professional practice for delivery of care and support

CHAPTER OVERVIEW

This chapter sets out the core, guiding principles for organisations interacting with, or providing care and support to survivors of modern slavery and human trafficking. The core principles are grounded in trauma-informed, survivor-centred, and rights-based approaches. They provide a shared foundation for the delivery of care and support across all services and settings, and they can be used to strengthen organisational practice. The chapter also sets out expectations for professionals who are interacting with survivors, highlighting the importance of working in accordance with specific legal, statutory, and organisational obligations so that survivors receive care and support that is safe, respectful, and effective.

PRINCIPLES OF CARE AND SUPPORT

Working in a way that respects each survivor's autonomy and their right to be involved in all decisions about their care and support acts as a lifeline for survivors, helping them to reclaim their personal freedom and improve their wellbeing. Professionals should actively identify and respond to the individual needs of each person, providing tailored care and ensuring that communication and language requirements are met when offering support and sharing information.

The following six principles should guide the work of any organisation or professional who is interacting with or providing support services for survivors of modern slavery and human trafficking. The entirety of the Care Standards should be delivered in line with these core principles.

Principle One:
WORKING IN A TRAUMA-INFORMED WAY

> **Trauma-informed methods of working are based upon an understanding of the harmful effects of traumatic experiences together with fundamental principles of compassion and respect.**

Professionals should understand the harmful effects of trauma and act with compassion and respect. Every interaction with a person who has experienced human trafficking or modern slavery is an opportunity to support their safety, stability, and wellbeing. Professionals should use a trauma-informed approach in all aspects of their work, within their responsibilities and remit.[1]

Working in a trauma-informed way means recognising the widespread impact of trauma, understanding its signs and symptoms, and responding with practices that actively avoid re-traumatisation. It involves creating environments of safety, trust, and empowerment, where individuals feel seen, heard, and supported. When working in a trauma-informed way, professionals should build and sustain a relationship of mutual trust with survivors; while at the same time taking care to protect both parties' wellbeing, maintaining healthy boundaries and practices.

Working in a trauma-informed way ensures survivor autonomy. It provides the foundation for the following principles.

Principle Two:
HUMAN RIGHTS-BASED APPROACH

> **Always respect the dignity, rights, and freedoms of all survivors.[2]**

Human rights are universal, indivisible, and fundamental to all efforts to prevent and respond to trafficking, regardless of the form of exploitation experienced.

A human rights-based approach places survivors at the centre of all responses to modern slavery and human trafficking, recognising them not only as recipients of support but as rights-holders with lived experience and insight that should inform practice and policy. Embedding the voices of those with lived experience strengthens accountability, ensures support is relevant and responsive, and helps to prevent further harm.

Every survivor has the right to care and support that is not reliant on their co-operation with the authorities. Support must be offered on an informed and consensual basis, respecting survivors' autonomy, choices, and promoting their rights. Survivors should be recognised as victims of crime, with the principles of non-punishment, dignity, and protection applied. Whilst not all offences are protected under legislation, survivors of modern slavery should not be criminalised for actions they were compelled to commit as a result of their trafficking.

Legal Frameworks

NON-CONDITIONALITY
Council of Europe Convention on Action against Trafficking in Human Beings (ECAT)

Article 12 (6) Assistance to Victims: Each Party shall adopt such legislative or other measures as may be necessary to ensure that assistance to a victim is not made conditional on their willingness to act as a witness.[3]

NON-PUNISHMENT
Council of Europe Convention on Action against Trafficking in Human Beings (ECAT)

Article 26 Non-punishment provision: Provides for the possibility of not imposing penalties upon victims who were compelled to carry out criminal offences as a result of their trafficking.[4]

The following legislation outlines how non-conditionality and non-punishment measures are applied across the UK.

England and Wales: Section 45 of the Modern Slavery Act 2015.

Northern Ireland: Part 4 (22) of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015.

Scotland: Section 8 of the Human Trafficking and Exploitation (Scotland) Act 2015 and guidance made under it.[5]

See p. 225 for more information about the criminal justice system and legal support available.

Principle Three:
EQUITY, DIVERSITY AND INCLUSION

> **Provide protection, care and support in a non-discriminatory and accessible way for all survivors regardless of the complexity of their needs, race, nationality, ethnic origin, language, age, disability, gender (including gender reassignment), pregnancy, religion and belief, marital status and sexual orientation.[6]**

Professionals must actively promote equity, diversity, and inclusion, ensuring that all survivors are treated with fairness, dignity, and respect.* [7]

Support must be grounded in the understanding that people may face different forms of harm and discrimination based on elements and aspects of their identity. Responsive support requires professionals to be aware and respectful of survivors' beliefs, values and cultural backgrounds.

Services supporting survivors of human trafficking and modern slavery must actively recognise and address existing inequalities and power imbalances, including those rooted in racial discrimination, gender norms, and ableism. This involves acknowledging the unique needs and experiences of LGBTQIA+ individuals, disabled people, and other marginalised groups, and ensuring that care and support is inclusive, accessible, and culturally competent. By adopting an intersectional approach, organisations can provide tailored support that empowers survivors and challenges systemic barriers to recovery and justice.

Ultimately, support must aim to eliminate all forms of discrimination and inequality to ensure an equitable distribution of resources and opportunities for everyone affected.

* This duty applies across the UK: in England, Scotland, and Wales through the Public Sector Equality Duty under the Equality Act 2010, and in Northern Ireland through Section 75 of the Northern Ireland Act 1998.

Principle Four:
MULTI-AGENCY AND INTER-DISCIPLINARY COLLABORATION

> **Work in co-operation, collaboration and partnership with a range of agencies to ensure survivors have access to the support and services they need and are entitled to.**

No single agency can tackle this crime alone or provide all the support survivors need. Therefore, a multi-agency, interdisciplinary approach, with the survivor at the centre, is required.

To achieve this, all organisations and professionals, in recognised support roles, law enforcement, healthcare, housing services, legal services, local authorities and the third sector should work together to meet the range of needs survivors may present. When working together, all parties should be open to constructive feedback and learning in order to improve survivors' experiences in interacting with services. A multi-agency approach also reduces the potential for survivors to feel entirely dependent on one particular professional or organisation. Inter-disciplinary approaches should be used to provide comprehensive support and care for survivors.

With survivors' informed consent, it is important to initiate and 'bridge' interactions and contact with other related services and professionals. Survivors should also be supported to advocate for themselves with other organisations and agencies in cases where they prefer to, and where it is appropriate.

Principle Five:
PERSON-CENTRED APPROACH

> **Survivors have the right to make informed decisions about their own support and care.**

All interactions and support must be person-centred, demonstrating respect for each survivor's dignity, integrity, agency and autonomy. Support should be tailored to individual risks, needs and circumstances and take into account the whole person, including their psychological, physical, spiritual, financial, legal and social wellbeing.

A person-centred approach recognises that survivors' needs and behaviours are shaped by a range of experiences and influences. It is a way of working that empowers survivors, as far as possible, to take control of their recovery, ensuring they are active participants in their support and the decisions that affect their lives. Building trust is crucial. Survivors should be supported in exercising choice, with decision-making power restored through positive relationships and professional guidance. This includes ensuring they understand their rights and entitlements and are fully supported in advocating for them.

Professionals must recognise that survivors should be involved and retain control over all decisions related to their care. Each person is unique, with their own goals, aspirations, and lived experience. Support must reflect not only their challenges and vulnerabilities but also their strengths, resilience, and capacity for recovery. Support and care that is offered should help survivors move safely and at their own pace toward recovery, stability, and independence.

Principle Six:
LIVED EXPERIENCE-DRIVEN CHANGE

> **Involve survivors directly in shaping the services, decisions, and policies that affect their lives via participatory approaches.**

Professionals should collaborate with survivors to create the right conditions for safe and meaningful participation. This includes building trust, offering choice, removing barriers to participation, and fostering inclusive, respectful environments where survivors feel safe, empowered, valued and genuinely heard. Participation must be rooted in trauma informed and person-centred principles. This means recognising individuals' unique needs, strengths, and goals as well as any challenges or limiting factors.

Meaningful collaboration with survivors is required at all levels of response, including service delivery and professional engagement. The voices of service users must be considered carefully when making decisions relating to services and programmes.

Recognise that people with lived experience who are working in the anti-trafficking/modern slavery sector are professionals who should in all cases be appropriately compensated for their work. This approach values survivor input, promotes shared decision-making, and ensures that services, policies, and systems are designed ***with***, and not just ***for***, those they are intended to support.

PROFESSIONAL PRACTICE AND APPROACH

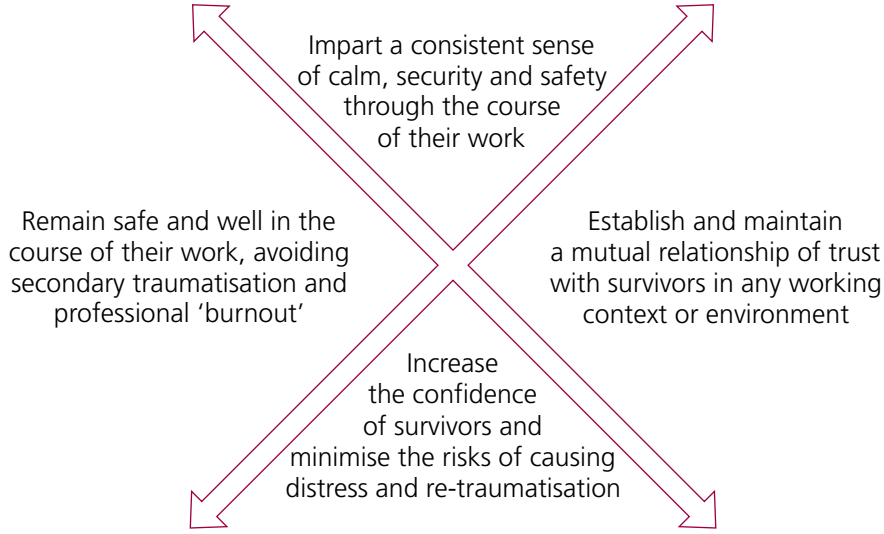
Act in accordance with applicable legal requirements, statutory responsibilities, and organisational policies. This includes adhering to relevant laws and regulations, policies and guidance, and fulfilling professional and ethical duties and obligations within the parameters of professional role and remit.

All organisations should have in place systems, structures and procedures to enable professionals to conduct themselves in line with the practices set out in the Care Standards. This section sets out the key components of care and support that professionals working with survivors must follow, covering policies, procedures, staff support, staff training, and case management. Additional guidance applies when working with children under 18 [see p. 311] and with adults who are assessed as vulnerable or lacking capacity to make decisions for themselves [see p. 45]. It is not the role of one agency to deliver all the support set out in the Care Standards. It will depend on local commissioning arrangements, available resources, and the remit of the organisation, making partnership working paramount. Every professional and organisation should follow the practices and approaches outlined which provide the foundation for ethical, safe, and effective support. All these practices should be underpinned by the principles outlined in the Care Standards.

The Trauma-informed Code of Conduct for All Professionals Working with Survivors of Trafficking and Slavery (TiCC)[8]

The TiCC provides simple, trauma-informed methods of working and practical guidance in the context of the specific communications and tasks that professionals may carry out with survivors in their daily work. TiCC methods can be applied within the parameters of a professional's role and remit.

The TiCC includes guidance on how to provide a calm, consistent and welcoming environment, maintain awareness of communication (in all forms), establish a mutual relationship of trust and how to return to and remain present in the moment. It recommends creating the *'illusion of time'* so that even when time is tight and the professional is busy, they ensure time pressures are not a concern for the person they are working with. The TiCC supports professionals who are tasked with obtaining disclosure of sensitive information and detailed trafficking histories including from survivors who have instilled beliefs and fears or have experienced ritualised violence. The TiCC includes guidance on working in the presence of interpreters and other professionals, working with parents accompanied by children or babies, and vetting other people who may accompany survivors.



The following sections outline professional practice areas that should be acknowledged, understood, applied, and reflected upon in day-to-day work when supporting survivors.

PSYCHOLOGICAL AND PHYSICAL SAFETY

> **Professionals recognise the risks that survivors face and take appropriate steps to help reduce these in ways that are tailored to each person. Ensuring immediate survivor safety is paramount.[9]**

Facilitating survivors' immediate and ongoing safety is a fundamental aspect of professional practice, therefore it must guide all decisions, interactions, and support planning. Professionals should prioritise responding to any factors that could compromise a survivor's safety, including for example, accommodation needs, location-specific risks or any immediate threats to safety posed by others. It is important also to pay attention to any vulnerabilities in circumstances or behaviour that could lead to an increase in risk.

It is essential that professionals are familiar with, and follow internal safeguarding and health and safety procedures, organisational policies, and relevant legal duties. Professional judgement must be used to determine what is safe and appropriate in each case, ensuring that all support is delivered in a way that protects the survivor's wellbeing while respecting their rights and autonomy. This includes identifying and responding to any current or potential risks of abuse, neglect, or exploitation.

Where information comes to light suggesting that a survivor or a person who is associated with them may be at risk of harm, a safeguarding response may be required [see p. 37, p. 39]. In such circumstances, professionals may be required to break confidentiality in line with safeguarding protocols. This should be done transparently and, wherever possible, in collaboration with the survivor and relevant agencies, to ensure that appropriate and proportionate safeguarding measures are put in place.

Safety and safeguarding should be contextually appropriate and addressed in a way that helps to identify any risks in survivors' environments. When considering safety and risk, professionals should respond to existing harms but also consider underlying vulnerabilities. These may be linked for example, to historic exploitation, trauma, domestic violence or honour-based violence or broader social and structural factors that increase an individual's susceptibility to harm, even in the absence of a known safeguarding concern.

Safeguarding Survivors

Professionals should understand the relevant duties in their location and make referrals where required.

Whilst there are no overarching eligibility criteria for adult safeguarding services, all UK nations adopt a broad approach, with safeguarding focused on protecting adults who may be considered 'at risk' from abuse.

There are legislative and practice differences between the UK nations in: the threshold for intervention; the definition of an adult at risk; and the duties on local authorities and partner agencies.[10] Professionals should be aware of the legislation, guidance and definition of an adult 'at risk' in their location.

Local Authorities Adult Services (England, Scotland and Wales) and Health and Social Care Trusts (in Northern Ireland) are responsible for looking at any safeguarding concerns that are raised with them.

If professionals identify an adult survivor who they also believe to be at risk, they should inform the relevant service as soon as possible. Survivors of modern slavery should not be automatically assumed to be 'adults at risk'.

When working with survivors who are in, or being considered for, immigration detention, professionals must assess whether the person is an adult at risk. The Adults at Risk in Immigration Detention Statutory Guidance applies to all detention decisions that are made, including decisions on continuing detention.[11]

Legal Frameworks

The following legislation outlines how adults at risk are protected across the UK.

England Care Act 2014: Sets out a clear legal framework for protecting adults who are at risk of abuse or neglect.

Northern Ireland Health and Social Care (Reform) Act (Northern Ireland) 2022: Provides a framework to promote individual wellbeing, prevent needs for care and support, and integrate care and support with health services.

Scotland Adult Support and Protection (Scotland) Act 2007: Provides a framework for protecting adults at risk of harm. It includes duties for local authorities to make inquiries and intervene to safeguard adults who are at risk. It is applicable to people aged 16 and over. This Act is not directly equivalent to the Care Act 2014's adult protection provisions.

Wales The Social Services and Wellbeing (Wales) Act 2014: Provides the legal framework for improving the wellbeing of people who need care and support, and carers who need support, and for transforming social services in Wales. This Act applies to children and adults.[12]

Safeguarding Children

Safeguarding may be required due to risks that directly affect a child, or risks to their parent(s) that affect them. If a professional believes a child is in danger, they should contact the police and a referral must be made to the local authority children's services department or to the relevant Health and Social Care Trust (in Northern Ireland) without delay. Details of how to make a referral in a specific location can be found via an online search for 'child safeguarding report (location)'. Referrals should include details of the specific concerns and an explanation of how the information being provided has been gathered.

Children should be kept informed of any safeguarding processes as is appropriate to their age, stage of development, and safety. Although children do not need to consent to being referred to local authority children's services or to the National Referral Mechanism (NRM), it is best practice to explain this sensitively and keep them informed. This is especially important for older children entering the NRM, as they will have to give consent to remain within the NRM if they are still waiting for their Conclusive Grounds (CG) decision when they reach the age of 18. Maintaining a child's safety from any trafficking risks is usually more effective when the child understands what is happening and why, therefore having developmentally appropriate conversations with them throughout the process is an important step in the safeguarding process.

ASSESSING RISK

> **Professionals assess risk via an ongoing, collaborative process with the survivor and other professionals involved. This is carried out with the survivor's informed consent and in a way that respects each person's autonomy and lived experience.**

Assessing risk is not a singular action but an ongoing and collaborative process. It must be carried out with the survivor and prioritise safety, dignity, and respect. Survivors play a pivotal role in identifying and assessing the risks they face but professionals must be aware that not all survivors will be aware of their own vulnerabilities or risks. They should therefore offer support to develop this knowledge in a way that

respects survivors' independence, acknowledging that risks may not be immediately evident and are likely to change over time.

All professionals working with survivors are expected to undertake robust risk assessments and safety planning processes. These must be tailored to each survivor's individual circumstances and presented in a way that enables active participation. Risk assessments should consider immediate and long-term threats to safety and be regularly reviewed to adapt to the survivor's changing needs and situation. Risks and needs will fluctuate over time.

Risk assessments can be distressing for individuals who have already experienced significant trauma. Professionals must take care to minimise harm, use sensitive communication, and involve survivors meaningfully in discussions about their safety. Preventing re-trafficking and reducing ongoing vulnerabilities must be seen as a shared responsibility across all agencies involved.

Professionals must remain vigilant to a wide range of risks survivors may face and acknowledge points in a survivor's journey where risks may increase, for example at a point of transition or when participating in criminal proceedings. Risks may include but are not limited to:

- immediate risk from traffickers or their associates
- trauma, physical, sexual or mental health issues
- learning or physical disabilities
- experiences of ritualised violence (for example Juju or Voodoo oath taking trafficking ceremonies)
- self-neglect
- suicide
- self-harm
- substance misuse
- behaviours that might increase risk, including maintaining contact or re-engaging with traffickers or their associates
- debt bondage or financial harm/exploitation
- posing harm to others
- increased vulnerability of situation after leaving support services/or exiting the NRM
- geographical risks (locality to perpetrators, lack of support availability)
- being targeted, tracked, threatened or contacted online
- re-exploitation and re-trafficking.* [13]

* Other immediate risk considerations can be found in the OSCE National Referral Mechanism Handbook.

Re-Trafficking

Re-trafficking refers to when a person who has previously been trafficked leaves that situation by any means but later becomes involved in another trafficking situation.

Regardless of the duration of time that has passed since survivors have left the control of traffickers, they remain vulnerable to further harm, re-trafficking and exploitation until they have sustained long-term recovery from their experiences. Re-trafficking risks that arise may be from the same traffickers or new perpetrators seeking to take advantage of a survivor's vulnerability. This is a risk that professionals must assess at every point of a survivor's journey. [14]

Where multiple agencies are involved, a co-ordinated, partnership approach must be adopted to ensure a comprehensive response. Professionals must also understand the boundaries and levels of responsibility based on their organisation's role and relationship to the survivor. All professionals are responsible for contributing to ongoing safety and risk management in line with shared values and policies that prioritise survivor wellbeing.

When conducting a risk assessment, professionals must explain the purpose of the process and how the information will be used. They should approach survivors in a respectful way, ensuring confidentiality and transparency. In addition to reviewing previous assessments, direct and open conversations with survivors are essential to understanding their current concerns and whether they feel safe. Survivors should be supported to participate fully in identifying, understanding, responding to risks and developing safety plans.

Online Safety

Organisations must have systems in place to provide survivors with clear and ongoing guidance on the safe use of phones, internet, and social media, reducing the risk of contact or tracking by traffickers. Support should include advice on creating strong passwords, enabling multifactor authentication, keeping software updated, and recognising phishing scams. Internet safety should not be a one-off conversation but an ongoing part of support. Professionals should be aware of resources that assist them stay informed about online safety practices.[15]

Practice reminder: Risk assessments

When conducting risk assessments professionals should:

- **Gather comprehensive information:** Collect relevant information from other organisations involved with the survivor and review existing risk assessments.
- **Engage the survivor directly:** Talk to the survivor to understand how safe they feel and what risks they perceive to be present.
- **Explain use and confidentiality:** Clearly outline how collected information will be used and in what circumstances confidentiality would be broken.
- **Be culturally sensitive:** Conduct assessments in a tactful, culturally aware way, explaining the reasons for asking questions, and the intended use of the assessment to provide reassurance.
- **Focus on priority risks:** Identify key questions based on the level and likelihood of risk.
- **Respect survivors' views:** Listen to and respect survivors' view of their situation, while remaining aware that other people who they trust may sometimes pose a risk.
- **Develop pro-active strategies:** Work with survivors to identify key areas of concern and put in place comprehensive risk management strategies (for example action plans or safety plans) to set out ways to manage and reduce the risks identified.
- **Collaborate on reviews:** Find and agree ways to work together to regularly review these risk management strategies.
- **Align risks and support plans**: Ensure all identified risks are cross referenced with any survivor needs assessments and/or support plans that are in place.
- **Update regularly:** Recognise that risks can change over time, so collaboration with survivors is required to regularly review and update risks identified and ensure ongoing safety.

DEVELOPING SAFETY PLANS

Professionals must adopt a consistent approach to identifying, assessing, and managing risks at every stage of support.

Risk assessment is a continuous process, but, at a minimum, assessments should occur at specific points within a support journey. All risk assessments should be able to rate and rank risks based on their likelihood and their impact. Professionals supporting survivors must be able to conduct robust risk assessment processes and safety planning when a risk is identified.

Risks may arise or escalate during involvement with the criminal justice system, when moving between services, or after exiting formal support. Re-trafficking remains a significant concern and may occur at any stage, even long after a survivor has exited their original trafficking situation. Survivors may be unaware of some of the risks they face, and professionals have a duty to help them understand these in a non-judgmental, empowering way.

Risk assessments must begin at the point of referral into service. Prior to accepting a referral, support services must assess any risks using the available information to determine the potential impact on the survivor, staff, and other service users. Upon arrival, a preliminary needs and risk assessment must be conducted to address immediate concerns, such as health needs or potential threats from traffickers.

A full assessment must be carried out promptly once a survivor has entered a support service. This should lead to the development of a working Risk Management Plan that is regularly updated. A more in-depth risk assessment should follow once the survivor feels more settled and safer. This process can run in parallel with other safeguarding or mental health assessments. Collaboration between services supports effective information sharing, prevents duplication, and reduces repeated requests for information from survivors.

A further risk assessment process should be undertaken as part of exit planning for survivors as they move on from support. Exit planning must include a thorough review of risks to ensure that safety is maintained beyond the duration of support.

Effective safety planning is critical and developed by professionals jointly with the survivor.

Safety plans should address both immediate and future risks, including strategies for prevention, early intervention, and crisis response. These should include clear, survivor-informed options for what to do if safety is compromised. Empowering survivors to take ownership of their safety planning, where possible, is key to ensuring long-term recovery and autonomy.

Safety planning must be dynamic and reviewed regularly. Professionals should establish mechanisms for checking in with the survivor and updating the plan in response to new information, changes in behaviour, or shifts in the survivor's environment or emotional state.

MAKING DECISIONS AND INFORMED CONSENT

Survivor consent is voluntary and informed.

Informed consent means that survivors are given sufficient information, in a format that meets their needs, to make decisions.

For consent to be valid, it must be voluntary and informed, and the person giving consent must have the capacity to make the decision. This means they must be able to understand the information given to them and be able to use the information to make informed decisions, be able to communicate these decisions and know what action is to be taken or undertake the actions required themselves. A qualified interpreter should be offered for any person who does not speak English as their first language. If a professional is concerned about a survivor's capacity to make decisions (for example about entering the NRM, returning to their home country or refusing support) they should seek advice from adult safeguarding colleagues and consult the Mental Capacity Act Code of Practice or relevant guidance, for further advice and information on this topic.[16]

If a person is deemed incapable of giving informed consent under the relevant legislative framework, a best-interest decision should be made. This may be carried out by a social worker or a healthcare professional and may require input from other professionals. Survivors must be placed at the centre of the decision-making process and where possible the least restrictive options identified should be enacted.

Mental Capacity

A person 'lacks capacity' if they are unable to make a particular decision because of an impairment or disturbance of the mind or brain, whether temporary or permanent, at the time the decision needs to be made.

Professionals should be aware of the legal frameworks relating to mental capacity. However, it must be assumed that survivors aged 16 and over have full legal capacity to make their own decisions, unless it is clearly established that they lack capacity at the time the decision needs to be made.

Determining whether someone lacks capacity requires a formal and thorough assessment by appropriately qualified professionals, such as social workers or healthcare practitioners.

The legal frameworks in relation to mental capacity differ across the UK, however all nations have frameworks in place to ensure that individuals with mental health conditions who may struggle to make certain decisions for themselves are protected and offered care and support.

Generally, the legislation should:

- Protect people who lack mental capacity
- Support them to be involved in decisions as much as possible
- Make sure any decisions made for them are in their best interests
- Support, not control; it is about helping people, not taking over their lives.

Professionals should be aware of the potential clash between legislation and processes. Under various legislation across the UK, young people can have legal capacity from age 16, while the international definition of human trafficking, and subsequent domestic legislation, recognise that any person who is under the age of 18 cannot consent to their own exploitation.[17] This difference can create complexities when assessing capacity, consent, and entitlement to protections. Regardless of age it is good practice to discuss decisions with a young person and consider their views.

Legal Frameworks

The following legislation outlines the parameters of identifying and working with adults who lack capacity across the UK.

England and Wales: Mental Health Act 1983 and the Mental Capacity Act 2005

Northern Ireland: Mental Capacity Act (Northern Ireland) 2016

Scotland: Adults with Incapacity (Scotland) Act 2000[18]

It is important that survivors give their consent, before personal information about them is shared with other professionals and organisations. This includes information that is held on paper, computer, visually or audio recorded or held in the memory of the professional. Any information shared should be relevant and tailored to the needs of the person or organisation that is receiving it and survivors should understand the reasons for it being shared. Giving informed consent, for the purposes of information sharing, means that survivors understand:

- what information is being shared
- why the information is being shared
- who the information is being shared with and
- how the professional or organisations will use the information given
- what happens if they choose not to give consent for their information to be shared and
- when consent isn't needed for professionals to share information.

Practice reminder: Gaining consent

When seeking and managing survivor consent professionals should:

- **Provide accessible information:** Use qualified interpreters and easy-read materials where needed. Ensure language and format meet the survivor's needs.
- **Consent is not a one-time event:** Obtain consent specifically for each decision, time, organisation or professional involved. Professionals must clearly explain the purpose and provide relevant, understandable information to ensure that consent is informed.
- **Consider fluctuating capacity:** Be aware that capacity may fluctuate for a variety of reasons including trauma, cognitive impairment, substance misuse, illness and injury.
- **Allow time for processing:** Give survivors adequate time to process information, ask questions and seek clarification. Consent must be freely given, and survivors must be informed that they can withdraw it at any time. Informed consent is only valid if survivors feel safe and confident to ask questions and request that information be further explained or revisited as often as needed.
- **Assess each decision individually:** Each decision must be looked at separately. Lacking the capacity to make one decision does not mean a lack of capacity for other decisions. The date that consent has been given or withdrawn by the survivor should be clearly recorded.
- **Respect survivor choice:** Do not assume that a person lacks capacity simply because their choices differ from what is considered typical or advisable. For example, making a decision that others may view as risky or unconventional does not indicate a lack of capacity. Capacity should be assessed based upon an individual's ability to understand, retain, and weigh relevant information, not on the perceived quality or outcome of their decision.
- **Explain data use in relation to information sharing:** Clearly explain why personal information is required, who will access it, and how it will be protected, in compliance with data protection laws (e.g., UK Data Protection Act 2018, GDPR [see p. 62] so informed consent can be given.[19]

CONFIDENTIALITY AND INFORMATION SHARING

> **Professionals clearly inform survivors of the organisation's duties in relation to confidentiality and the circumstances in which personal information can be disclosed without their consent.**

Confidentiality is keeping personal information private and not sharing this information without informed consent. One of the most common reasons for sharing information is to ensure survivors have access to the care and support they need. This might include discussing a case with a colleague, another professional or referring survivors to support organisations.

Care and support are rarely provided by just one professional or organisation and sharing information with other professionals, organisations or agencies is often an important way of making sure support can be provided effectively.

It is essential that survivors are able to make an informed decision in disclosing information and in permitting it to be shared with other professionals and services. The personal information and history of each survivor is sensitive to them, and it carries implications for their legal status in all respects and therefore for their ongoing and future safety. Survivors should be reminded of information that has to be shared with other professionals, or statutory bodies, with an explanation of the reasons why. Survivors should understand how information will be used, with whom it may be shared, and be in control about what they reveal to different professionals.

Personal information shared with professionals confidentially, apart from in specific situations, should not be disclosed without a survivor's consent. Professionals may be required to share information without consent if there is a known risk to:

- the public
- a child or young person
- other vulnerable people
- survivors themselves in relation to safeguarding or they are in immediate or imminent danger.

The decision of whether a disclosure is in the public interest is not to be taken lightly. Solid justification is required before individual rights are set aside, and specialist or legal advice should be sought before the information is disclosed. Any decision to disclose should be fully documented. Different organisations have different policies, procedures, guidelines and obligations they are required to follow, and it is the responsibility of every professional to understand their duty and how and when they are expected to discharge this. Any organisation's policies or approach must comply with the Information Commissioner's Office's (ICO) rules and regulations.[20]

Practice reminder: Sharing information

Survivors should be informed of:

- **When information may be shared:** Survivors must know who will access their data, for what purpose, and within what timeframe. Written 'Information Sharing' agreements should outline what will be shared, with whom, why, and for how long. Information should only be shared within these agreed limits, unless there is a legal or safeguarding obligation [see p. 63].
- **The circumstances for sharing information without explicit consent:** There are specific situations in which their information may have to be shared.
- **NRM data sharing policies:** Consent to enter the NRM also means that the information they provide will be automatically shared with relevant authorities.[21]
- **Consequences of non-consent:** If survivors refuse to share information between organisations, some services may not be able to provide support.
- **Prioritising child safety:** The child's safety and welfare must take precedence, and appropriate safeguarding actions should be taken if needed (these may in some cases have to be without parental consent).

Minimising re-traumatisation through information sharing (with consent)

Survivors should not be required to recount their experiences repeatedly to multiple professionals, as this can cause emotional distress and re-traumatisation. Not all professionals involved in a survivor's support network need to know their full story; only the information that is directly relevant to their role. Where appropriate, with informed consent and adhering to the appropriate legal frameworks, professionals can request access to case notes from partner organisations to reduce the need for survivors to revisit past experiences. Professionals should remind survivors that they have the right not to disclose.

CULTURAL RESPONSIVENESS*

Professionals actively recognise, respect, and adapt support provision to accommodate the diverse values, beliefs, and lived experiences of each survivor. Organisations intentionally shape care and support to meet individual cultural needs.

Cultural responsiveness means providing care and support that is thoughtfully and pro-actively adapted to meet each survivors' specific needs. It extends respect for each person and adapts to their values, beliefs, and lifestyles. Culturally responsive support helps to build trust and ensures that survivors feel safe, respected, and understood, no matter their race, ethnicity, religion, traditions, values, beliefs and cultural background or associated norms.

Offering support requires careful consideration of how an individual's cultural background and upbringing may shape their response to trauma and seeking and receiving care and support. Professionals must be aware of cultural differences and understand how culture can impact recovery and healing journeys. They should be encouraged and supported to remain open to learning about different cultural backgrounds and to avoid assumptions or generalisations in their approach. Time must be taken to understand each person's individual needs and preferences, which may include forms of communication [see p. 53], clothing, gender of professional, or access to faith-based services. Survivors may present in a way that professionals are not expecting or used to (which may include facial expressions, body language, communication styles, language choices and behaviours). Professionals must remain mindful of these differences, avoiding assumptions about a survivor's emotional state based on preconceived interpretations. Time is also essential for building trust, which can lead to deeper disclosure and help reveal important cultural nuances that may not be immediately visible.

To support survivors' wellbeing, professionals must be aware of their own biases and avoid imposing their own personal beliefs or values. They should actively reflect on the presence of unconscious bias by being open to feedback, seeking to understand survivors' perspectives, and being willing to adapt their approach. Working in a culturally responsive way helps to reduce barriers, improve communication, and foster an environment conducive to effective support being offered and accepted. Support should be inclusive of all religions or beliefs. Survivors may request spiritual or religious support, and professionals should be prepared to signpost them to appropriate and safe services if asked. However, care must be taken not to pressure survivors into any religious practice or conversation, and religious holidays should be recognised in ways that are inclusive and non-intrusive.

* Cultural responsiveness, sensitivity, humility, competence and congruence have slight variations in meaning and approach, they are, however, often used interchangeably in practice when discussing how to effectively address cultural barriers in survivor care.

Practice reminder: Cultural responsiveness

Professionals should be aware of the following within their professional and organisational practices:

- **Cultural awareness in systems:** Recognise and address gaps in safeguarding and support services that may overlook or disadvantage certain cultural groups. Work pro-actively to deconstruct systems that penalise based on race, gender and immigration status and to develop an awareness of one's own ethnocentricity.*
- **Awareness of personal bias:** Reflect on attitudes, behaviours, and assumptions that may affect survivors, as well as how they are perceived, and vice versa.
- **Avoiding stereotypes**: Recognise that shared cultural backgrounds do not mean shared experiences or needs and that survivors need to have personalised support
- **Respect without harm:** Bear in mind that while cultural practices should be acknowledged and respected, cultural sensitivity must never be used to excuse, ignore or accept actions that place adults or children at risk of harm.

* Ethnocentricity: is the tendency to view one's own culture or ethnic group as superior to others, often judging other cultures based on the standards and values of one's own

Spiritual and ritual abuse

Traffickers may use a survivor's cultural or spiritual beliefs, superstitions, traditions or faith as a control mechanism or to justify inflicting harmful practices against them or to facilitate abuse. This is called spiritual and ritual abuse. The process used to inflict this abuse is often carried out through rituals linked to the belief itself, such as exorcisms, or trafficking ceremonies.

Professionals must adopt a consistent approach, underpinned by cultural humility and reflective practice, when addressing spiritual and ritual abuse. When an individual discloses their beliefs, it is essential for professionals to remain open-minded, non-judgmental, and respectful. Challenging or dismissing someone's spiritual experience may not only be offensive but could also close down the only opportunity to safeguard them. By engaging with curiosity and respect, professionals will become better equipped to understand the nature of the abuse, build trust, and provide meaningful protection and support.

COMMUNICATION

Professionals consistently demonstrate respect for survivors' dignity, integrity, and agency in all communication.

Communication must always be sensitive to the impact of trauma, which can affect a survivor's ability to process information, make decisions, or express their needs. In addition to trauma, there may be language barriers, cultural differences, disabilities or varying educational backgrounds that make understanding and discussing certain topics more challenging.

Professionals must recognise that for some survivors the trauma they have experienced may mean that the absorption and the disclosure of information can be challenging, take longer, and may cause distress and discomfort even if they do not appear to express this. Survivors should feel in control of the support they receive and never feel pressured to follow suggestions made by professionals.

Professionals must tailor communication to each survivor's individual needs and based upon the way they are delivering support, e.g. face to face or online [see p. 103] and being mindful of any disabilities [see p. 127]. This includes using clear, respectful, and non-stigmatising language, and promoting a sense of comfort, understanding, and autonomy while ensuring any written documentation is made accessible, including to those who cannot read. Communication should empower survivors by ensuring they understand their rights and entitlements and are supported in making informed decisions about their care and support. Communication should be timely and inform survivors of any relevant changes or progress with their case at the earliest opportunity.

Effective support must consider all forms of communication, not just written or spoken language. Due to their trafficking experiences, some survivors may have developed a tendency to be overly compliant or to try to please those in authority. This can lead to them agreeing to actions or decisions despite not being comfortable with them. Survivors may express themselves through gestures, facial expressions, silence, or emotional cues, particularly when language, trauma, or fear create barriers to speech. Professionals should pay close attention to both verbal and non-verbal cues, respond with patience, empathy, and cultural sensitivity and always give survivors space and time to reflect on their choices. Professionals must also be conscious of how they present themselves and should be aware of how their body language, facial expressions, verbal language, tone and clothing may be interpreted.

WORKING WITH INTERPRETERS

> **Organisations and professionals offer survivors appropriate interpretation and translation to ensure full understanding, communication, and expression of their needs and rights.**

Interpretation involves translating one spoken or written language into another, ensuring that the meaning, tone, and context are preserved.

To communicate fully, and work effectively with survivors in cases where English is not their preferred language, it is crucial that qualified interpreters are offered and used. Survivors may speak some English but still require an interpreter to fully understand complex or sensitive discussions; it is important not to assume that language is proficient without checking with the survivor. Professionals must be aware that interpretation may not always be verbal and need to cater for those with other communication preferences and needs such as sign language and braille.

Quality interpretation supports survivors to understand the information that they are given, know that they are fully understood themselves, and can articulate their needs. It can increase survivors' confidence, enabling them to have control and choice, and empowering them to fully understand their rights

Interpretation may occur face to face, via video call or telephone. Wherever possible the method of interpretation should be based on a survivor's preference. Interpreters should only be used with the informed consent of the survivor. This should be obtained prior to working with an interpreter and again after they have met with the interpreter.

Interpreters should be:

- Vetted (including the relevant criminal convictions checks)
- Qualified and accredited
- Gender appropriate (based on survivor's request where possible),
- Able to understand and converse in both the language and the dialect of the person with whom they are working
- Able to demonstrate duty of confidentiality and understand the meaning of informed consent
- Experienced in working with vulnerable people and work in accordance with the Core Principles outlined in the Care Standards [see p. 26].[22]

In addition to the list above there are specific criteria that interpreters are required to have if they are interpreting in a health, police or legal setting. These additional criteria are set out in the relevant chapters [see p. 187, p. 201, p. 261].

Practice reminder: Preparing for a session with an interpreter

When using an interpreter, professionals should:

Plan ahead

- **Book early and provide enough time for the meeting:** Arrange interpreters in advance whenever possible.
- **Respect survivor preferences:** Consider gender, format (phone, online, or face-to-face), language, dialect, and cultural background and any disabilities..
- **Use professional interpreters:** Avoid using family, friends, or associates as interpreters under any circumstance.
- **Consider power dynamics:** Take into account gender, cultural background, and community ties when selecting an interpreter, as a mismatch can unintentionally silence or distress the survivor, especially in cases of gender-based violence or exploitation.

Prepare the interpreter

- **Brief and debrief:** Explain the session's purpose, nature, key terms and any potentially distressing content beforehand, and debrief afterwards to address communication issues or concerns.
- **Check comfort with sensitive material:** Ensure the interpreter feels able to handle any distressing or sensitive topics.
- **Monitor emotional impact:** Observe the interpreter for signs of distress and offer debrief or emotional support as needed.

Check identification and record details

- **Verify identity:** Check the interpreter's official ID or unique code before each session.
- **Record details:** Include the interpreter's name, ID/log number, time, and service used in case notes.
- **Promote continuity:** Use the same interpreter across sessions, when possible, if the survivor is comfortable, to build trust.

Ensure survivor comfort and consent

- **Check-in with survivor:** Ask survivors if they are comfortable with the interpreter's gender and cultural background and offer alternatives if needed.
- **Empower survivors:** Reassure survivors they can pause, reschedule, or request a different interpreter at any time without pressure.
- **Support survivors:** Remind survivors they can raise concerns or complaints and provide support to do so.

Facilitate a trauma-informed session

- **Ensure privacy:** Hold the session in a private, quiet, and secure setting to protect confidentiality.
- **Clarify the interpreter's role:** Have the interpreter introduce themselves and explain their role clearly.
- **Address the survivor directly:** Speak in the first person to the survivor, not to the interpreter.
- **Use clear communication:** Speak in short phrases, avoid jargon, and pause to allow the interpreter to relay questions and answers.
- **Request accurate translation:** Interpreters must provide word-for-word translation without summarising or altering meaning. Note the interpreter may take longer to explain a phrase if there is no direct translation.
- **Avoid personal opinions:** Do not ask interpreters for personal opinions, unless clarifying cultural context.
- **Monitor distress:** Be alert to signs of distress in the survivor or interpreter and pause or end the session if needed.
- **Always stay in the room:** Ensure the interpreter is not left alone with the survivor.
- **Use facilitation methods:** Consider using the 'triangle method' to support conversation.*

Ensure professional conduct is maintained

- **Maintain neutrality:** Ensure interpreters remain impartial, avoiding all forms of judgment or influence.
- **Demonstrate competence:** Ensure interpreters have strong cultural and linguistic skills, including dialect or sign language fluency.
- **Act professionally in person:** Ensure interpreters use appropriate eye contact, communication style, and professional demeanour.
- **Limit post-session interaction:** Encourage interpreters and survivors to leave separately to avoid further contact.

If professionals are concerned about the conduct of an interpreter, this should be reported to their organisation and the complaints procedure followed.

* The professional and the survivor sit facing each other, with the interpreter positioned to the side. This setup helps foster a sense of direct communication and encourages a stronger connection between the professional and the survivor. While this arrangement may not always be practical depending on the setting, ideally, eye contact should remain between the individuals having the conversation.

SURVIVOR DISABILITY

Professionals recognise the specific needs of survivors with disabilities and provide them with tailored care and support, using a practical and individualised approach.

Individuals with physical, mental, intellectual, or sensory impairments (or differences) may face disadvantage due to societal barriers that limit or restrict their ability to participate fully in society compared to those without such impairments or differences. Professionals must be aware of whether a survivor has a disability and be prepared to provide appropriate support and reasonable adjustments required under UK legislation. This includes, but is not limited to, adapting communication methods, offering accessible support services, and ensuring the survivor fully understands options available to them in relation to care and support [see p. 127, p. 189].

Legal Frameworks

Legal Framework United Nations Convention on the Rights of Persons with Disabilities Article 16 (4):
(4) States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and considers gender and age-specific needs.[23]

The following legislation outlines the legal basis for protections available to those with disabilities (and other protected characteristics) to ensure support is received.

England, Wales and Scotland: Equalities Act 2010
Northern Ireland: Disability Discrimination Act 1995 and Special Education Needs and Disability (NI) Order 2025.[24]

Disabilities may increase an individual's vulnerability to trafficking, with some traffickers specifically targeting those with pre-existing disabilities for exploitation. In other cases, survivors may acquire disabilities because of violence, injuries, or health conditions endured during their trafficking experience. It is also important to note that having a disability may be felt as a source of shame or stigma and survivors may find it hard to discuss their difficulties.

Survivors who are disabled, or who have developed disabilities due to abuse, violence, or neglect, face increased risks of re-exploitation and may encounter significant barriers to accessing support and care.[25] Individually tailored support is essential. They may require reasonable adjustments to ensure equal access to services. Organisations are responsible for making these adjustments across all parts of the UK within the relevant legislative parameters. These adjustments should be informed by individual assessments and involve collaboration with the survivor and appropriate health or social care professionals.

It is important to recognise that survivors may experience more than one type of disability and that survivors living with disabilities and those who are neurodivergent are at heightened risk of both exploitation and re-exploitation and are likely to require adjustments to support provisions to ensure support that is responsive, individualised, and actively inclusive [see p. 128].

Many survivors experience cognitive challenges during recovery, such as difficulties with memory, concentration, decision-making, or communication. These can be influenced by trauma, stress, illness, or mental health conditions. Professionals should be aware of this possibility and make adjustments to support as required. Neurodivergent individuals may process information in ways which are different from those considered to process information in more neurotypical ways [see p. 127].

Types of disabilities

Learning disability
Refers to a significant lifelong condition that affects intellectual ability (for example, delays in learning, difficulties with reasoning, judgement, problem-solving, planning and abstract thinking) and adaptive functioning (the conceptual, social and practical skills and abilities needed to carry out everyday tasks). These difficulties must be present during the developmental period (i.e. before adulthood). If they first occur in adulthood (as the result of injury or illness), then such difficulties would be described as a neurocognitive disorder. A learning disability is different from specific learning difficulties (like dyslexia), which impact specific skills but not overall intellectual ability.

Neurodiversity
Differences in how people think, learn, and process information are a natural part of human diversity. People whose brains function differently from what is considered typical are often described as neurodivergent. It is also common for an individual to experience more than one type of neurodivergence. Autism, Attention Deficit Hyperactivity Disorder (ADHD), dyslexia and dyspraxia are some common types of neurodiversity.

Neurocognitive Disorders
Neurocognitive disorders (NCD's) are a group of disorders which result in a significant decline in a person's cognitive abilities. These disorders develop in adulthood because of illness or injury. They include neurodegenerative diseases (such as Alzheimer's, Parkinson's, frontotemporal dementia, and vascular dementia), traumatic brain injury (such as head injury), and other illnesses like brain tumours. The cognitive domains which may be affected include attention, executive functions (for example planning, decision-making, cognitive flexibility), learning and memory, language, perceptual-motor functions and social cognition. NCD's can also result in changes to personality, emotional expression and/or emotional regulation and behaviour.[26]

Support considerations for survivors with learning disabilities, neurodivergence, mobility, sensory, visual, hearing and speech impairments and cognitive difficulties are available in the Care Standards [see p. 128, p. 130].

SELF-ADVOCACY, ENCOURAGING FEEDBACK AND HANDLING COMPLAINTS

> **Organisations actively promote self-advocacy by fostering a culture where survivor feedback is welcomed, valued, and acted upon.**

Regular feedback gathering, through methods such as surveys or individual and group consultations should become standard practice to build survivors' confidence and comfort in sharing their views.

Survivors have the right to complain about the services they receive. Supporting this right is essential to upholding their dignity and ensuring accountability. All professionals should clearly explain complaints processes and how complaints will be handled.

Organisations must have a transparent, step-by-step complaints procedure that includes opportunities for resolution and escalation where needed. Complaints should be handled sensitively and in a timely manner, with no risk of victimisation for survivors who come forward.

Survivors should be offered options if they lose trust in a professional, for example working with a different staff member. Where alternative services are not available, it is vital to maintain access to support in a way that ensures the survivor feels safe and respected. These decisions should be discussed collaboratively with the survivor to determine the best way forward.

When making a complaint, survivors should be supported to understand that they may need to:

- Identify the aspect of the support they found unsatisfactory.
- Provide details such as the time, date, and the person(s) involved.
- Explain what they understood would happen, and what actually took place.
- Identify a resolution they would like to see (with support if needed or wanted).

DATA PROTECTION: COLLECTION AND PROCESSING

Organisations process personal data of survivors in line with the relevant legal frameworks.

The processing of data is subject to the General Data Protection Regulation (GDPR, 2018), the Data Protection Act (2018) and the Human Rights Act (1998). These frameworks are relevant across the UK.[27]

The principles of data protection under GDPR are outlined below. Professionals and their organisations must have a lawful basis for processing data (see p. 64 & GDPR Article 6).[28] All survivors accessing support services should be informed, in a format that they understand, what sort of data is being collected and stored, who this information may be shared with, and the circumstances in which it may be shared.

Data must be:

- processed lawfully, fairly and in a transparent manner.
- adequate, relevant and limited to what is necessary in relation to the purposes for which it is processed.
- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.
- accurate and where necessary, kept up to date. Inaccurate data should be erased or rectified.
- Stored only for the purposes for which it has been processed, in a form which permits identification of data subjects for no longer than is necessary.
- processed in a manner that ensures appropriate security, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

When collecting information and data from a survivor it is essential that they understand:

- What data is being collected
- Why it is being collected and how it will be used
- Who it will/might be shared with
- How it will be stored, and for how long
- When they can withdraw their consent (where processing is based on informed consent as the lawful basis)
- How they can request access to the information held about them.

All organisations should have an information sheet that outlines this information. It should be in an understandable and accessible format, and survivors should be given time to process this information before agreeing to share their personal data. This process also gives control back to survivors who can choose what data is shared and with which organisations. In some cases, support organisations are obliged to share survivor data; in these cases, professionals must clearly explain why this is the case [see p. 36].

Children at risk of harm

Harm is the "ill treatment or the impairment of the health or development of the child".[29]

When there are concerns that a child may be at risk of 'significant harm', this information must be shared with the local authority children's services department or the jurisdictions equivalent service/agency.

A referral should include details of any incidents that present a risk to the child and what the concerns are. This information will be investigated by the local authority and often involves input from police, health, and education providers to assess the risk of harm to the child. It is best practice to make the parent aware that a referral is being made unless doing so would increase the risk to the child.

Legal Frameworks

The following legislation provides the legal basis for how authorities should make enquiries and take action to safeguard a child at risk of harm.

England and Wales: Section 47 of the Children Act 1989

Northern Ireland: Article 66 of the Children (Northern Ireland) Order 1995 (NI)

Scotland: Section 22 of The Children (Scotland) Act 1995[30]

Lawful basis for processing personal data (Article 6 GDPR)

1. **Consent:** The individual has given clear consent for the organisation to process their personal data for a specific purpose.
2. **Contract:** The processing is necessary for a contract with the individual, or because they have asked the organisation to take specific steps before entering into a contract.
3. **Legal Obligation:** The processing is necessary for the organisation to comply with the law (not including contractual obligations).
4. **Vital Interests:** The processing is necessary to protect someone's life.
5. **Public Task:** The processing is necessary to perform a task in the public interest or official functions, and the task or function has a clear basis in law.
6. **Legitimate Interest:** The processing is necessary for legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply to a public authority processing data to perform their official tasks).[31]

Special Category Data (Article 9 GDPR)

In addition to the six legal bases for processing data, some information is classed as ***special category data.*** This data is more sensitive and must be handled with extra care, as misuse could infringe on a person's rights or lead to discrimination. The following types of personal data require stronger protection:

- racial or ethnic origin
- political opinions
- religious or philosophical beliefs
- trade union membership
- genetic data
- biometric data (where used for identification purposes)
- health
- sex life
- sexual orientation.[32]

Support organisations are likely to handle data in relation to survivors they are supporting that fall into the special categories of data. It is vital in the context of information-sharing that there is a clear distinction made between ordinary personal data and special categories of personal data to ensure that the conditions for processing (including sharing) are properly met with the specific information.

All personal and sensitive information kept about survivors should be processed in line with the GDPR. Disclosure and disposal of this information should therefore be undertaken in accordance with clearly established policies and supported by appropriate documentation.

ARTIFICIAL INTELLIGENCE (AI)

Organisations ensure AI tools are used ethically and do not compromise survivor safety.

As AI tools become more commonly used in support services, organisations must implement thoughtful, ethical practices to protect the people they support. This includes recognising the individual vulnerabilities of survivors and ensuring that technology enhances, rather than undermines, their safety, dignity, and rights.

Practice reminder: Using AI

Key considerations for professionals include:

- **Informed consent:** When using AI tools to facilitate support sessions and note taking transparency is essential. Seek clear, informed permission before using AI tools such as automated note-takers or transcription software, especially in sensitive conversations.
- **Accuracy and tone:** Review AI-generated notes or summaries to ensure they accurately reflect the conversation's content and emotional tone. Misrepresentation can damage trust or lead to poor outcomes.
- **Confidentiality and data protection:** Do not input confidential or personally identifiable information into AI tools that are not fully secure or designed to handle sensitive data, this includes combining names, addresses, case details, or medical history.
- **Safeguarding and risk:** AI tools must not replace human judgement in cases where safeguarding or immediate risk is a concern. Staff should be trained to critically assess AI outputs and intervene when needed.
- **AI policy:** Organisations should develop a clear AI policy that outlines ethical usage, consent protocols, data handling, and response procedures for potential breaches. This policy should be regularly reviewed and aligned with legal and sector-specific data protection standards.

PROFESSIONAL DOCUMENTATION AND MAINTAINING ACCURATE RECORDS

Organisations collect and record all survivor-related information in full compliance with legal requirements.

Survivors have the right to access any information which organisations hold about them. They should automatically receive copies of all documents and correspondence relating to them when these are requested, in line with GDPR. This also applies when a legal representative or another advocate makes the request on the survivor's behalf, as long as they have signed authority from the survivor.

Information that may be held about a survivor might include demographic information, referral information, needs and risk assessments, support plans, safety plans and case notes. Any information should be corroborated with the survivor and professionals should check its accuracy.* Information will be obtained from a range of different sources including from survivors, support organisations, referral organisations and other services involved (for example, health, law enforcement, legal representatives).

The information and data collated and stored about a survivor may be requested by other organisations, for example, if the survivor is in the NRM then information contained in case notes might be used in additional information reports for the Competent Authorities, or to support advocacy and to challenge external agencies' misperceptions or NRM decisions. It may also be requested by the police and the jurisdiction's relevant prosecution services, should survivors decide to support a criminal investigation and/or prosecution.

These are known and foreseeable ways in which information obtained from survivors may be used and processed. Survivors should be reminded about their rights in relation to how their data is used [see p. 62].

* Incorrectly recording information at the border, such as date of birth, nationality, or language, can have serious consequences for the support a person receives. Errors in date of birth may affect access to age-appropriate services, while mistakes in nationality or language can lead to disputes, difficulties in asylum claims, and problems such as booking the wrong interpreter.

Practice reminder: Recording information effectively

When recording and storing survivor information professionals should:

Accuracy and confidentiality

- **Keep acute records:** Note only what was observed or reported, avoiding speculation or opinion.
- **Use precise language:** Write clearly to avoid ambiguity and ensure clarity.
- **Double-check key details:** Confirm names (including spelling), dates, and other important information.
- **Protect confidentiality:** Consider using initials or pseudonyms instead of full names, especially if documentation may be shared.*

Language

- **Acknowledge survivor access:** Remember that survivors may request to read what has been written about them.
- **Maintain a professional tone:** Write in a formal, respectful, and non-judgmental way.
- **Avoid harmful language:** Do not use emotional, casual, blaming, or negative wording.
- **Respect pronouns:** Use the survivor's preferred pronouns.

Clarity and conciseness

- **Use simple, direct language:** Keep wording neutral, easy to follow, and understand.
- **Avoid jargon:** Do not use acronyms or overly complex terms.
- **Make information accessible:** Ensure documents can be understood by anyone who may need to read them.

Objectivity

- **Do not make unsupported judgments:** Avoid phrases like 'well presented' or 'failing to engage' unless backed by clear evidence.
- **Report facts only:** Record what happened without assumptions or bias.

Timeliness

- **Write promptly:** Record notes as soon as possible after interactions to preserve accuracy.
- **Include date and time:** Ensure all entries have the correct date and time.
- **Outline actions:** Clearly detail completed actions, follow-up plans, and next steps.

Legal considerations

- **Be accurate and thorough:** Ensure all documentation is correct and free from errors.
- **Avoid promises or inducements:** Do not offer guarantees, such as about immigration outcomes or compensation.

Storage

- **Use digital security:** Store all survivor data digitally with password protection and two-factor authentication.
- **Prevent unauthorised access:** Maintain records in secure online systems.
- **Manage paper records safely:** Digitalise documents and then destroy paper copies.

* Professionals should record names as given by survivors to affirm identity and avoid reducing them to case numbers. If pseudonyms are used, this should be clearly identified as either a safety measure or a personal preference. Survivors may be known by different names across organisations and any errors in official documents in relation to names should be addressed with legal support.

MONITORING AND EVALUATION

Organisations collect comprehensive data and have systems to monitor support to better understand the survivors' needs and how to effectively support them in rebuilding their lives.

Services should monitor their own work, alongside external inspections, to ensure quality and continuous improvement. They need clear self-assessment frameworks with defined aims, objectives, work plans, and performance indicators. These should be informed by survivors' feedback, gathered in a trauma-informed and accessible way, with clear options for guaranteed anonymity.

Organisational and professional performance should be monitored regularly, and outcomes evaluated periodically. This includes survivors' access to services such as healthcare, legal advice, education, and resettlement, as well as their own assessment of progress and ability to cope. Unmet needs should be recorded and used to identify gaps in provision and strengthen future support.

Survivors and staff should be actively involved in evaluation through surveys, consultations, and feedback tools. Their views should inform both external inspections and service development.

Practice reminder: Effectively monitoring support

All organisations working with survivors should regularly monitor and assess their work, the outcomes achieved, and lessons learned. To ensure this, it is important that:

- **Clear frameworks for organisational self-assessment are established:** Set aims, objectives, work plans, and performance indicators and specify what the organisation hopes to achieve and within what timeframe.
- **Survivors' inform work plans and performance measures:** Use consultations, support and needs planning, complaints, and other feedback mechanisms. Methods must be accessible, allowing survivors to provide honest feedback anonymously and in their preferred language and format.
- **Outcomes for survivors are recorded:** Document all outcomes including those related to legal proceedings, police cases, or any formal support processes.
- **Transitions for survivors are tracked:** Document where survivors move on to after support, how this was facilitated, and any risks related to the end of support.
- **Service performance and quality is assessed:** Conduct regular service monitoring using agreed performance indicators.
- **Periodic evaluations assess the overall effectiveness and quality of work:** Measure how well survivors' needs are met, including access to healthcare, legal advice, education, employment, language support, resettlement, and other vital services.
- **Qualitative outcomes are recorded:** Use survivor self-assessments and other methods to gather direct feedback on the success of support provided and the quality-of-service provision.
- **Survivors, staff, and partner agencies participate:** Evaluate services through surveys, questionnaires, exit interviews, comment boxes, and ongoing consultations.
- **Unmet needs of survivors are documented:** Record these needs and use the information to guide improvements, helping ensure survivors can effectively access their entitlements and support.
- **Longer term outcomes are better understood:** Establish and monitor longer term outcomes, such as financial stability and independence, access to education and employment, physical and mental wellbeing, and connections with family and community. Outcomes should be co-designed with survivors to reflect their long-term recovery needs and aspirations.

LIVED EXPERIENCE CO-WORKING AND PARTICIPATION

Organisations provide appropriate and meaningful opportunities for survivors to contribute to their work.

Working from the basis that people with lived experience should be active partners, not just recipients, in their own care and support, organisations should provide opportunities for survivors to contribute to the anti-slavery sector.

Professionals must recognise survivors' strengths, skills, knowledge and expertise that can, if they wish to, be used contribute to tackling modern slavery and shaping research, services and support.

Organisations working with survivor consultants must approach any engagement thoughtfully, and respectfully. Meaningful collaboration with survivors is not only about learning from lived experience, but about building equitable, empowering partnerships grounded in safety, trust, and mutual respect.

Practice reminder: Positive engagement

To meaningfully engage survivor consultants and leaders, professionals and organisations are encouraged to:

- **Prioritise safety and informed choice:** Create spaces where physical, emotional, and psychological safety are central, understanding that this may differ for individual survivors.
- **Be clear about expectations:** Provide information at each stage and ensure survivors can step back or decline at any time without pressure or consequence.
- **Work in a trauma-informed way:** Use trauma-informed principles to guide all engagement. This includes building trust, promoting emotional safety, encouraging collaboration, and supporting empowerment, always with sensitivity to each individual's experience.
- **Be open and transparent:** Clearly explain the purpose of involvement, how contributions will be used, and any confidentiality considerations, especially in group or public forums. Where possible, work with trusted community partners and support culturally safe spaces.
- **Uphold and honour survivor leadership:** Recognise the strength and insight of survivors. Support their leadership and expertise and ensure that their involvement goes beyond storytelling. Invest in their development and honour their long-term contribution.
- **Value lived experience equitably:** Treat the knowledge that survivors bring as being as significant as learned or academic perspectives. Make sure survivor voices are not tokenised, overlooked or sidelined, but truly respected and integrated.
- **Offer choice and flexibility:** Provide clear information about roles, timelines, and responsibilities while allowing survivors to set their own boundaries. Respect their preferences around visibility, authorship, and whether or not they wish to be publicly acknowledged.
- **Respect consent and control over contributions:** Survivors should always have full control over how their words, work or any mention of their histories are used. They should be aware that once information is published is can no longer be withdrawn, and it may also be circulated beyond the immediate intended readership, including on social media. Professionals should seek clear, informed consent before sharing anything externally, and honour survivors' decisions regarding credit, anonymity, and use.

- **Work in partnership:** Involve survivors meaningfully at every stage of planning, delivery, and evaluation. Provide accessible opportunities for leadership and skills development without requiring formal credentials. Professionals should create safe ways for feedback to be shared and be able to explain how it has been acted upon.
- **Foster inclusion and belonging:** Create environments where survivors feel welcomed, heard, and valued. Use inclusive practices that accommodate diverse access needs—whether physical, cognitive, linguistic, or digital. Be mindful of how identity and power imbalances may shape experiences and participation.
- **Offer fair and thoughtful recognition:** Ensure survivors are fairly compensated for their time, insights, and emotional labour, including preparation and follow-up. Avoid gift vouchers, unless these are requested or direct financial compensation is not possible due to a survivor's immigration status. In these cases explain the reasons for alternative payment methods before the work begins, allowing survivors to make informed choices. Where possible, also offer emotional support or space to debrief after engagement.

ADDITIONAL ORGANISATIONAL CONSIDERATIONS

An organisation's culture is paramount to promoting and enabling professional practice that is in line with the Care Standards. In addition to the professional practices and approaches expected from those supporting survivors, the following section outlines areas pertinent to organisational operational practices. When implemented, these will provide the framework and culture for professionals to be in the best position to work towards and embody the professional practice standards outlined in the Care Standards.

POLICIES AND PROCEDURES

> **Organisations maintain relevant policies and procedures to ensure professionals and the survivors using their services are afforded a consistent, high-quality level of care and support, within the boundaries of what the service can offer.**

In addition to standard organisational policies and procedures, organisations working directly with survivors should, at a minimum, have the policies and procedures listed below in place. Intersectionality should be considered across all policies and survivor participation should be incorporated into policy review and development processes.

Policies and Procedures	**Staff Recruitment and Training**	**Equality, Diversity and Inclusion**	**Health and Safety**
Risk Identification and Management (including safety planning)	**Safeguarding**	**Supporting and safeguarding vulnerable adults and children**	**Informed Consent**
Disclosure and Confidentiality	**Data Protection and GDPR compliance**	**Staff Support, Supervision and Development** (including stress management)	**Lone Working**
Working with Volunteers	**Professional Boundaries**	**Making and Accepting Referrals**	**Working with Interpreters**
Working with Complex Needs	**Working with Cognitive Impairment and Disabilities**	**Survivor Inclusion**	**Serious Incidents**
Complaints	**Whistleblowing**	**Use of Artificial Intelligence**	**Use of Artificial Intelligence**

STAFF INDUCTION, TRAINING, DEVELOPMENT AND SUPPORT

Organisations properly induct all staff and volunteers and offer initial and ongoing training and support.

Professionals working directly with survivors should be recruited based on their skills, particular competences and suitability for the job. To ensure the best quality of support for survivors they should receive a thorough induction and ongoing training on issues relating to human trafficking and modern slavery. Staff should be offered in-house training and supervision and given the opportunity to participate in professional development regularly. Anyone supporting survivors requires a criminal record check to be conducted based upon the legislation and disclosure schemes in their location.[33]

In addition to the standard organisational induction processes, the topics listed below should be covered for anyone working in a direct support capacity with survivors. Topics may be covered as part of the induction process or as ongoing training and development. Many organisations and agencies, including health, law enforcement, and other relevant sectors, have developed specific training packages to help professionals understand modern slavery within the context of their work.

Training, understanding and knowledge

In relation to policy:

- The National Referral Mechanism.
- The Modern Slavery Act (England and Wales) 2015, Human Trafficking and Exploitation (Scotland) Act 2015 and the Human Trafficking and Exploitation (Northern Ireland) Act 2015 depending on location.
- Any relevant government support contract.
- Entitlements for survivors under the Council of Europe Convention on Action Against Trafficking in Human Beings (ECAT) – specifically Articles 12 (access to support), 10 (identification) and 26 (non-punishment).
- An overview of other legislation that impacts survivors of modern slavery.
- An overview of the modern slavery sector and how organisations work together within this.

In relation to support:

- Working in a trauma-informed manner [see p. 27].
- Working with people with complex needs (including addiction and disabilities).
- Working effectively with interpreters [see p. 54].
- Confidentiality, informed consent and data sharing [see p. 62].
- Preparing risk management plans, needs assessments and support plans.
- Needs for support related to mental health issues, disabilities, learning difficulties, substance misuse, homelessness, debt bondage, and complex trauma.
- Safeguarding remit, role and responsibilities
- Overview of the asylum and immigration systems.
- Overview of welfare rights and the entitlements survivors can access and apply for (including managing and handling financial transactions and processing payments on behalf of survivors).
- Overview of multi-agency and partnership working with a range of organisations, including, local authorities, police, legal teams and other support organisations.

Specifically for support workers:

- How to work and offer support in line with the Care Standards.
- Professional boundaries – how to work effectively alongside and in partnership with survivors being supported [see p. 82].
- An understanding of advocacy skills.
- An understanding of diversity, culture and bias and how these may present and how to best build rapport and trust to support survivors.
- Training covering learning disability and cognitive disability awareness.
- Listening skills (including active/therapeutic listening and motivational interviewing).
- How to recognise the signs of compassion fatigue, moral injury, vicarious traumatisation and/or burnout and to know what to do about this and how to self-support effectively.
- How and where to access support and supervision (both pastoral and clinical).

STAFF MANAGEMENT AND WELFARE

Organisations actively help those supporting survivors to maintain their wellbeing and professional resilience.

Working with survivors can be a stressful and emotionally challenging experience for professionals.

Vicarious traumatisation, compassion fatigue, moral injury and burnout can significantly affect a professional's ability to provide effective support to survivors. In some cases, individuals may develop symptoms similar to post traumatic stress disorder (PTSD), which can lead to emotional detachment, cynicism, or difficulty maintaining empathy. Others may over-identify with those they support, becoming overly involved in their cases and blurring professional boundaries. Both responses can compromise the quality of care and impact personal wellbeing for both survivors and the professionals supporting them.

Vicarious trauma

Vicarious trauma is the impact of empathetic engagement with people who are exposed to the traumatic experience of others. It is essential that all professionals who are working with survivors of trauma, torture, or related experiences, or are supervising others who are doing so, remain aware of it.

Common signs can include:

- Lingering anger, sadness, or guilt about a survivor's experiences
- Over-involvement or difficulty maintaining professional boundaries
- Pre-occupation with survivors outside work, or over-identification with them
- Feelings of shame, self-doubt, or loss of hope
- Emotional distancing, detachment, or avoiding listening to traumatic accounts.[34]

Practice reminder: Supporting survivors and staff

To support the wellbeing of both professionals and survivors' organisations should:

- **Acknowledge potential trauma:** Understand that working with survivors can be traumatic and may significantly affect wellbeing.
- **Provide professional support:** Recognise the importance of professionals feeling valued and supported by providing regular supervision, pastoral care, and other support structures.
- **Encourage open discussion:** Foster a culture in which professionals feel safe and encouraged to share their experiences and openly discuss the emotional impact of their work, while respecting client confidentiality.
- **Manage individual caseloads effectively:** Consider and prepare for the number of cases and the complexity and intensity of each.
- **Uphold professional boundaries:** Ensure that organisational policies protect professionals from undue personal responsibility for the wellbeing of individual survivors.

Organisations should recognise the importance of self-care and support their staff teams by taking steps to:

- **Encourage self-awareness:** Help staff to develop a clear understanding of their own strengths, limitations, resources, and boundaries. This can be supported through self-appraisal, personal reflection and structured supervision, either individually or in groups.
- **Provide regular supervision, peer support and reflective practice**: This includes clinical supervision (external to the organisation), peer support opportunities and managerial one-to-one sessions delivered at least once a month. These should be safe spaces where staff can reflect on their experiences and benefit from shared learning and emotional support.
- **Ensure compensatory rest:** Offer time off in lieu of hours worked beyond the standard working day to help prevent burnout and fatigue.
- **Support recovery after night shifts**: Ensure that staff are not scheduled to work the following day, allowing time for adequate rest and recovery.
- **Foster professional connection and growth**: Encourage staff to engage with colleagues across and beyond their organisation. Promote participation in advocacy, training, and professional development activities to help staff feel valued, supported, and aware of the positive impact of their work.
- **Empower professionals to use technology appropriately**: Provide mobile phones and encourage limited access to emails on personal phones by setting expectations for the number of working hours; advising on online visibility and use of alias to enhance safety.

PROFESSIONAL BOUNDARIES

Professionals maintain clear boundaries and foster healthy, independent relationships.

All professionals who work with or encounter survivors should work in ways that foster positive attachments and healthy relationships within clear and explicit boundaries. This is crucial to ensure both survivors, and those working with them, are kept safe both physically and emotionally. Survivors may have experienced extreme violations of trust and control, and can be especially vulnerable to dependency, blurred roles, or power imbalances. Boundaries help create a safe, respectful, and predictable environment that enables trust, stability, and recovery.

Professionals must always act within the scope of their role and responsibilities, avoiding personal involvement, over-familiarity, or any behaviour that could be misinterpreted or exploitative. While empathy, warmth, and consistency are key, it is equally important to remain objective and grounded in the principles and professional practices outlined in the Care Standards.

Clear communication, transparency, and appropriate use of time, touch, language, and personal disclosure all contribute to maintaining safe and healthy boundaries. Boundaries also protect staff from burnout, role confusion, and risk. Organisations must support professionals with training, supervision, and clear policies to navigate complex boundary issues and ensure person-centred, trauma-informed principles remain at the forefront of support provision to offer a safe and effective environment for everyone involved. Boundaries are not just ethical requirements; they are protective structures that help to foster trust and emotional safety for both survivors and staff.

CASELOAD CONSIDERATIONS

Organisations allocate cases based on caseload complexity and survivors' needs.

Organisations must take responsibility to ensure that caseloads remain manageable and do not become overwhelming. Caseloads will inevitably vary depending on the nature and complexity of individual cases and overall workload.

Practice reminder: Allocation and review of caseloads

Organisations should manage caseloads responsibly and:

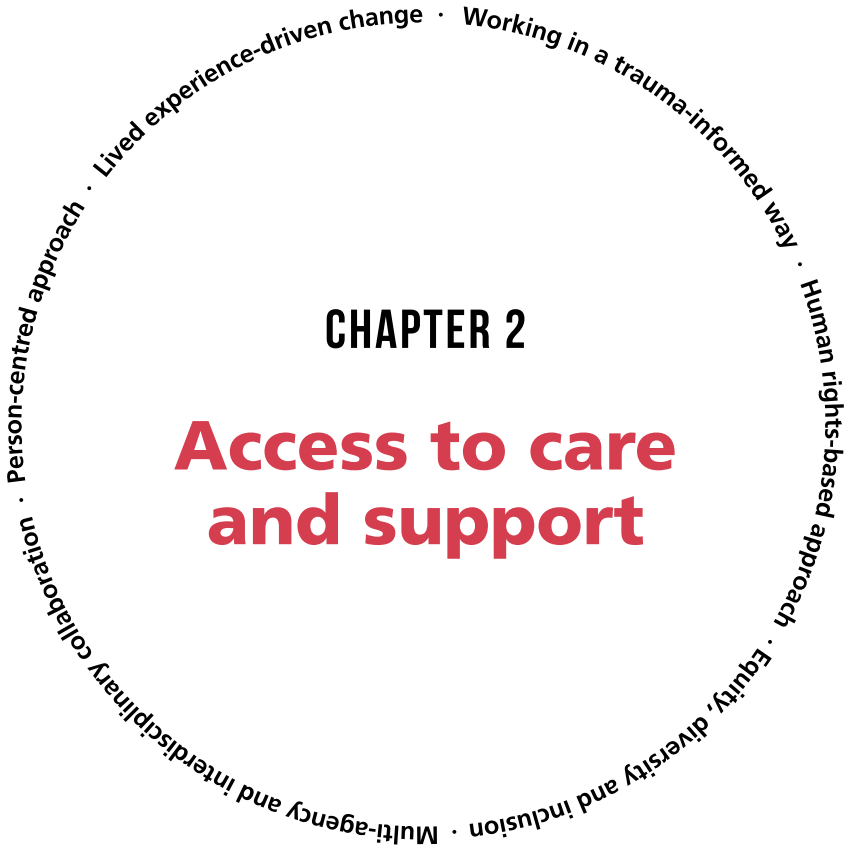
- **Set clear caseload limits:** Base these on case complexity and individual needs, with a transparent organisational rationale to ensure fair allocation.
- **Review case files regularly:** Conduct reviews at least quarterly to monitor support, encourage collective learning, and promote continuous development.
- **Mandate monthly supervision:** Require professionals to attend monthly supervision meetings, with extra sessions as needed to address challenges.
- **Balance caseloads:** Regularly check and review caseloads to prevent any staff member from carrying only high-risk or highly complex cases involving severe trauma.
- **Encourage reflective practice:** Provide opportunities for professionals to process the impact of their work individually and collectively.
- **Facilitate debriefing sessions:** Hold debriefs after supporting survivors with complex needs or following critical incidents to address wellbeing and case impact.
- **Reduce paperwork burden:** Minimise administrative tasks that interfere with direct support and casework.
- **Invest in data management tools:** Use effective systems to streamline both qualitative and quantitative data collection and analysis.

CONSIDERATIONS WHEN WORKING WITH VOLUNTEERS

> **Organisations clearly outline volunteer roles, responsibilities and expectations, offering training and support for the duration of a volunteer placement.**

However, due to the skills required to support survivors and the high level of responsibility involved, core support must be delivered by paid professionals. Volunteers can add value to this work, but any direct support they provide should always be carefully monitored and supervised. Volunteers must undergo criminal record checks [see p.77] and be appropriately inducted and trained before starting to volunteer. Additionally, organisations should be held responsible for volunteer welfare, and they must therefore offer appropriate support and supervision. Survivors should be made aware of the parameters of a volunteer's role and what they can expect from them; this helps both the survivor and the volunteer to maintain appropriate boundaries. Volunteers may be asked to accompany survivors to an activity or appointment or help them to complete paperwork, but they should not be asked to do the substantive work of a professional. Volunteers should be trained on how to respond to disclosures or issues raised by survivors, especially in relation to safeguarding concerns. They must be clear about what they are expected to do with this information, how to respond and who to share it with.

Any organisation that works with volunteers should have a clear description of volunteer roles and a Volunteer Policy in place. A code of conduct, along with other relevant policies and procedures, should also be developed or adapted to guide and support volunteer involvement.



CHAPTER 2

Access to care and support

CHAPTER OVERVIEW

This chapter provides an outline of the range of needs that survivors may have, together with the standards of care required to ensure that they have access to appropriate support and services. It explains survivors' rights and entitlements in the UK, and their need for ongoing and consistent practical and emotional support, to ensure that care is provided in a way that promotes recovery and prioritises survivors' wellbeing.

Survivors face significant barriers in accessing support provision because it is under-resourced and services are over-stretched. They also have difficulties relating to trauma, fear and past experiences. Specific consideration must be given to the way in which professionals should support survivors to access and engage with services, and how to support their transitions within and between services, including the facilitation of safe return, family reunion and repatriation.

ROUTES TO ACCESS CARE AND SUPPORT

> **Professionals working with survivors understand survivors' rights and entitlements and explain the available routes to support and what they can offer in a way that survivors can understand.**

Information must be provided, in a format and language that an individual survivor can understand, to ensure that they are able to ask questions, and can fully comprehend their rights and entitlements in relation to the support and care options available to them.

Survivors are identified in different ways and in different locations. Front-line agencies, including police forces, Non-Governmental Organisations (NGOs), local authorities, healthcare workers and immigration officers may initially encounter a person who may have been trafficked and/or exploited and will need to refer them to appropriate support organisations.

Support for survivors of human trafficking is enshrined within Article 12 of the Council of Europe Convention on Action Against Trafficking in Human Beings (ECAT, 2005), which sets out the minimum requirements expected for identification, protection and assistance. This requires that survivors should have access to:

- appropriate and secure accommodation
- psychological and material assistance
- emergency medical treatment
- translation and interpretation services
- counselling and information, particularly regarding legal rights
- assistance to enable rights to be presented during legal proceedings against offenders
- access to education for children
- taking account of safety and protection needs.[1]

The National Referral Mechanism (NRM) [see p. 300] was established to enable adult survivors to access the support they are entitled to under ECAT. Referral to the NRM is available irrespective of a survivor's immigration status or when or where the exploitation occurred. If survivors do not consent to entering the NRM other routes for accessing care and support will need to be considered and alternative provisions located. The Modern Slavery & Exploitation Helpline (08000 121 700) is confidential and available 365 days a year providing advice and guidance to survivors and professionals on support avenues available.

Survivors should be made aware that if they initially decide not to enter the NRM they will be able to change their minds and enter at a later date. They should be given clear and accessible information about how to do this.

Outside of the NRM, support and care services options that survivors are entitled to will depend on their individual eligibility and their immigration status within the UK. Survivors need to have all the options which are available to them clearly and comprehensively outlined and explained. Other routes to accessing support may include local authority support or asylum support. Survivors may need to seek legal advice to fully understand the options available to them, and any implications of these options, that are available to them.

Additional routes to support
In addition to NRM direct service provision, survivors may have access to the following forms of support:

Asylum provision
If a survivor has made a claim for asylum and is therefore within the formal asylum process, they will be eligible for basic housing and financial assistance whilst they wait for the outcome of their decision [see p. 151].[2]

No recourse to Public Funds (NRPF) local authority support
If a survivor is a parent with no recourse to public funds (NRPF), their local council or Health and Social Care Trusts (in Northern Ireland) may have a duty to provide accommodation and financial support if their child is assessed as being in need of care and support services.[3]

Local authority and equivalent organisations duties
To receive assistance (accommodation and financial support) from a local authority an adult must have care and support needs that arise from, or are related to, a physical or mental impairment or illness

Charity support
Charities, grassroots, community, and faith-based organisations can provide specific support for survivors of modern slavery outside of NRM provision. Survivors may also have support needs that overlap with other mainstream or charitable support services. Additional support could be provided via these avenues, for example, recovery from substance misuse, domestic abuse services, mental health and homelessness services. Identifying multi-agency modern slavery partnerships in the locality and using the Human Trafficking Foundation's Support Service Mapping tool will assist to locate additional support services for survivors both inside and outside of the NRM.[4]

Legal Frameworks

The following legislation provides the legal basis for how survivors may be eligible for support via alternative routes.

- **England:** Section 18 of the Care Act 2014
- **Northern Ireland**: Section 35 of the Social Services and Wellbeing (Wales) Act 2014.
- **Scotland**: Social Care (Self-directed Support) (Scotland) Act 2013 and the Adult Support and Protection (Scotland) Act 2007
- **Wales:** Section 35 of the Social Services and Wellbeing (Wales) Act 2014[5]

CARE AND SUPPORT NEEDS

Professionals work with survivors to identify their care and support needs, ensuring that essential services are available at a time, pace and place that works for them.

All care and support needs identified should be responded to by professionals in line with the core principles and professional practice outlined in the Care Standards. It is vital that the care and support delivered is consistent and of high quality, regardless of the support routes available, who is offering support, the immigration status of the survivor or the administration in which they are located.

Survivors face complex and multiple challenges that require specialised care and support. They may have experienced prolonged and repeated trauma, exploitation, and deprivation, and their recovery process may involve addressing both immediate and long-term needs.

A coordinated, person-centred, trauma-informed approach involving healthcare, legal assistance, housing, financial support, and psychological care is essential. Support and care should be tailored to each survivor's unique experiences and needs and prioritise their dignity, autonomy, and long-term recovery.

When delivering support to survivors, professionals should work to understand what outcomes the individual survivor wishes to achieve, this will help to set the direction of support and work, to ensure all elements of a survivor's journey are considered and supported.

The Modern Slavery Core Outcome Set (MSCOS)

MSCOS is a survivor-informed framework that can be used as a basis for supporting survivors effectively. MSCOS sets out seven interrelated outcomes (identified as priorities by survivors) that should be supported in parallel to promote the recovery, wellbeing, and integration of adult survivors.

The core outcomes are:

- secure and suitable housing
- safety from traffickers or other abusers
- access to healthcare
- access to education
- trauma-informed services
- long-term
- consistent support
- and finding purpose in life and self-actualisation.[6]

Survivors may come from different cultural or linguistic backgrounds and will need care and support that respects their cultural and communication contexts [see p. 50]. This may include translation services, culturally sensitive counselling, or access to specific religious or community practices or foods. Understanding that each survivor's experience is unique, and co-developing a tailored approach to care and support, that follows all the principles set out within the Care Standards, is essential. This involves being patient and non-judgmental, as well as empowering survivors to make decisions about their own recovery process.

Recovery journeys are not linear; the individual support needs of each survivor will vary over time. This should be recognised and acknowledged by professionals, informing the way that they engage with survivors and offer support. The potential care and support needs of survivors can be broadly categorised into several key areas. Professionals working with survivors should ensure their approach is informed, consent-based, and transparent. Effective support means recognising indicators of trafficking, meeting urgent needs, and giving clear, accurate information about processes and options, while managing expectations.

OVERARCHING SUPPORT AND CARE CONSIDERATIONS

> **Professionals communicate clearly with survivors to set expectations, outline what is achievable within their role and their organisation's remit and discuss referrals to additional services, where required.**

Effective support and care should address both the immediate and longer-term needs of survivors. Individual needs vary depending on many factors. These may include, for example, disability, gender identity, whether people are accompanied by children or other family members, or are pregnant, whether there are substance abuse issues, mental health problems or serious risk factors including self-harm and suicidal ideation.

Practice reminder: Providing effective support and care

Professionals should:

- **Clearly understand indicators:** Be able to recognise all forms of trafficking and modern slavery.
- **Demonstrate a duty of care:** Identify and address immediate needs (medical, food, clothing, accommodation, hygiene, children, pregnancy, and whether the survivor should remain in a particular area for treatment, schooling, or support networks, or be moved away from risk).
- **Act only with consent:** Unless there are indicators of significant harm to children or safeguarding concerns, act with the survivor's consent. Consider their capacity to understand the support and care options available [see p. 44].
- **Explain the NRM and options:** Clearly explain, in a language and format the survivor understands, the NRM process, the support that is available, and alternative options.
- **Communicate NRM limitations:** Be clear about the parameters of the NRM, including possible negative decisions and the potential impact of an NRM decision on immigration status, to avoid false hope.

In addition, to offer effective care and support, professionals must work with survivors to understand their individual circumstances and identify their care and support needs, including:

- **Living situation:** It is important to help each survivor to consider their current living conditions and immediate and longer-term risks in order to inform their decisions about the care and support they need.
- **Options available:** Survivors must be helped to understand their options (however limited these are) and how to access each of these, what they can offer and for how long.
- **Risks identified**: Assess and identify risks that may result in survivors disengaging from services or going missing including for example, links and proximity to perpetrators or their associates, debt bondage, mental and physical health, housing, safeguarding, immigration status and re-trafficking.
- **Material support needs**: It should be ensured that the person has enough to eat and drink and has clean, weather-appropriate and comfortable clothes.
- **Taking a case forward as a victim of a crime**: Survivors should be asked if they would like to report to the police. They should be assured that they do not have to do this to access support and that they will be able to report the crime at any point in the future. For guidelines on working with the police and criminal justice system [see p. 225].
- **Any children or family members of any age needing support:** The organisation's child safeguarding policy should be followed. Where there is a concern that a child is at risk of harm, information must be shared with the appropriate authorities as a matter of priority [see p. 48].
- **Access to documentation:** Professionals have a responsibility to ensure survivors are provided with a copy (or the right to view copies) of needs-based assessments, risk assessments or any similar processes.

ASSISTING SURVIVORS TO ENGAGE WITH CARE AND SUPPORT SERVICES

Professionals consider a combination of support methods and tailor support approaches to ensure support is accessible and responsive to each survivor's individual preferences, safety concerns, and circumstances.

Face-to-face interactions remain vital for building trust, offering emotional reassurance, and addressing complex needs that require in-person care, particularly at the outset of any professional relationship and periodically after that. However, supporting survivors requires a flexible, trauma-informed approach that may require professionals to consider how they can offer and best promote access to care and support. A range of methods to deliver support sessions may need to be considered to best facilitate access for survivors, including using digital tools and online technologies, phone-based communication, and the more traditional face-to-face method. Where possible survivors should be able to choose how they are supported.

Remote support via digital tools and phone calls can ensure that survivors who do not live near support services can access care and support when they may otherwise not be able to. Remote support ensures that those who cannot afford transport are not excluded, and it allows individuals to rebuild their lives, for example permitting those who are at work or in education to access help without needing to take time out to attend in person. It can also enable those with children and childcare responsibilities to be able to participate in support sessions.

Regardless of the method of support delivery, professionals must be sensitive to verbal and non-verbal communication, including body language, facial expressions, eye contact, and tone of voice. Professionals must also always work towards building trust through consistent, respectful, and professional engagement and ensure they maintain professional boundaries and work within and the parameters of the Care Standards.

Practice reminder: Preparing and facilitating appointments and meetings

Professionals should consider the following when planning and supporting survivors to access services and support.

Before a meeting:

- **Choose an appropriate space:** Arrange a suitable and safe place to meet.
- **Arrange interpretation and communication support:** Book an interpreter and consider the need for any requirements to aid communication. Check with survivors about gender preference and confirm the language and dialect required [see p. 54].
- **Have the right information:** Ensure access to all necessary files and paperwork.
- **Be prepared:** Complete any agreed tasks in advance and be ready to update the survivor.
- **Send reminders:** Confirm the date, time, and location of the meeting in advance.
- **Allow sufficient time:** Schedule enough time to conduct the meeting without pressure. Recognise that some conversations or tasks may need more than one meeting and avoid rushing.
- **Support attendance:** If attending an external, in-person meeting, make sure the survivor knows the location and has the finances and support needed for travel.

During a meeting:

- **Check interpreter arrangements:** Where an interpreter is used, make sure the survivor understands them, feels comfortable, and agrees to work with them [see p. 54].
- **Respect preferred introductions:** Confirm how the survivor wishes to be introduced to any other professionals who are present.
- **Facilitate introductions:** Introduce everyone in the room, keep staff numbers to a minimum, and ensure survivors know who is working with them and why.
- **Explain purpose and timing:** Clearly outline the purpose of the meeting or session and explain any time restrictions.
- **Stay observant:** Remain alert for signs of pain, injury, or trauma, and be ready to pause the meeting if needed.
- **Create a safe and welcoming space:** Make sure the setting is comfortable and safe. For online meetings, ensure both parties are in a confidential space.

- **Provide comfort:** Offer food, drink, and any other practical items needed (e.g. tissues, stationery, comfort breaks).
- **Adopt a conversational style:** Engage in open and organic conversation rather than a structured interview format, which may feel intimidating.
- **Prioritise survivor-led issues:** Allow survivors to focus on what they see as their most pressing needs.
- **Respect cultural and personal needs:** Actively show respect for survivors' cultural, spiritual, gender-specific, and personal boundaries.
- **Support immediate needs:** Demonstrate a willingness to help survivors address urgent practical problems.
- **Give survivors control:** Ensure survivors feel in control of the information they share.
- **Revisit key topics as needed:** Be ready to revisit subjects such as the NRM, entitlements, informed consent, complaints processes, and confidentiality, ensuring that survivors' understanding is refreshed.
- **Encourage breaks:** Make sure survivors know they can stop or take a break at any time.
- **Respond sensitively to distress:** Be prepared to manage emotional distress with care and compassion.
- **Handle new disclosures appropriately:** Respond to new information in a supportive way, while being aware of your own reactions.

After a meeting:

- **Check the accuracy of records:** Summarise the meeting in a follow-up email or offer alternatives if direct reviewing feels too tiring or distressing.
- **Confirm survivor actions:** Make sure survivors understand what is required of them, by when, and that they have the resources and support to follow through.
- **Arrange follow-up:** Set the next time, date, and location for a future meeting.
- **Clarify support expectations:** Explain what support can be provided, how often contact will be made, and how survivors can contact support organisations, including out-of-hours and emergency alternatives.
- **Provide contact details and boundaries:** Share relevant contact information and explain how and when they can be used, including limits (e.g. responses may not be immediate but will be as soon as possible).
- **Offer access to personal data:** Check if survivors need copies of personal information (e.g. assessments) and provide these on request, without requiring a formal Subject Access Request (SAR).
- **Carry out welfare check:** Ensure there are no basic needs that have been missed whilst focusing on another area of support.
- **End meetings on a lighter note:** If the conversation has been heavy, allow time at the end to talk about something positive or enjoyable, so survivors do not leave feeling distressed.
- **Support safe travel and connection:** Ensure survivors can get home safely and have means to stay connected (e.g. bus pass, phone access, Wi-Fi, or credit for calls).

Practice reminder: Face-to-face considerations

- **Consider meeting locations:** Be led by the survivor as to the location of the first meeting as this will make the survivor feel safer during early interactions. When working in public settings, be mindful of the topics discussed and who may overhear the conversation.
- **Ensure confidentiality:** Conduct meetings in a private, safe space with an appropriate layout, considering privacy, visibility, and ease of exit in case of emergencies.
- **Prioritise safety:** Safeguard both the survivor's and professional's physical and emotional safety, including following lone working protocols (e.g. buddy systems, location tracking, updated shared calendars).
- **Offer proof of identity:** Show survivors' proof of identity at the first face-to-face meeting.
- **Explain available support:** Clearly outline the support available while managing expectations, allowing survivors to lead wherever possible to promote independence.
- **Consider cultural and non-verbal communication needs:** Be aware of the survivor's cultural background, values, and beliefs, and how these may affect communication and interaction. Pay attention to non-verbal cues such as body language, facial expressions, gestures, and tone of voice. Adapt approach to ensure messages are clearly understood and the survivor feels respected, safe, and comfortable.
- **Allow sufficient time and adjustments**: Schedule enough time for appointments and check in advance if survivors need any adjustments (e.g. around college, work, childcare, or travel).

Practice reminder: Online considerations

- **Encourage camera use:** Ask survivors to have their camera on for part of a 1:1 session, if comfortable to do so, to help build trust. Professionals should not put any pressure on survivors to have camera on if this is not their preference.
- **Check suitability of location:** Begin each session by asking if the survivor is in a safe, private, quiet space and whether anyone else can hear the conversation; reschedule if conditions are unsuitable.
- **Discuss digital risks:** Explain the risks of shared Wi-Fi or devices, including the possibility of others overhearing or accessing communications.
- **Gain consent:** Survivors must be informed if professionals intend to record a session or use an AI note taker. How the information is stored and what it will be used for should also be discussed. If a survivor does not consent these forms of recording should not occur [see p. 66].
- **Verify changes in contact details:** If contact details are updated via email or message, confirm the request through a phone or video call to verify identity.
- **Promote digital safety skills**: Upskill survivors on topics including secure internet use and verifying others' identities online. Discuss safe use of mobile devices, apps, and social media where relevant.
- **Maintain periodic face-to-face contact:** If online support is preferred, aim to meet face-to-face periodically (e.g., every three months) to maintain engagement and monitor safety.
- **Check timing and adjustments:** Always confirm it is a good time to talk and provide adjustments as needed to support engagement.
- **Minimise background distractions:** Reduce background noise, use a professional camera setup, and ensure a private, interruption-free environment. Consider blurred backgrounds or organisational logos to maintain professional boundaries.
- **Maintain professional engagement on camera:** Keep the camera on and reassure the survivor that not looking directly at the camera is about taking notes. Survivors should have the choice to keep their camera on or off.
- **Check device access before messaging:** Before leaving messages or sending emails, confirm who else may have access to the survivor's devices to avoid unintentional disclosures.
- **Follow organisational guidance on apps:** Organisations should understand how instant messaging applications use and store data and attachments and provide staff with clear guidance on their use.

PROVISION OF MATERIAL ASSISTANCE

With reference to Maslow's hierarchy of needs it is known that if basic material needs are not met, individuals, particularly those affected by the trauma of trafficking and modern slavery, will be unable to work towards sustained, long-term recovery and pursue justice.[7] This is a particularly significant issue for survivors due to the strong link between circumstances of poverty and the risk of re-trafficking and further exploitation.

The provisions outlined below are recommended as the absolute minimum material assistance that any survivor should be able to access, regardless of where they are being accommodated or supported.

ESSENTIAL PRACTICAL ITEMS

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

Sufficient funds for travel to appointments related to their support needs.

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

A **gender appropriate toiletry pack** including a toothbrush, toothpaste, shampoo, conditioner, a hairbrush/ comb, deodorant, a razor, and sanitary products where required. Consideration should be given to **cultural needs** e.g. in relation to specific hair products.

Linen and towels – clean sheets, towels and at least two full sets of bed linen for each person.

A mobile phone and data.

Facilitation of religious practices, such as the provision of a holy book and/or prayer mat.

Support to access culturally appropriate food items and consider proximity to hairdressers experienced in the survivor's hair type**.**

ITEMS FOR DEPENDENT CHILDREN

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

Baby equipment including nappies, changing items (mat and wipes), baby vests and baby grows (six of each), hats, muslin cloths (six), a cot or moses basket and bedding. Nursing bras, bottles, formula and sterilisation equipment.

Travel equipment including a buggy, sling, car seat where needed.

Age-appropriate and culturally appropriate nutritious food.

School equipment including at least two full sets of new school uniform, school shoes and socks, school PE kit and trainers and school bag, water bottle and lunch box.

Support to access free school meals and other entitlements.

Survivors may need to undertake substantial travel, for example, to attend appointments with several different types of professionals, to speak to the police and to access educational institutions, essential services, charities and other organisations. They should be supported to find the most efficient and economic ways to travel and to secure the funds for their travel. It is important when planning travel arrangements to consider whether the survivor is a parent travelling with children, any disabilities or healthcare needs to be considered and how to avoid any locations that may put a survivor at risk. Professionals need to ensure that survivors are equipped with information on how to travel by public transport, bike or on foot, especially if they are new to an area or to the country. Learning how to navigate a new area will assist survivors to feel settled and safe.

Survivors should have the means to communicate with legal representatives, support services, family and friends. Access, or clear signposting on how to access WiFi, a computer, and a printer should be available when needed. Support should include guidance on the safe use of mobile phones and social media, and professionals should offer education on potential risks and how to avoid them.

NEEDS ASSESSMENT

> **Professionals work with survivors to complete a needs assessment for every survivor, to determine care and support needs.**

When a survivor starts receiving support, they require a needs assessment to be completed. Professionals should clearly explain to survivors the provision they can offer them directly, and that which requires referrals to other services. With appropriate support, survivors are well placed to identify their own needs. Professionals should be there to help survivors' to identify and address their needs. This process should be clearly documented and referenced in case notes.

A needs assessment should be completed, identifying the goals survivors wish to work towards in the areas relevant to their individual situation.

A needs assessment should cover the following key areas:

- physical and sexual health needs
- psychological and emotional needs
- cultural and spiritual needs
- housing and accommodation needs
- practical and material needs (including obtaining identification documents)
- social and community needs
- education and learning opportunity needs
- orientation of the local area and the facilities available
- family needs (for family members and dependents who are with them or reconnecting with family)
- legal advice and representation needs
- other advice and assistance needs
- welfare, subsistence and financial needs (including opening a bank account and learning how to budget)
- longer term support needs in the context of existing life skills, education, language skills, financial literacy, debt management, work readiness and employment support and advice.

SUPPORT PLANNING

> **Professionals co-produce support plans directly with survivors and consider risk and needs assessments.**

Working in line with the principles and approaches outlined in the Care Standards will help to establish trust, and set mutually agreed, realistic objectives and goals. It is important to avoid making promises or guarantees which may not be possible to fulfil. Survivors need to understand, for example, that a positive NRM decision will not necessarily lead to a grant of leave or long-term support.

Needs are dynamic and goals may change. The support plan should not be a static document but a tool for reviewing progress and capturing changing needs. All assessments and plans should be regularly reviewed, ensuring they continue to meet the survivors' needs and empower them in their recovery journey. Survivors are encouraged to review progress, provide input, and update their plans to ensure they remain relevant.

The plan should record the areas of needs identified, what action is to be taken and by whom, the expected outcome (goal), and the estimated timescale for this to be achieved.

Practice reminder: Support planning

When offering support, organisations should ensure support plans:

- **Respect survivor needs and aspirations:** Consider the survivor's personal goals and priorities as much as possible.
- **Promote empowerment:** Support survivors' autonomy, ensuring they feel in control of the process with mutually agreed goals and expectations.
- **Address urgent needs first:** Ensure immediate concerns are dealt with appropriately, then adopt a long-term approach to help build skills, knowledge, self-confidence, and awareness, while guiding survivors to available support resources.
- **Set realistic objectives:** Avoid overpromising or creating expectations that cannot be met.
- **Provide structured support:** Organise support in a manageable way, helping survivors identify problems, prioritise needs, set achievable goals, and address challenges with appropriate guidance.
- **Advocate for rights and entitlements:** Support the survivor in accessing and asserting their legal and practical entitlements.
- **Encourage responsibility:** Help survivors take ownership of decision-making and managing their own lives.
- **Support incremental progress:** Identify development areas and assist survivors in taking small, achievable steps toward their goals.
- **Co-develop and co-own plans:** Ensure plans are created with the survivor, actively seek their feedback, and record any concerns, dissatisfaction, or difficulties.
- **Keep plans dynamic:** Review regularly to reflect changes in needs, circumstances, or goals.
- **Monitor progress:** Support plans can be used to measure and monitor progress and when needs and goals are met.
- **Update documents regularly:** Ensure survivors receive the most current version of the support plan.

REFERRALS AND SIGNPOSTING

> **Professionals identify organisations that can offer further support and make pro-active referrals to these with survivors informed consent.**

Before referring or signposting a survivor to another organisation, professionals must ensure they fully understand their individual needs and what the organisation they are referring to can potentially offer them. This will enable them to ascertain the most appropriate organisations before making a referral. Accessibility for each survivor should always be considered and planned for.

Professionals should be well-informed about the services available in their local area, including referral pathways and eligibility criteria. It is important to communicate clearly with survivors that a referral does not guarantee access to services; some organisations, such as those providing counselling, healthcare interventions, or legal support, may have long waiting lists or specific eligibility requirements. Despite these challenges, professionals must consistently advocate for survivors' access to services to obtain the support they need.

Practice reminder: Making referrals

Survivor involvement
Referrals will often be made by the professional, unless the survivor prefers or needs to self-refer.

Any referral should be made with the agreement, knowledge and consent of the survivor and should:

- **Explain the purpose of the referral:** Ensure the survivor fully understands why the referral is being made, what the organisation does, what support they offer, and what the process involves. Use an interpreter if needed.
- **Provide information in advance:** Give all relevant information to the survivor before the referral is made.
- **Share support requests:** Ensure the survivor can see any requests for support, including the nature of support being requested on their behalf.
- **Clarify positive reasons for the referral:** Explain the benefits of the referral, for example, access to more appropriate or specialised support, access to local support and partnership working. In cases where professionals are referring a survivor onward from their service, it is important to ensure that they do not feel dismissed or rejected by the current service.

Organisational responsibility
Upon receipt of a referral, and before accepting a survivor into its service, an organisation should:

- **Confirm capacity before sharing details:** Ensure the service can take on a new case before any personal information is shared.
- **Ensure informed consent:** Verify that the survivor has given their consent and understands what support is being offered and how their information will be used.
- **Gather relevant background information:** Collect details such as known risks, support and health needs, NRM status, crime numbers, and any ongoing legal proceedings.
- **Assess service suitability:** Determine whether the service is appropriate for the survivor, considering cultural needs, gender identity, pregnancy or parenting status, mental health or substance use, and known risk factors (e.g., self-harm, suicidal ideation, risk to others).
- **Provide a named contact:** Where possible, give the survivor a specific point of contact within the service.

Supporting a survivor to access new service
After a referral has been made and accepted, survivors may need support to access the service. Professionals should:

- **Identify support needs:** Determine if the survivor requires assistance with making initial contact, completing forms, travelling or attending appointments.
- **Explain waiting times and next steps:** Clearly outline any waiting periods or upcoming actions, being honest and managing expectations.
- **Offer choices:** Provide alternatives if one service is not a good fit.
- **Recognise multiple service needs:** Understand that some survivors may require support from several services to fully meet their needs.
- **Follow up appropriately:** Check with the survivor to ensure the referral was successful and if any additional support is needed.

Travel considerations

When planning and supporting survivor travel, professionals should prioritise safety, comfort, and trauma-informed practice to reduce stress and ensure understanding throughout the journey.

Trauma-informed travel

- Ensure journeys do not re-traumatise survivors by avoiding situations that recreate aspects of past trauma.
- Confirm the survivor understands the purpose of the journey, their destination, and the estimated time of arrival.
- Assist to apply for travel funding or provide financial support where needed.

Transport preferences

- Ask the survivor which mode of transport they feel most comfortable using.
- If alternatives are not available, discuss coping strategies in advance.

Accompanying survivors

- Ensure that accompanying professionals or volunteers are the survivor's preferred gender, where possible.
- Introduce people accompanying survivors properly before the journey and allow the survivor to ask questions.

Communication and comfort

- Share practical details in a language and format the survivor can easily understand.
- Attend to physical comfort needs and engage in light, friendly conversation throughout the journey.

Timing of travel

- Schedule travel during daytime or early evening, avoiding late-night journeys unless these are requested by the survivor.

SUPPORTING SAFE TRANSITIONS

> **Professionals recognise that changes in support can be disruptive and potentially harmful to survivors. Any change is carefully managed, risk assessed and approached collaboratively with survivor's needs and wellbeing at the centre of the process.**

Transitions, either between services or onward from existing support are a common part of a survivor's journey. From the outset, all professionals involved in providing support should clearly communicate to survivors what support they are entitled to, including any limitations and boundaries. Planning for transitions and move-ons should be integrated into routine needs and risk assessment and support planning activity.

Support journeys are rarely straightforward or linear. Survivors may need different types, levels, or amounts of support at various stages of their recovery, often involving multiple agencies and therefore referral and co-ordination. As survivors' needs change over time, this can lead to changes in the services they need support from.

Transitions between services can occur for a variety of reasons, including changes in a survivor's needs or circumstances, a survivor no longer meeting a support service's eligibility criteria or because a service no longer meets the needs of a survivor. Unplanned transitions may also occur, for example if a survivor is evicted from accommodation, goes missing or has their accommodation changed with no notice. These situations often require a pro-active, crisis-led response to address immediate safety and support needs. Some transitions may be instigated and initiated by survivors themselves, however not all transitions are positive or wanted by survivors or by those supporting them. Some survivors will enter, exit and re-enter support at various points during their survivor journey, requiring different things from different agencies at different times.

Regardless of whether a transition is planned or unplanned, professionals must work together to ensure survivors continue to receive consistent and appropriate support wherever possible. Transitions can be highly distressing, and survivors may need increased support during these times to maintain stability, reduce harm, and promote recovery.

How to facilitate survivor involvement and empowerment

Professionals should actively create opportunities for survivors to participate, make choices, and have control over their support, ensuring that their voices are heard and valued throughout the process.

- **Involve survivors in planning and decisions:** Ensure survivors participate in planning and decision-making at every stage of support.
- **Offer meaningful choices:** Provide options wherever possible and respect survivors' concerns and preferences to promote autonomy and agency.
- **Provide access to personal information:** Inform survivors of their right to access their personal data and documents and provide copies of these at the point they leave a support service.
- **Encourage feedback:** Offer survivors opportunities to share their experiences and feedback, using this to inform and improve future services.

EFFECTIVE AND SAFE TRANSITIONS

Professionals work closely with survivors and other organisations to advocate for the best support, assist smooth transitions, ensure continuous care, minimise disruption and communicate effectively to set realistic expectations.

Helping survivors through a move or transition, whether within the UK or to another country, requires trauma-informed, person-centred planning. Because transitions can bring risks and uncertainty, they must be managed carefully with clear communication and active survivor involvement.

Collaboration and flexibility between services is essential so that everyone understands their role and responsibilities in supporting the survivor. It is also vital that the survivor understands each organisation's role. Setting clear, realistic expectations helps all parties know what to expect, including support needs, timelines, and any changes in care. Introducing survivors to new support providers early on helps them become familiar with the services available and eases their transition.

Regular check-ins post transition can help to identify gaps and issues early.

The value of survivors' informal support networks (i.e. family and friends) and access to local community services (comprehensive healthcare services, nurseries, schools and higher education, places of worship, community centres, at work or volunteer placement, charities etc.) should not be underestimated in terms of their role in maintaining survivors' safety and sustaining their recovery. Positive, settled community links not only support survivors and their children, but are key to the safety and resources of wider society: survivors who can rely upon supportive local community networks are safer in all respects. These networks also lower the risk of further crimes being committed against them as well as the potential need at various stages for emergency intervention and urgent police and healthcare services.[8]

In all cases where survivors express the preference to remain in their local area, every effort should be made to maintain their accommodation and support in that area, or as near as possible to it. If as part of a transition within or from support survivors are required to move away from vital services, many will find it extremely challenging to 'start again' and form new, positive and safe long-term relationships. They may also suffer detrimental setbacks to health and wellbeing. It should not be assumed that clinical services can simply be 'picked up' and continued by another local clinic or hospital. The period that it takes to transfer patients' records, and process new referrals, together with the difficulties that many survivors face in re-explaining their history and forming trusting relationships with new professionals, means that survivors are likely to lose the continuity of their care and be forced to start the process all over again. If a change of location is forced to occur this must be to an area safe from their traffickers and every effort should be made to find support networks that can replicate those they are used to.

The impact of transitions and change on children

Parents who have children in local childcare settings and schools should not be expected to relocate if this means moving their child(ren) to a different school, unless the potential benefits of the relocation outweigh the disadvantages of the disruption of a move. For the children of survivors, continuity, particularly of their friends and education, is important. Changing schools at any time in the school year is likely to be disruptive, and there is correlation between changes of school and reduced academic achievement.[9] The significant challenges which are faced by the children of survivors will often require ongoing professional support from nurseries, schools, social workers and local community networks. Any additional disruption to their lives should always be avoided.

In a school context a child and/or parent's trafficking history and their current situation should not be disclosed by professionals unless prior informed consent is given by parent or related safeguarding risk has been identified.

Practice reminder: Supporting safe and effective transitions

Survivor engagement and involvement

- **Involve survivors:** Ensure survivors are fully informed and actively involved at every stage of a transition. Advance discussions give survivors time to adjust and prepare, both emotionally and practically.
- **Engage early:** Discuss transitions as early as possible so survivors can understand their options and pro-actively participate in decision making. Early engagement also facilitates the involvement of other professionals, such as legal advisers.
- **Work to prevent crises:** Early planning helps to manage and reduce the risk of crisis situations, such as homelessness or re-exploitation.

Risk assessment and safeguarding

- **Conduct a full risk assessment:** Complete a comprehensive risk assessment before any transition, considering survivor safety, risk of re-trafficking, emotional and physical health, legal and immigration status, and housing situation. Review and update assessments as needed.
- **Act immediately on safeguarding concerns:** Address any safeguarding issues promptly, including referrals to adult services where required.

Information Sharing and Planning

- **Share information with other agencies:** Work collaboratively and share information clearly and accurately, only with informed consent. Ensure survivors understand what will be shared, how it will be shared, and with whom.
- **Develop a transition plan:** Create a plan with agreed timelines, responsibilities, and contacts to ensure a smooth, coordinated process.

Location and community considerations

- **Assess location appropriateness:** Consider the impact of relocating survivors away from vital services and settled areas; maintain accommodation and support in safe areas whenever possible.
- **Consider community networks:** Recognise the importance of informal support networks and access to local services in maintaining safety and supporting recovery. Work to replicate support networks if relocation is necessary.

- **Support positive community links:** Facilitate connections that reduce the risk of further exploitation and re-trafficking and lessen the need for emergency interventions.
- **Respect survivors' preferences:** Understand and support survivors' wishes to remain in their local area and work with them to understand and navigate any associated risks.
- **Consider financial implications:** Consider the financial cost of travelling to maintain contact with trusted people and services and that ensure this is affordable and practically achievable.

Continuity and coordination of support

- **Ensure continuity of support:** Maintain consistent support during transitions to prevent survivors from being left without help.
- **Address delays in accessing services:** Provide interim support when there are delays in accessing new services, such as accommodation or statutory mental healthcare.
- **Assist with practical needs:** Help survivors with practical matters, including finding housing, arranging financial support, and connecting with other relevant services.
- **Offer follow-up after leaving a service:** Check in with survivors to ensure they are settling well and that new support arrangements meet their needs. Conduct regular check-ins to identify gaps or issues early.
- **Adjust support as needed:** Use ongoing monitoring to adapt or add support, ensuring a joined-up and responsive approach.

Healthcare and accessibility

- **Maintain healthcare continuity:** Ensure ongoing access to healthcare, particularly mental health services to minimise disruption during transitions.
- **Address practical and material needs:** Support survivors with physical and practical preparation for transitions, including gathering necessary items, travel arrangements, and understanding access requirements.
- **Ensure accessibility and inclusivity:** Consider and address barriers related to disabilities, access requirements, or dependent children to enable full engagement with new support.

The impact of a change of immigration status

A change in immigration status can significantly impact a survivor's rights and entitlements.[10] For example, gaining refugee status or humanitarian protection gives access to housing and benefits through the relevant department; Department for Work and Pensions (DWP England and Wales), Social Security (Scotland), Department for Communities (Northern Ireland). Refusal of status or permission to stay may significantly reduce access to safety and support. All transitions relating to immigration status require detailed support, including access to legal advice to help survivors adjust and access what they're entitled to.

SUPPORTING SAFE RETURNS AND REINTEGRATION

Any decision to return and reintegrate to a home or third country is survivor-led and safely managed, with specialist support available before, during, and after return.

Legal Frameworks Article 16 of Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) - Repatriation and Return

Each Party shall adopt such legislative or other measures as may be necessary to establish repatriation programmes, involving relevant national or international institutions and non-governmental organisations. These programmes aim to avoid re-victimisation. Each Party should make its best effort to favour the reintegration of victims into the society of the State of return, including reintegration into the education system and the labour market, in particular through the acquisition and improvement of their professional skills.[11]

Survivors may choose to leave the UK voluntarily for a range of reasons. Some may wish to return to their home country soon after being identified or exiting exploitation, while others may decide to leave during or after their time in the NRM, or later in their recovery journey.

This decision can be influenced by a variety of factors, including changes in personal circumstances, health concerns, family emergencies, or limited legal options to remain in the UK. In some cases, return may feel like the only viable option. Returns may be booked and organised by a support organisation, by a survivor themselves, or they may take place through the government's Voluntary Returns Service (VRS).

Should a survivor wish to return home, programmes to provide comprehensive and appropriate assisted voluntary return and reintegration support services should be considered as an integral part of a holistic continuum of care for survivors.[12] They should be carried out by organisations with specialist experience in return and reintegration and with the capacity to support survivors pre-travel, during travel and post-return. Such programmes should be adequately resourced to ensure that specific support based on individual needs can be provided to make the transition period as smooth as possible and reduce the risk of harm and potential re-trafficking.

The Voluntary Returns Scheme (VRS)
The Voluntary Returns Service (VRS) is run by the UK Government and is a way of people being able to return home if they do not have permission to remain in the UK or have an open asylum claim, for example, including survivors at any point in the NRM process. The VRS offers guidance on return options and their implications, which vary depending on an individual's circumstances. The service can help with travel documents, cover travel costs, and, in some cases, provide a reintegration grant and/or refer the survivor to UK-funded reintegration programmes in some countries of return.[13] *

Regardless of the reason for the return or the method of returning, it is crucial survivors are supported throughout the process to ensure that wherever possible:

- potential risks are identified and addressed.
- they are not returning to the same pre-trafficking vulnerabilities.
- the risk of re-trafficking is decreased.

* See online references for links to further information and guidance on facilitating safe voluntary returns and reintegration.

Practice reminder: Supporting safe return and reintegration

Professionals involved in all return and reintegration activities should:

Ensure voluntary decision-making and access to legal advice

- **Respect survivor autonomy:** Ensure the return is voluntary and respects each survivor's individual rights.
- **Provide access to legal advice:** Support survivors to understand all available options and potential legal consequences of return, including re-entry restrictions.
- **Give clear, accurate information:** By providing accurate and objective information about return options, survivors can make informed decisions about what they want to do.
- **Explore all options:** Discuss all relevant return options, acknowledging that not every option will be available to all survivors.

Conduct risk assessments and implement safety plans

- **Prioritise safety:** Conduct the return as safely as possible, with risks properly identified, assessed, and managed.
- **Prevent coercion:** Ensure the process is free from any form of external coercion, including physical, psychological, or economic pressure.
- **Direct survivor involvement:** Involve survivors in all stages of risk identification and mitigation.
- **Mitigate re-trafficking risk:** Fully consider the risk of re-trafficking and implement measures to reduce this risk.
- **Collaborate on risk management:** Develop strategies to address potential risks during the journey and after arrival, using available guidance.

Consider survivors' health and wellbeing

- **Consider physical and mental health:** Conduct pre-departure medical assessments where possible to identify urgent health needs.
- **Provide treatment if needed:** Ensure urgent care is provided in the UK if appropriate services are unavailable at the destination.
- **Maintain ongoing support:** Ensure survivors' specific medical or psychological needs are addressed during travel and upon arrival.

Support to arrange practical and logistical support

- **Active survivor participation:** Involve survivors in planning travel dates, modes of transport, and arrival locations.
- **Provide essential items:** Ensure survivors have necessary items such as food, cash, mobile phones, data, luggage, or other practical support.
- **Ensure documentation and contacts:** Provide all required documents, contact details, and information for the journey.
- **Facilitate support on arrival:** Arrange accompaniment, interim accommodation, or meeting with support contacts at the destination.

Facilitate reintegration planning

- **Provide tailored reintegration:** Offer effective and appropriate reintegration assistance based on the survivor's individual needs.
- **Identify reintegration services:** Ensure appropriate reintegration assistance is available in the country of return, tailored to individual needs and presenting risks.
- **Pre-arranged referrals:** With survivor consent, make advance referrals to ensure continuity of care.
- **Holistic reintegration support:** Consider accommodation, medical and psychological care, social and legal counselling, education, vocational training, and community support.
- **Consult with the survivor on their goals:** Discuss both immediate and long-term reintegration needs and involve survivors in planning access to support.
- **Coordinate with local agencies:** Engage agencies in the country of return to provide support to the survivor, where possible.
- **Address potential risks:** Identify any risk of danger, including re-trafficking, and ensure support programs are adequately resourced.

Engage in ongoing monitoring and contingency planning activities

- **Provide options if support is declined:** If survivors decline referral to local services, provide a list of potential organisations and contact details for future access.
- **Monitor reintegration:** Where possible, coordinate with support professionals in the returning country to monitor the survivor's ongoing needs and support.

SPECIFIC CARE AND SUPPORT CONSIDERATIONS

> **International law requires that every survivor be identified and offered support and protection without discrimination on any grounds.[14]**

SURVIVORS WHO ARE IN PRISON

Adult survivors may be imprisoned at various stages of the criminal justice process. They may be awaiting charges, already charged, and/or serving a prison sentence following conviction. Like all public authorities, prisons and probation have a duty to identify and support victims of modern slavery. Identification within the prison system has historically been limited, meaning many survivors remain unrecognised and unsupported while continuing to serve custodial sentences.[15]

Survivors of human trafficking and modern slavery are victims of a serious crime. The non-punishment principle outlined in ECAT Article 26 protects survivors from punishment for crimes they were compelled to commit as a result of trafficking [see p. 256].[16] This principle should be applied at the earliest opportunity to prevent survivors being wrongly imprisoned. Survivors may still face prosecution and imprisonment, especially where the link between their exploitation and offending is not recognised or clearly established, or where victims are intimidated by their exploiters and do not disclose their experiences prior to being sentenced. In other cases, their offending may not be directly connected to their experience of modern slavery or their crimes may fall outside of the principle in domestic legislation [see p. 256]. Prisons should have systems in place to identify victims of trafficking and modern slavery at the earliest opportunity.[17]

Practice reminder: Considerations for survivors in prison

When a survivor is identified within the prison system, the following considerations must be prioritised:

- **Application of the non-punishment principle:** Assist survivors to seek legal advice in relation to exploring whether the offence is linked to the survivor's exploitation, and if so, whether non-punishment protections apply [see p. 256].
- **Individual needs assessments:** A full assessment of need should be conducted if a prisoner is identified as a survivor, including mental health, safeguarding, and future accommodation planning to ensure access to their ECAT entitlements are met.
- **Safety considerations:** Survivors must not be placed in the same prison location as known perpetrators, traffickers, or co-defendants. Professionals employed in custodial settings should be vigilant for indicators of modern slavery and exploitation in prison settings, including where organised and opportunistic perpetrators could be operating.
- **Sentence planning and transition support:** A sentence plan should be developed that includes preparation for release, particularly around safe transition to probation services and community-based support. This should also include consideration of how risks of further exploitation can be reduced. Prisons and probation services should engage with anti-slavery organisations and NGO's to seek to develop ongoing support and protection arrangements for survivors. Where individuals are transferred from prison to Immigration Removal Centres (IRC), any identified risks relating to re-trafficking must be communicated to the IRC.
- **Post-release accommodation:** Survivors may not be classified as "high-risk" by criminal justice services, but the risks related to modern slavery must still be considered. Multi-agency working and advance planning is vital to ensure that move-on accommodation is safe, appropriate, and trauma-informed.

SURVIVORS SUPERVISED BY THE PROBATION SERVICE

Professionals should be vigilant about the risk of future exploitation for survivors who are supervised by the probation service following their release from prison. Risks that need to be considered may include exploitation that has been arranged before a person is released from prison, the potential for exploitation through the control and use of a survivor's accommodation in the community (known as 'cuckooing') or via engineering a vulnerable person's recall to custody so that contraband items can be bought into the prison. Without proper identification and support, survivors in prison or on probation risk being further criminalised, re-traumatised, or released into unsafe environments where they may face homelessness or re-exploitation. Recognising and addressing their unique vulnerabilities and identifying the risks that are present must be considered as part of any ongoing support or sentence plan.

SURVIVORS IN IMMIGRATION DETENTION

Although UK immigration policy includes a presumption against the detention of vulnerable individuals, including survivors of modern slavery, in practice, survivors are still detained in immigration removal centres (IRCs).[18] Survivors may face detention if they are subject to immigration control or following the completion of a custodial sentence. Survivors who are in the NRM cannot be removed from the country, but they may still be detained.

Being held in immigration detention can be detrimental to a survivor's ability to recover from trauma and it limits access to their entitlements under ECAT.[19] Immigration detention is known to be harmful to mental health, with survivors of past trauma being particularly at risk. The nature of an IRC can be reminiscent of treatment inflicted by their traffickers; not knowing whether and when they will be released can have a significant negative impact on a survivor's mental health.

According to the Adults at Risk in Immigration Detention policy, the suitability of detention in an IRC must be based upon an individualised assessment. Therefore, when a survivor is identified in an immigration detention setting, or a known survivor enters immigration detention, their case must be reviewed. This review should assess the level of vulnerability of the survivor and determine whether continued detention is deemed appropriate, or whether the individual should be released into safer and more suitable accommodation. In some instances, the government may determine that immigration control considerations outweigh the presumption of release, meaning that a survivor may remain in detention even after being identified.[20]

Practice reminder: Survivors in immigration detention

When supporting survivors in immigration detention, the following must be prioritised:

- **Urgent assessment of risk and vulnerability:** Use the Adults at Risk framework, to determine if detention should end.
- **Access to specialist qualified legal advice:** Ensure that the survivor receives fair representation and understands their rights.
- **Access to qualified interpreters and translation of documents:** Ensure that the survivor understands their rights and all the information they are provided, in a language and format they can access.
- **Referral into the NRM with informed consent:** Ensure that the survivor is fully informed of their rights, as well as the implications of an NRM referral, and has access to legal and emotional support throughout the process.
- **Access to specialist support services and healthcare while in detention:** Recognise the psychologically damaging impact of detention in addition to the trauma that survivors may already have experienced and provide access to support.
- **Individualised care and advanced release planning:** Plan in advance, including prompt access to safe accommodation upon release to prevent homelessness and re-trafficking.

Immigration detention compounds trauma, making survivors who are detained especially vulnerable. Professionals working in or around IRCs must take a trauma-informed approach, act promptly to challenge detention (taking account of the individual's particular needs, vulnerabilities and risks to them), and advocate for survivors' rights to safety, recovery, and freedom. Access to support on release should be prompt, as release into homelessness or other inappropriate settings is likely to lead to harm and may create a high risk of re-trafficking.

SURVIVORS WITH DISABILITIES*

> **Specific adaptations are made so that an equitable service is offered to all survivors, regardless of disability, neurodiversity, sensory issue, or impairment, in line with relevant legislation** [see p. 58].

When supporting survivors, it is essential to consider any sensory, mobility, hearing, or visual impairments, as these can affect how they access services, communicate, and engage with support. Organisations must ensure that all environments, communications, and processes are fully accessible and inclusive. This may include ensuring physical accessibility, providing information in alternative formats, offering sign language interpreters and allowing additional time for meetings or assessments. Preparation to meet these needs helps to ensure that survivors can participate safely, confidently, and fully in all aspects of their support.

LEARNING AND COGNITIVE DISABILITIES

The identification or diagnosis of a learning disability or a cognitive disability (such as a neurocognitive disorder) can be complex in cases where survivors are living with the effects of trauma and mental or physical health difficulties or may have had limited access to formal education. Professionals must remember that survivors with cognitive disabilities may not self-identify as victims or survivors and may struggle with interviews or assessments. They may also not identify as having additional needs, so this should be addressed sensitively. Support organisations must make reasonable adjustments to ensure equal access for all survivors.

NEURODIVERGENCE

Neurodivergent survivors, such as those with ADHD or who are autistic, may require support to be adapted to their individual sensory, cognitive, and emotional needs. As with learning and cognitive disabilities, survivors may require more time to process information. They may also require different communication methods and adaptations to environments to help them feel safe. Sensory sensitivities, differences in emotional regulation and masking (the conscious or unconscious effort to suppress or modify neurodivergent traits in order to meet neurotypical social demands) as well as difficulties in expressing distress are some of the reasons that neurodiverse survivors may struggle to access support.

* See the OSCE National Referral Mechanisms - Joining Efforts to Protect the Rights of Trafficked Persons: A Practical Handbook for more information on this topic.

Practice reminder: Supporting survivors with learning and cognitive disabilities and neurodivergence

Adapting support to individual needs

- **Offer flexible appointment times:** Flexibility may mean providing longer sessions or several shorter ones.
- **Provide quiet waiting areas:** Help reduce stress and prevent overwhelm for survivors.
- **Adjust the environment:** Adapt factors such as lighting or sensory elements to meet individual needs.
- **Enable safe support:** Allow carers or trusted supporters to attend appointments where appropriate and where the professional is sure there is no exploitative relationship.

Use easy-read and accessible communication

- **Use accessible language:** Use plain language and visual aids such as symbols or pictures.
- **Provide accessible materials:** Offer appointment letters and leaflets in easy-read formats, translated where required.
- **Be clear and structured:** Avoid acronyms, metaphors, jargon, complex phrasing, and professionalised language; give step-by-step guidance.
- **Allow time to communicate:** Don't rush; give space to process and respond.
- **Allow extra time for decisions:** Information may need to be shared and discussed more than once.
- **Check understanding:** Use simple, open-ended questions.

Train staff in learning disability and cognitive disability awareness

- **Provide training:** Ensure frontline staff are trained in accessible communication and in recognising signs of cognitive disability.

Provide compassionate, person-centred care

- **Be flexible:** Allow survivors the time they need to process information.
- **Build trust:** Offer consistent support and care.
- **Respect individual needs:** Take into account routines, behaviours, and preferences.
- **Be patient and validating:** Acknowledge and respect any concerns expressed.

SENSORY ISSUES

Sensory issues refer to differences in how a person experiences and processes sensory input, such as sound, light, touch, taste, smell, movement, or body awareness. For some, everyday sensations can feel overwhelming, painful, or distracting; for others, they may be muted or hard to register.

Sensory issues are common for survivors and organisations should consider this carefully in relation to the support environments they offer. Sensory issues may be related directly to experiences of exploitation (physical and psychological) as well as cognitive disabilities or a mental health diagnosis. Sensory issues can be triggered by specific sounds, smells and environments. They are not always considered to be a stand-alone disability but can significantly impact daily life and are often a symptom of other conditions.[21]

MOBILITY ISSUES

Mobility issues refer to difficulties with moving around or performing physical activities. Some survivors may experience mobility issues, which can affect their ability to access services, attend appointments, or participate fully in daily life. Professionals should consider these needs when planning support, including arranging accessible venues, providing transport assistance, or exploring remote options where appropriate. Addressing mobility barriers helps ensure survivors can engage safely and equally with available services. Mobility issues require professionals to consider the practical elements of support provision and ensure accessibility for those with mobility concerns.[22]

VISUAL, HEARING AND SPEECH IMPAIRMENTS

Hearing, speech, and visual impairments refer to partial or complete loss of hearing, difficulties with producing or articulating speech, and partial or complete loss of sight. Some survivors may have these impairments, which can affect how they communicate, access information, participate in daily life and engage with services. Professionals should take these needs into account by offering accessible formats, ensuring interpretation or communication support is available, and adapting environments where necessary. Removing these barriers helps survivors participate fully and safely in the support process.[23]

Practice reminder: Supporting survivors with sensory, mobility, and communication needs

To ensure equitable access to support for survivors who have sensory, mobility, visual, hearing or speech impairments/impediments professionals should:

- **Avoid strong smells:** Keep the environment clean but do not use strong-smelling detergents.
- **Maintain fresh air:** Avoid scented candles, air fresheners, heavy lotions, perfumes, and use only non-fragrant plants.
- **Keep spaces calm and quiet:** Do not play background music; create a quietly welcoming setting.[24]
- **Keep access routes clear:** Make sure wheelchairs, walking sticks, and walkers can be used without difficulty in all areas survivors need to reach.
- **Provide accessible furniture:** Ensure suitable height and width as needed.
- **Ensure floor safety:** Keep floors free from anything that could cause slips or falls.
- **Offer accessible bathrooms:** Provide facilities that everyone can use.
- **Ensure accessible safety equipment:** Adapt fire alarms and other safety devices (e.g. strobe lights, vibrating pads) and ensure they are discreet to support a psychologically informed environment.
- **Plan accessible fire drills:** Include safe evacuation procedures for people using wheelchairs.[25]
- **Provide sign language interpretation:** Arrange a qualified interpreter in the correct language where required.
- **Adapt communication in meetings:** Check how the survivor prefers to receive and give information (e.g. assisted listening device, written notes, spoken summaries, or apps).
- **Send accessible documentation:** Share paperwork in an agreed accessible format (e.g. braille, voice notes, large print, simple fonts, or apps the survivor uses).
- **Respect survivor choices:** Follow the survivor's lead, understand their preferences and be ready with alternatives when these are not available or accessible.[26]

PREGNANT SURVIVORS AND THOSE WITH DEPENDENT CHILDREN

> **Pregnant survivors receive care and support that avoids assumptions being made about their choices regarding pregnancy or their capacity to parent.**

Professionals should be led by survivors on the route they wish to take. The professional's role is to provide compassionate, practical, and emotional support throughout pregnancy, childbirth, and early parenthood, connecting the survivor with the services they need. Supporting the development of a secure bond between mother and child is vital and should be facilitated through consistent emotional support and the reduction of social isolation.

Practice reminder: Supporting parents / Recognise parent and baby's routine

Professionals supporting pregnant women or those with dependent children should:

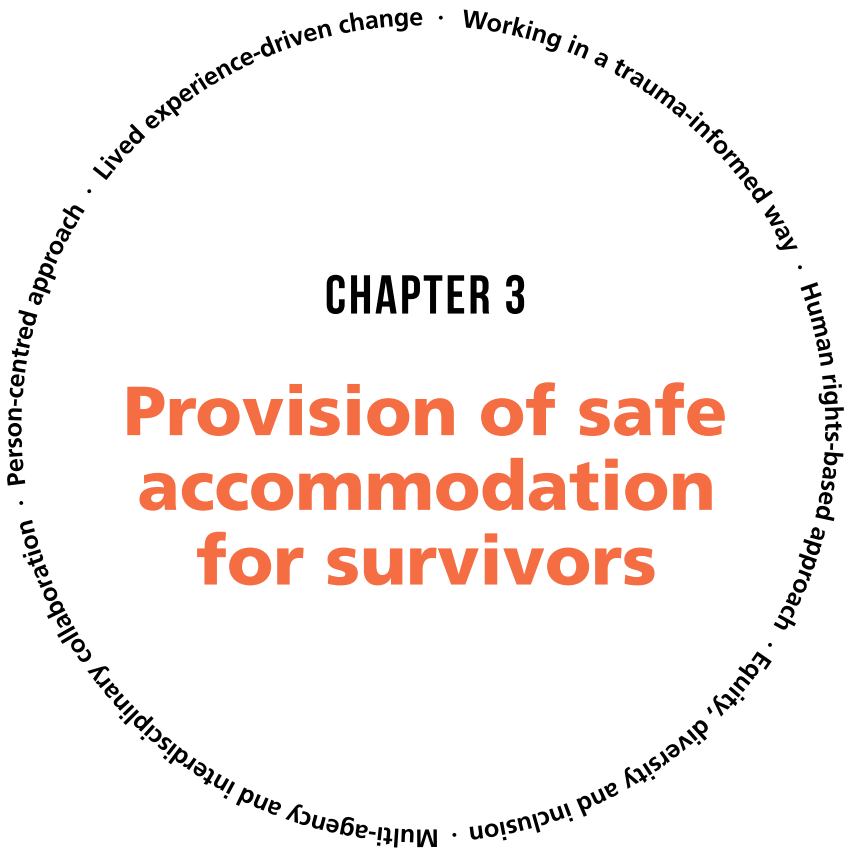
- **Follow the survivor's lead:** Let the survivor choose the route and pace of support, with professionals providing compassionate, practical, and emotional guidance.
- **Assist with maternity care:** Support survivors in arranging and attending antenatal appointments.
- **Provide practical and material items:** Including maternity clothing and baby supplies.
- **Recognise mother and baby's routine:** Provide access to comfortable, private environments for feeding and changing the baby, and offer support at suitable times.
- **Provide child-friendly spaces:** Make supervised areas for play available and assist parents in accessing childcare to attend appointments and have some respite.
- **Promote social connections:** Identify and encourage participation in baby/toddler groups and other supportive community activities.
- **Provide child-friendly spaces:** Make supervised areas for play available and assist parents in accessing childcare for appointments.

Refer to the children's annex, [see p. 311], more detailed information on supporting dependent children.

Supporting survivors and staff in the event of a death

If a survivor dies while under care, professionals must respond with sensitivity, compassion, and clarity. Immediate actions include notifying the next of kin and close contacts, respecting any end-of-life wishes, and securely storing and returning personal possessions. The survivor's religious, spiritual, and cultural beliefs must guide all arrangements.

Where preferences are unknown, consult next of kin, legal representatives, or statutory guidance for decisions on burial, cremation, or belongings. Staff and other residents should be offered emotional and professional support, including counselling or debriefing. Practical considerations include informing relevant authorities, ensuring records are complete, and reviewing procedures to incorporate any lessons learned.



CHAPTER 3

Provision of safe accommodation for survivors

CHAPTER OVERVIEW

This chapter identifies the importance of safe, stable and secure accommodation for survivors and acknowledges that access routes to such provisions are limited and lacking in many contexts.

The chapter specifically outlines the risks and vulnerabilities survivors face when trying to secure appropriate accommodation and the standards that should be expected from accommodation providers. It outlines a range of accommodation options that may be available to survivors.

In addition, the chapter offers key considerations for professionals as they support survivors to access the most appropriate accommodation available.

Legislation and guidance relating to the provision of accommodation to survivors varies across the UK. It is therefore essential that professionals understand the local legal and policy context when supporting survivors to secure accommodation.

ACCESS TO ACCOMMODATION

> **Professionals advocate for the best possible accommodation outcome for survivors whilst communicating entitlements and managing expectations.**

Professionals must remain attuned to each survivor's unique experiences, ongoing risks, and evolving needs. To achieve the best outcome, housing decisions should be assessed on a case-by-case basis, with the survivor's voice and needs at the centre of the process.

Survivors' access to accommodation will rely on their individual circumstances. At various points accommodation may be provided by different organisations and actors. Not all survivors will always have access to or be eligible for specific types of accommodation provision.

Survivors' ability to access different accommodation types relies upon their personal circumstances including their:

- immigration status,
- access to welfare benefits,
- status within the UK National Referral Mechanism (NRM) system,
- status within the UK asylum system,
- criminal charges and convictions,
- previous behaviour and any previous incidents within accommodation provision,
- level of support and care needs (including age, substance use, gender, disability and family requirements).

At different stages of a survivor's recovery journey, they may be eligible for different forms of accommodation.

Legal Frameworks: Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) Article 12 – Assistance to victims

Each Party shall adopt such legislative or other measures as may be necessary to assist victims in their physical, psychological and social recovery. Such assistance shall include at least a standard of living capable of ensuring their subsistence, through such measures as **appropriate and secure accommodation**.[1]

SUPPORTING ACCESS TO ACCOMMODATION

Survivors' personal support needs and circumstances are considered when exploring accommodation options.

Survivors often face multiple and compounding barriers and challenges to accessing stable and safe housing. It is essential that accommodation providers, housing authorities and professionals work collaboratively with survivors, to ensure that all accommodation decisions identify and manage associated risks and are tailored to their individual needs. Housing is not only a basic need, it is foundational for survivors' recovery, safety, and long-term wellbeing.

It is essential that the following areas are carefully considered to ensure that wherever possible, housing meets the survivor's needs, supports recovery, and promotes long-term stability:

- **Survivor eligibility:** Professionals must be aware of the housing options available to the survivors they are supporting and must manage survivors' expectations. They should be able to discuss and explain these options clearly and comprehensively, adapting communication styles to meet each survivor's needs and understanding.
- **Health support needs**: Professionals must understand each survivor's mental and physical health needs, including any disabilities and ensure the location of accommodation offers access to the required services, including healthcare, counselling, and support networks.

- **Access needs**: Professionals must ensure that all disability-related and practical access needs are fully considered and addressed when supporting survivors to access accommodation. This includes mobility challenges, sensory impairments (e.g. visual or hearing loss), or other physical or cognitive conditions. Survivors should be offered accommodation that allows them to live safely and independently, with appropriate adaptations or equipment where needed.
- **Family needs**: Professionals must ensure that family-based needs are met, for example, survivors who are parents or caregivers should be provided with accommodation that is safe and suitable for children or dependents. This includes adequate space, child-safe environments, proximity to schools and childcare facilities, and access to practical items such as cots, highchairs, or sterilising equipment for infants, where needed.
- **Identity needs**: Professionals must ensure survivors are placed in accommodation that respects their needs. This includes ensuring environments are inclusive and safe for LGBTQ+ survivors, and that placement decisions reflect an understanding of gender identity. Emotional and psychological safety should be prioritised alongside physical security, and the attitudes of staff and other residents must reflect a culture of respect.
- **Cultural appropriateness**: Accommodation should reflect and respect survivors' cultural, religious, and spiritual needs. This includes being mindful of dietary practices, spaces for prayer, cultural customs, property types and proximity to places of worship or community groups. Professionals should consult with survivors to understand what cultural considerations are important to them and advocate accordingly.
- **Substance misuse support:** Survivors with current or past substance use challenges may require accommodation linked to appropriate support services. Professionals must assess the suitability of placements, ensuring that environments do not increase risk of relapsing or pose safety concerns. Access to harm reduction services, recovery support, and healthcare should be considered where relevant.
- **Single-gender accommodation:** Survivors who have experienced gender-based violence or trauma should be offered single-gender accommodation. Professionals should explore this sensitively, respect survivor preferences, and ensure that accommodation placements support feelings of safety and stability, particularly in shared living settings.

- **Open communication:** Professionals should work collaboratively with survivors when applying for specific types of accommodation. This includes maintaining open and consistent communication throughout the process, providing regular updates, and offering support to complete applications and/or attend housing interviews.
- **Risk management:** Professionals must work in collaboration with survivors to identify and assess any risks associated with the accommodation and its location and recognise security limitations. This includes ensuring placements do not expose survivors to further harm, re-traumatisation, or re-exploitation. Ongoing risk assessments should inform placement decisions and be updated as circumstances change.
- **Exploitative accommodation arrangements:** Survivors may have limited housing options and continue living in unsafe or exploitative settings that harm their wellbeing and impact recovery. Professionals must recognise that not all accommodation is safe, sometimes what appears to be a 'home' can place survivors at further risk of harm. Professionals need to recognise the warning signs and understand how exploitative arrangements operate [see p. 161].
- **Location of accommodation:** Professionals should advocate for housing in the survivor's current location, if they do not want to move. Any new area being considered should have good transport links and nearby amenities to reduce isolation and enable access to services, relevant places of worship, social activities and community networks. Accommodation should not be located in areas where survivors previously experienced trafficking, exploitation, or abuse, unless the survivor opts to stay in that location.
- **Practicalities of moving:** Professionals should provide practical and emotional support throughout any move to new accommodation. This includes assisting survivors in visiting and viewing accommodation in advance, transporting their belongings, collecting essentials, and identifying local community groups, cultural food providers, or places of faith. Survivors should be supported to settle in and feel safe.
- **Number of moves:** Professionals must recognise that frequent transitions between temporary accommodation settings can significantly disrupt a survivor's recovery, contributing to heightened stress, insecurity, and emotional instability. To support continuity and wellbeing, professionals should actively collaborate with survivors and accommodation providers to minimise the number of moves and ensure stability wherever possible.

- **Making informed choices:** Professionals should be aware of whether survivors are making empowered choices or simply choosing the only option available. A patient, collaborative approach that focuses on possibilities for the future can help survivors move forward.
- **Clarify responsibilities and support availability:** Survivors should understand tenant obligations, house rules, and what support is available or not provided, including outreach services for independent accommodation or specialist support in private arrangements.
- **Review accommodation provision:** Professionals should ensure regular reviews of the accommodation's suitability, particularly as the survivors' needs evolve. Risk assessments should be updated as needed, and any issues with safety, comfort, or suitability should be addressed promptly and collaboratively.
- **Ongoing support:** Professionals must help survivors maintain their housing, by ensuring appropriate ongoing support is in place. This may include assistance with benefits, employment, access to wider public services as needed, integration into the community, and emotional wellbeing. Where possible, survivors should be linked to specialist services that promote independent living skills and long-term stability.
- **Promote long-term stability and independence.** Professionals should support survivors to sustain tenancies, build independent living skills, and develop the resources needed to maintain safe and stable accommodation over time.

ACCOMMODATION OPTIONS

This section outlines the accommodation options survivors may be able to access, what this accommodation may look like and key considerations that survivors and professionals should be aware of. The aim of this section is to give an overview of possible places survivors may be accommodated but to also highlight the criteria required to access this and the key considerations that should be discussed with survivors so they can make informed decisions.

This is not a complete list of all accommodation options. Accessibility will depend on a range of factors, including immigration status in the UK, a survivor's location and the local guidance and rules in relation to accommodating survivors.

Accommodation as a child

Professionals should ensure that during any age assessment process a child is accommodated as a child unless and until a lawful assessment determines otherwise [see p. 316]. Dependent children of adult survivors must have access to child-friendly and safe spaces.

NATIONAL REFERRAL MECHANISM (NRM) SAFE HOUSE ACCOMMODATION

Professionals understand the support and accommodation provision for survivors who are in the NRM and assist survivors to make informed decisions about it.

Adults who consent to enter the National Referral Mechanism (NRM) and are identified as potential victims may be eligible for accommodation through this process [see p. 300]. Via the NRM a range of accommodation and support options can be offered, including safe houses, houses of multiple occupancy, and individual living arrangements. However, this accommodation is dependent on the care contract in the relevant jurisdiction and not every survivor will be eligible or able to access NRM accommodation. It is also the case that the options available are not always suitable for everyone.

Survivors with a positive Reasonable Grounds decision may be able to access NRM accommodation if they:

- are destitute.
- have had a needs and risk assessment determine that accommodation provision via the NRM is necessary and appropriate.
- are not eligible for other forms of accommodation provision, or available alternatives are not appropriate.
- require single occupancy and single sex accommodation, as a direct result of their trafficking experience.
- are granted bail from immigration detention or released from prison.[2]

Accommodation provided via the NRM is temporary and designed to help survivors move away from trafficking risks. Support is delivered by various organisations across the four nations of the UK, and this varies in terms of how it is accessed and delivered.

Accommodation provided via the NRM is allocated based on individual needs and risk assessments. It could, for example, be in the form of a safe house, a house of multiple occupancy, or individual flats. Accommodation may or may not be staffed. It can be located anywhere in the country, which may require survivors to move away from their current location. All accommodation must meet health and safety standards, and it may be inspected as part of contractual obligations.

NRM safe housing for survivors of trafficking is often secure, meaning that survivors may not be able to share their address or invite guests to their home. It may have staff available 24/7, either physically present or reachable by phone. It may have communal living areas, shared kitchens and bathroom facilities. Security features can include CCTV, secure window and door locks, police flags, and panic alarms.

NRM accommodation across the UK
Nations within the UK have different timeframes associated with access to NRM accommodation. Professionals should check up to date guidance.

England and Wales: NRM accommodation is only offered, when necessary, specifically when survivors have no access to suitable alternative housing. Referral into NRM accommodation can occur before a Reasonable Grounds Decision is made, but only if the survivor is destitute or at immediate risk of harm, such as re-trafficking.

Northern Ireland: NRM accommodation is offered where there is no access to suitable alternative housing, or the survivor is unsafe. If a Reasonable Grounds decision has not been granted, permission from funders and confirmation from police may need to be sought.

Scotland: The Modern Slavery Guidance does not apply in Scotland. Instead, Scottish Ministers have a legal obligation to provide certain support for a period of 90 days from a Reasonable Grounds decision, or from a Reasonable Grounds decision until a Conclusive Grounds decision, whichever is earlier (sections 9(1) and 9(2) of the Human Trafficking and Exploitation (Scotland) Act 2015. They have discretion to provide accommodation for victims of trafficking and exploitation outside of this period on a case-by-case basis (section 9(3)). These discretionary powers can be used alongside the requirements of Scotland's 2015 Act (sections 9.1 & 9.2), meaning accommodation can be made available immediately upon recovery, even before a Reasonable Grounds decision is issued.[3]

STATUTORY ACCOMMODATION PROVISION

Professionals understand the responsibilities of local authorities in providing housing support to survivors and the conditions under which access to accommodation may be granted. They should also support survivors with any application and interview processes and advocate for survivors to have access to entitlements.

Survivors may be able to access housing through local councils or housing authority services.

ACCESS TO LOCAL AUTHORITY ACCOMMODATION

Homelessness applications can be made to the local authority or local council on behalf of survivors. However, the processes, eligibility criteria, and thresholds vary based on jurisdiction. Professionals should therefore be familiar with the specific legislation, policies, and procedures that apply in their local area [see p. 147, p. 148].

Local authorities, councils and their equivalents, in England, Wales and Northern Ireland, have a duty to provide temporary (interim) accommodation if they have reason to believe a person is: homeless, eligible and in priority need*. If someone is based in Scotland and is assessed as being unintentionally homeless by a local authority there, they will be entitled to permanent accommodation. While priority need has been abolished in Scotland, households may spend time in temporary accommodation before this duty is met.

Councils and authorities in England can also consider the local connections survivors may have to an area and whether a person has made themselves 'intentionally homeless', both of which may affect eligibility for assistance. If a person is considered not to be eligible for housing, a homelessness application will not proceed, and they will be informed of this via letter. Where there is no local connection, the local authority can refer the person to another local authority where a local connection does exist, unless they are at risk of violence or domestic abuse in that area.† Survivors must demonstrate that they are fleeing violence, or at risk of re-trafficking when making an application in an area to which they have no local connection.[4]

For more information on the application of eligibility criteria across the UK refer to the table.

* This information is accurate at the time of writing, but duties for accessing accommodation should be checked in the survivor's location at the time of wating to access. For example in Wales, the Homelessness and Social Housing Allocation (Wales) Bill, subject to approval, will abolish priority need and intentionality criteria and change accommodation processes. The Housing (Scotland) Bill is also proceeding through the Scottish Parliament clarity on intentionality will be provided via this legislation.

† Local connection is not an eligibility criteria in Scotland.

Legal Frameworks[5]

JURISDICTION	RESPONSIBLE FOR PROVIDING ASSISTANCE	LEGISLATION
England	Local Authorities	Housing Act (1996)
Northern Ireland	The Northern Ireland Housing Executive [NIHE]	The Housing (Northern Ireland) Order 1988
Scotland	Local Authorities	Housing (Scotland) Act 1987. s.31 (3) (b) and (Section 31(2)) as updated by the Housing (Scotland) 2001 Act Homelessness etc. (Scotland) Act 2003
Wales	Local Authorities	Housing Wales Act (HWA 2014).

SURVIVORS WITH RECOURSE TO PUBLIC FUNDS

Survivors with recourse to public funds are eligible to apply for support under homelessness legislation if they are homeless or at risk of becoming homeless. In such cases, the local authority has a legal duty to assist. This includes helping the survivor secure accommodation if they are at risk of becoming homeless, providing interim accommodation where there is reason to believe they are eligible and in priority need, and offering long-term housing if all the relevant homelessness criteria are met (depending on the jurisdiction being worked in the criteria will vary).

Criteria to assess eligibility

This list gives an overview of tests that may be applied to assess a survivor's eligibility for assistance. Different nations apply different tests and have different thresholds. Professionals should make sure that they know the process in their location.

	ENGLAND	NORTHERN IRELAND	SCOTLAND	WALES
Homelessness: This test determines if the applicant is currently homeless or at imminent risk of homelessness. It considers factors including being without a home, living in temporary accommodation, or facing eviction.	✓	✓	✓	✓
Eligibility: This test checks if the applicant is eligible for homelessness assistance based on factors including immigration status, unacceptable behaviour, and other relevant criteria.	✓	✓	✓	✓

	ENGLAND	NORTHERN IRELAND	SCOTLAND	WALES
Priority Need: This test assesses if the applicant has a particular need for assistance due to their circumstances, such as being a vulnerable person, a child, or someone at risk of violence or abuse.	✓	✓	✗	✓
Local Connection: This test considers if the applicant has a connection to the local area, which can influence the council's responsibility to assist them	✓	✓	✗ - not applicable between Scottish local authorities but a referral can be made to England and Wales if the person has a local connection and is not at risk there.	✓

SURVIVORS WITH NO RECOURSE TO PUBLIC FUNDS (NRPF)

NRPF is a condition imposed on individuals who have grants of limited leave to enter or remain in the UK. NRPF prohibits individuals with these types of leave from accessing certain defined public funds, as outlined in the government's immigration rules.[6]

Survivors with no recourse to public funds (NRPF) are not legally entitled to homelessness assistance.[7] Across the UK, support provisions may be accessible via alternative legal frameworks, and this will depend on individual survivors' circumstances and the jurisdiction's policy and legislation.

Local authorities are not under a duty to provide accommodation or take further action for survivors who are categorised as NRPF, once their ineligibility has been confirmed. However, they are still legally required to offer free advice and information on homelessness and its prevention. This support must be available to anyone within the local authority's area, regardless of their eligibility.

Practitioners in England, Wales, Scotland and Northern Ireland should refer to the NRPF Network for up-to-date information about what NRPF conditions will mean for survivors in their locality.[8]

Legal Frameworks
Other avenues for people with no recourse to public funds.

England
Local authorities may be required to provide accommodation via:

- **Care Act 2014** Individuals with care and support needs due to physical or mental impairment are entitled to a needs assessment. Where necessary, local authorities must provide support, including accommodation and financial help, especially to avoid breaching the individual's human rights.
- **The Localism Act 2011** gives local authorities discretionary powers to support individuals, particularly those who are sleeping rough, often with government funding to enable flexible responses to urgent housing needs.

Northern Ireland
Health and Social Care Trusts (HSCT) may be required to provide accommodation via:

- **Health and Personal Social Services (NI) Order 1972 S.7 & 15)** Where someone has significant care needs that do not derive solely from destitution, social services have a responsibility to assess their needs.

Scotland
Local authorities may be required to provide accommodation via:

- **Housing (Scotland) Act 2001 S2** Must offer advice and information about homelessness, its prevention and services to assist anyone who is at risk of or is experiencing homelessness.
- **Social Work (Scotland) Act 1968 S12 or 13A** References an adult in need **Mental Health (Care and Treatment) (Scotland) Act 2003 S25**

Wales
Local authorities may be required to provide accommodation via:

- **Social Services and Wellbeing (Wales) Act 2014** Individuals may be able to receive accommodation and support from social services if they have care and support needs. This includes victims of modern slavery who may be at risk of abuse or neglect. Local authorities must assess needs and may provide support to prevent a breach of human rights.[9]

SURVIVORS WHO HAVE BEEN GRANTED TEMPORARY LEAVE (as an identified victim of modern slavery)

Across the UK, survivors who have been granted temporary leave to remain as victims of modern slavery can access homelessness assistance if:

- Their leave to remain is for 6 months or more.
- They are granted recourse to public funds as part of that leave.[10]

ASYLUM ACCOMMODATION

Survivors who have applied for asylum may be eligible for Home Office accommodation and financial support via this route. Under the Immigration and Asylum Act (1999), all destitute people seeking asylum are entitled to accommodation and subsistence support whilst their asylum claims are being decided. Some survivors may also be able to access subsistence only asylum support.[11] If there is good reason why safe house accommodation would be more suitable for a survivor, they should be able to access it even if they are eligible for asylum accommodation via sections 98, 95 or 4 of the Immigration and Asylum Act.[12]

Survivors who are also asylum seekers are eligible for accommodation under asylum support if they:

- would otherwise be destitute and in urgent need of accommodation before their Section 95 support applications have been determined.

- have been granted Section 95 support but are waiting to be dispersed to another part of the country.*
- are granted bail from immigration detention or released from prison.†
- have exhausted their right to appeal an unsuccessful asylum claim and are eligible for accommodation provided under Section 4 of the Immigration and Asylum Act (1999).[13]

If a survivor is identified as being a survivor of modern slavery whilst in the asylum process and they are already accommodated via the asylum system they would usually not move into NRM accommodation, unless needs and risks identified are considered to justify this. Survivors may choose to leave NRM accommodation and move into asylum accommodation if they apply for asylum while in the NRM. Professionals should advocate for and support the survivor's wishes in this process.

TYPES OF ASYLUM ACCOMMODATION

Information to be aware of in relation to asylum accommodation is outlined below. It should be noted that all asylum accommodation is provided on a no choice basis, meaning people are unable to choose where they live.

Initial accommodation: This is temporary housing provided to asylum seekers in the UK while their application for longer-term asylum support is being processed. The accommodation provided may be full-board, half-board, or self-catering, depending on the facility. Security personnel, such as guards, are often present, and access in and out of the accommodation is usually monitored. Kitchen facilities may be limited or restricted, and the setting is typically a hostel or hotel environment, though it can also include hotels or contingency accommodation. Movement into dispersal accommodation can happen quickly, and survivors may not always be informed of their new address in advance.

* They can stay in initial accommodation until there is space available in dispersal accommodation.

† Dependents of asylum seekers are also eligible for this accommodation. Initial accommodation is used to accommodate people on section 98 support, while their application for longer-term accommodation and subsistence is decided.

Dispersal accommodation: This is a type of longer-term temporary housing provided to asylum seekers in the UK while their asylum claim is being processed. Dispersal accommodation is managed by providers on behalf of the Home Office, who are responsible for maintaining the property and offering induction services for those living there. This accommodation is typically located within local communities and may include self-contained flats, houses for families, or rooms in houses of multiple occupancy. These properties are furnished, and utility bills are paid. Accommodation and support linked to the asylum process come to an end once a decision is made on the asylum claim. If asylum is granted, survivors are expected to transition to mainstream services and secure alternative accommodation. If the claim is refused, they may be required to leave their accommodation within a short period. In both cases, the timeframe for moving on is limited, and support should be in place quickly to help survivors navigate this transition.

Legal Frameworks: The definition of homelessness
The definitions of homelessness and the entitlements available to people can be found in the following legislation:

England: Housing Act 1996 s.175-177 and the Homelessness Reduction Act 2017

Northern Ireland: The Housing (Northern Ireland) Order 1988 s. 3

Scotland: Housing (Scotland) Act 1987 s. 24

Wales: Housing Wales Act 2014 s. 55.[14]

Each nation also has resources available for those at risk of homelessness or who are homeless.[15]

Understanding homelessness and destitution
Homelessness can take several forms, each presenting different risks and support needs for survivors.[16]

- **Rough sleeping:** This is the most visible form of homelessness, where individuals sleep on the streets, in parks, other public places or in places not designed for habitation e.g. cars/abandoned buildings. It is dangerous and a precarious form of homelessness.
- **Temporary accommodation:** People experiencing homelessness can be placed in temporary accommodation by local authorities if no permanent accommodation is available at the time the household presents as homeless. This can include hostels, shelters, Bed & Breakfasts, repurposed hotels or other short-term housing solutions.*
- **Hidden homelessness:** Also known as 'sofa surfing', this form involves individuals staying with acquaintances, friends or family temporarily because they have no permanent home. This cohort is often not counted in official homelessness statistics.
- **Statutory homelessness:** This category includes individuals or families who are legally recognised as homeless by local authorities and are entitled to housing assistance. It often includes families with children, pregnant women, and vulnerable adults.
- **Destitution:** Destitution is generally defined as a state where an individual lacks the means to meet their basic physical needs, such as food, shelter, clothing, and heating. This can occur due to an absence of necessary resources or an income so low that it is insufficient to cover these essential needs.[17]

* Temporary Accommodation and Scotland
The Homeless Persons (Unsuitable Accommodation) (Scotland) Amendment Order 2020 prevents local authorities from placing households in unsuitable accommodation, such as hostels, Bed & Breakfasts or hotels for more than seven days. However, not all temporary accommodation is unsuitable as the local authority can convert the tenancy to make it the household's permanent home.

ALTERNATIVE ACCOMMODATION OPTIONS[18]

Professionals are aware of the range of other accommodation options that may be available to survivors to offer the most suitable option.

Independent safe houses, refuges, and shelters
These accommodation types are outside of NRM provision. They are not designed as permanent solutions for accommodation but can provide immediate respite and emergency accommodation. Many also come with forms of support. Each organisation will have their own entry requirements and regulations in relation to eligibility and the duration of time that residents are permitted to stay.

Hosting
Hosting is where a survivor lives in the home of a volunteer host. It is not designed as a permanent solution but it offers time for guests to feel safe whilst they work out their future. Commitment and expectations of hosts vary depending on the guest and placement length. Hosting schemes offer a time-limited arrangement to survivors at any point during their recovery journey.*

Staying with friends and family
Staying with family or friends can feel like a natural or comforting option for some survivors, but it also comes with complexities. Arrangements may be formal with rent being paid and a clear contract and expectations set for the duration of the stay, or it may be informal and on an ad-hoc basis. Some survivors may choose not to access other forms of accommodation and wish to remain in their community where they have existing connections. Professionals should remain aware of risk of exploitation or potential destitution with these accommodation options as situations can change quickly. It is important for professionals to try to understand the nature of the relationship between the survivor and the people accommodating them.

Private rented accommodation
Private rented accommodation can be suitable for survivors who have the means to pay both the deposit and the ongoing rent. Support should be provided for dealing with landlords/agencies and the additional requirements placed on renters.

* Hosting arrangements specially for survivors are not currently available in Scotland.

Registered social landlords
A Registered Social Landlord (RSL) is a not-for-profit organisation, such as a housing association or co-operative, that provides and manages affordable rented housing for people in need. RSLs are regulated. They play a key role in providing social housing, which is typically more affordable than private rentals that may provide an option for some survivors.

Unsuitable accommodation
If survivors are placed in housing that is unsuitable, or denied access to accommodation altogether, the consequences can be severe. Survivors may lose trust in the support systems that are meant to protect them. They may become socially withdrawn, disconnected from essential care, and experience a sharp decline in mental health. These conditions increase vulnerability to re-trafficking, abuse, and exploitation. Survivors may also be at risk of gender-based violence, cultural or religious abuse, and exposure to criminality or environments where substance misuse is present. For those in recovery, such placements can increase the risk of relapsing from alcohol or substance use.

Some survivors may be forced to remain in detention or prison settings, others may be pushed into homelessness or destitution, left without access to food, medical care, or safe shelter. None of these situations are conducive to recovery from trauma. The physical condition of the accommodation itself can also impact survivors' wellbeing, particularly if it is cold, unclean, overcrowded, or unsafe.

Moreover, when survivors are placed in environments that do not align with their needs or experiences, it can negatively affect others sharing the space, potentially disrupting the stability and safety of other residents. This reinforces the importance of trauma-informed placement practices, via careful needs and risk assessments, and consistent monitoring of accommodation suitability.

ACCOMMODATION EXPECTATIONS

Accommodation meets appropriate standards and is provided in accordance with the relevant legislative inspectorate standards.

Accommodation provided to survivors should create a safe and supportive environment. It should be habitable, clean and conducive to recovery. Dirty or untidy living conditions are particularly distressing for people who are recovering from trauma.[19] The ability to maintain personal hygiene and reside in a clean, hygienic and pleasant environment is a basic human need that should be recognised as a pre-requisite in all accommodation types.

Ideally, any accommodation provision should meet the basic standards outlined below and be in line with the local housing and accommodation standards.

BEDROOM

Each person's bedroom should be in good decorative order and ideally painted in a neutral, non-offensive colour and at a minimum include:

- A bed with clean and sufficient bedding
- A wardrobe
- A chest of drawers
- A bedside table
- A central light and reading lamp
- An external window and natural light
- A lock and personal access to the key for the room.
- Adequate heating and ventilation.

BATHROOM

Access to a clean, hygienic bathroom that can be locked with a toilet, sink shower and/bath.

Provision of towels and other hygiene products [see p. 104]

COMMUNAL AREAS (where available)

- Access to equipped, hygienic kitchen and cooking facilities to cook, sit and eat food.
- Laundering facilities to wash and dry clothes
- Materials and equipment for cleaning
- Sofas and chairs (where lounge available)
- Entertainment – TV, radio

How to make accommodation welcoming – further considerations for housing providers

Physical environment & comfort

- Maximise natural light, space, and fresh air
- Include natural elements like plants, pebbles, and calming decor
- Provide calming colour schemes, noise reduction, and private spaces (trauma-informed design)
- Use light-blocking and draft-reducing equipment (e.g. curtains, blinds, glazed windows).
- Ensure safe outdoor spaces, including a covered smoking shelter
- Provide space for reflection and prayer

Facilities & amenities

- Make culturally appropriate food options and spaces available
- Provide childcare equipment where needed (cots, highchairs, sterilisation tools)
- Ensure Wi-Fi access is available and reliable
- Provide private, secure storage (e.g. lockers or cupboards)

Safety & maintenance

- Ensure working smoke alarms and carbon monoxide detectors
- Have a clear evacuation plan, including for those with disabilities
- Have a clear, reliable repair and maintenance system, easy to access
- Display staff contact info, how to report repairs, and raise complaints
- Ensure a transparent and accessible complaints process with records and follow-up

Social & communal spaces

- Provide communal areas with activities, games, and TV
- Offer opportunities for feedback, like meetings or surveys

Communication & respect

- Use clear, respectful signage (avoiding aggressive language)
- Establish visitor protocols, giving residents at least 24 hours' notice before entering private spaces

Trauma-informed & inclusive practices

- Use trauma-informed design principles
- Support dignity and inclusion with culturally sensitive choices
- Create a sense of home through decorative and comforting touches

Practice reminder: Supporting survivors to access appropriate accommodation

- **Empower survivors:** Help survivors understand their housing rights and options, and advocate for safe, appropriate accommodation as required under ECAT.
- **Plan ahead:** Understand local accommodation and provider processes (e.g. whether an eviction notice is required before the local authority considers a housing application) and ensure survivors can access the required documentation and evidence.
- **Always have a plan B:** Identify potential alternative safe accommodation in collaboration with the survivor and partner organisations to prevent any risk of survivors being left on the streets.
- **Secure housing before ending support:** Confirm that accommodation is in place with an alternative provider, such as the local authority, before terminating any existing support. No survivor should be left destitute.
- **Build local partnerships:** Develop relationships with accommodation providers and local authority housing teams to improve communication and shared understanding of processes and survivors needs.
- **Monitor timeframes:** Know the expected timelines for decisions and communications, and challenge delays when necessary**.**
- **Raise concerns effectively:** Be aware of the correct channels for complaints within the relevant accommodation service.
- **Seek legal advice:** Where needed, obtain legal guidance to support challenges and strengthen advocacy in relation to the provision of appropriate and safe accommodation.
- **Facilitate joint training:** Support reciprocal learning so that survivors and professionals understand the information required when applying for accommodation, and those who are providing accommodation understand the vulnerabilities and specific needs of survivors.
- **Use Single Points of Contact:** Local authorities may have a single point of contact that could offer advice and assistance if needed.

Examples of types of exploitative accommodation arrangements

Survivors may feel pressured to stay in accommodation that requires compliance with exploitative practices by property owners, partners, friends or associates due to financial hardship, lack of secure immigration status, or fear of homelessness. Accommodation may be offered under the guise of being looked after, helped out or taken in but in reality, it is used as a form of control. These situations are exploitative, create dependency, and can be extremely hard to escape. Survivors may be subjected to one or a combination of the following:

Domestic servitude (a form of modern slavery) in private households

Survivors may be forced to live in private homes and expected to cook, clean, and provide care for children for long hours. They may be on-call 24/7, unable to leave the house, have their identify documents confiscated and not have access to their own private space.

Providing labour

Survivors may be coerced into providing labour, such as cleaning, maintenance, decorating in exchange for housing. These arrangements often involve power imbalances, unclear agreements, and the threat of eviction or harm if the survivor does not comply.

Providing sexual acts

Some survivors may find themselves in a situation where a landlord, property owner, partner or friend, offers accommodation, either free or at a reduced rate, expecting the survivor to engage in and comply with sexual acts.

Cuckooing

Survivors may be housed in locations associated with drug use, drug dealing, or other criminal activity. Their home may be taken over by criminal gangs to use for criminal activities. Survivors in these environments may be at risk of violence, arrest, trafficking, or being forced into criminality themselves.

Intra-familial abuse
Survivors may live with, or near family members who are involved in their exploitation and abuse. Secure housing options and safeguarding measures should always be implemented to minimise contact with potential abusers.

Informal housing
Some survivors may stay in overcrowded, dangerous, or poorly maintained accommodation with acquaintances, strangers, or abusive partners. These environments often lack security, privacy, or basic amenities.

CHALLENGES AND BARRIERS TO ACCESSING ACCOMMODATION

Survivors' specific housing needs are recognised and addressed, and risks are proactively minimised.

Survivors can face a range of challenges in accessing and sustaining safe, appropriate housing. This can significantly affect their recovery and increase the risk of re-trafficking, harm, or further exploitation. Professionals need to understand the barriers and challenges that survivors face when trying to secure accommodation and how to work to overcome these.

Lack of available accommodation: Survivors often face challenges in accessing safe housing, depending on the location they are identified in and due to factors such as vulnerability, priority need status, or immigration requirements (not all of these are relevant or applied criteria in all nations of the UK). Professionals should explore all available options in their area, with survivors, and clearly explain these to support informed decision-making.

Placement in emergency or temporary accommodation: Regulatory standards set clear expectations for what constitutes suitable housing. Emergency hostels, B&Bs, or large institutional sites such as military bases or repurposed buildings are unsuitable for survivors as they can be unsafe, isolating, and re-traumatising, particularly for those recovering from exploitation. Professionals should advocate for safe, appropriate housing in line with regulatory standards. Where unsuitable placements are unavoidable, they must regularly review the arrangement, assess risks, and push for safer alternatives as soon as possible, including supporting survivors to access legal advice.

Finding affordable and suitable accommodation: Survivors can struggle to access affordable housing due to limited social housing, long waiting times, and rising private rental costs. Even when housing is offered, it may be unsuitable, such as shared accommodation or placements far from support networks. Professionals should gather evidence of need, assist with applications as early as possible, help survivors navigate housing systems, and advocate for appropriate placements.

Navigating the housing system: Survivors may struggle to understand the housing system, including the differences between social, private, temporary, and supported housing. Limited access to clear, accessible information, especially for those with language or digital barriers, makes it hard to complete applications or track updates. Misunderstandings may also arise from comparisons with what others have been able to access, leading to confusion or unrealistic expectations. Professionals should provide clear, step-by-step guidance, use interpreters or materials in easy-read, accessible formats, where needed, and offer practical support with applications and online systems.

Experiencing homelessness and destitution: Survivors may face homelessness or destitution post trafficking or during recovery, particularly if they lack housing support or eligibility to access housing. Even brief periods without safe shelter can lead to serious harm, including re-exploitation and mental and physical health decline. Professionals should understand the process for seeking help in their location. Prompt referrals, early identification of risk, and proactive housing support are essential to prevent crisis situations. Where an individual is ineligible for housing assistance (i.e. if they have no recourse to public funds), local authorities are still required to provide information, advice, and guidance to help them to access alternative support.

Accessing shared accommodation. Shared housing (including shared tenancy housing)* can be a suitable option for some survivors, offering benefits such as lower rent, opportunities to build friendships, and support with integration into life in the UK. However, it is not appropriate for everyone, and survivors should never be forced into unsuitable arrangements. Properties must meet relevant accommodation standards, provide each resident with their own bedroom, and exclude large-scale, congregate settings. Where shared housing is considered, professionals should discuss the option openly and sensitively, explore how communal spaces will be used, assess any emotional or physical risks, and advocate for alternative provision if the survivor does not feel safe or able to cope.

Location of accommodation: While survivors may not always be able to choose the location of their housing, it is important that any decisions about location are made in consultation with the survivor. Accommodation should avoid areas linked to past exploitation or trauma unless the survivor makes an informed decision to remain there. Proximity to support networks, healthcare, community services, amenities, and transport can also reduce isolation and improve safety.

Impact of leaving exploitative situations: Leaving exploitation can result in homelessness, and this risk can cause some survivors to remain in exploitation. Survivors may need support to build the confidence needed to leave controlling situations, which often depends on securing a future in alternative housing. Professionals should try to understand whether survivors' choices are truly free and work collaboratively and patiently to help survivors focus on alternative possibilities, offering practical support and reassurance throughout any transition, including assisting with homelessness applications.

* Following the extension of the Unsuitable Accommodation Order in Scotland to all homeless households, additional types of temporary accommodation were considered suitable for local authorities to be more flexible in meeting the varying needs of households. These included shared tenancy, Community Hosting and Rapid Access.

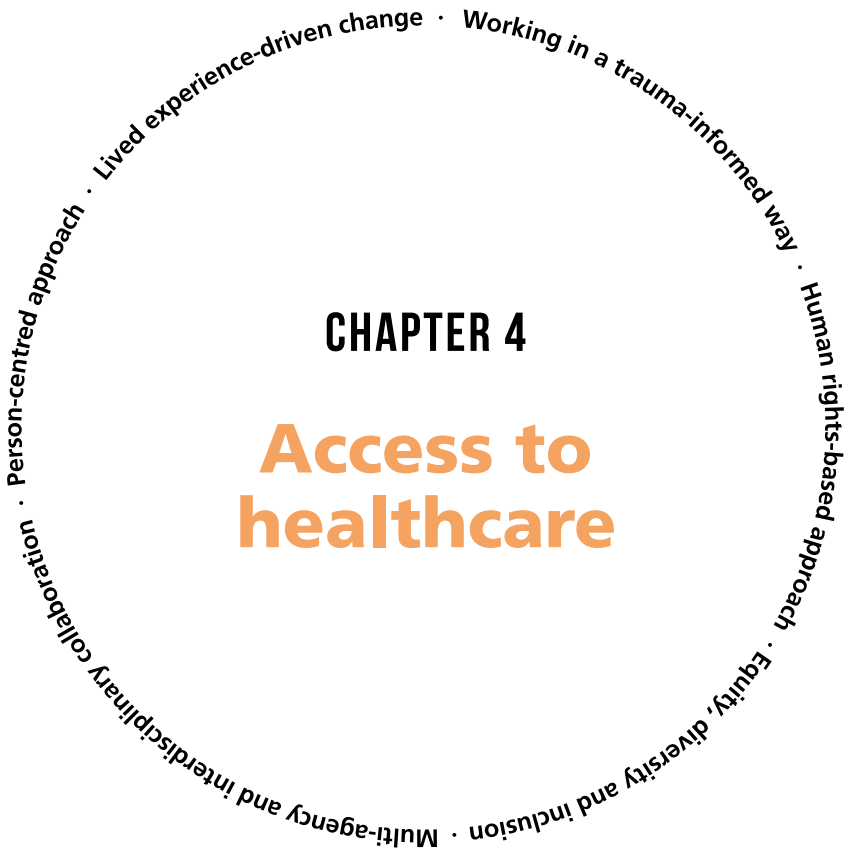
Shared Tenancy accommodation is an option for local authorities to offer people who chose to share small scale temporary accommodation (such as a flat or house) before they are placed in settled accommodation.

Risk of continued exploitation: Survivors may face immediate pressures, such as needing shelter, that lead them into unsafe living situations or relationships where exploitation continues. They may not realise that someone offering them accommodation has negative intentions. Professionals should remain alert to this risk and take steps to assess the safety and motives of those offering housing or support.

Systemic gaps and administrative delays: Survivors may face delays in housing applications and benefit claims, leaving them without stable accommodation. They may not understand that access to housing is not automatic and miss critical steps like submitting a homeless application. Professionals should provide clear guidance on housing processes, helping survivors to navigate paperwork promptly, and advocating for reduced delays to prevent prolonged instability.

Financial and practical obstacles: Financial insecurity and lack of guarantors for rent limits access to private rental accommodation. Any gaps in receiving benefits can cause arrears and instability. Those leaving safe houses face sudden responsibilities like rent and bills, often without ongoing support. Professionals should help survivors plan financially, access advice on benefits and tenancy rights, and provide practical support during transitions to maintain housing stability. Local authorities and housing associations should have dedicated staff or teams that can support tenants, and this should be explored.

Sustainability and long-term risks: To keep survivors safe and stable in their housing, support must go beyond the initial move-in stage. Without ongoing help to manage tenancies, handle repairs, or navigate legal issues, survivors risk eviction and homelessness. Abrupt moves from supported housing to independent living can leave people unprepared and vulnerable to re-exploitation or harm. Professionals should therefore focus on what promotes a safe and stable tenancy: providing tenancy education, legal advice, and regular check-ins, while ensuring survivors can access wider services such as health and social care. Continued access to these supports and strengthens tenancy sustainability and reduces long-term risks.



CHAPTER 4

Access to healthcare

CHAPTER OVERVIEW

It is important that survivors understand what healthcare services are available, which services they can access and how to do this.

The chapter outlines and acknowledges the impact trafficking and modern slavery has on health and identifies the subsequent health needs survivors may have which health professionals need to be aware of. Healthcare provision is primarily delivered through the National Health Service (NHS) and the chapter outlines services that are available to all individuals, not solely survivors, and the barriers and challenges that may be experienced by accessing these. This chapter is intended to support healthcare professionals in understanding and responding to the specific needs of this group and it also explains how professionals who support survivors can assist with ensuring they access the health services, treatment and the support that they are entitled to.

THE IMPACT ON HEALTH

> **Professionals recognise the impact that exploitative situations have upon a survivor's health and the significant health inequities they will continue to face.**

Health is a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity.[1]

Survivors may be experiencing, or have experienced physical violence, sexual abuse, restrictions on their freedom and being forced to live in extremely poor conditions under ongoing threat. Some survivors may have been denied access to the fundamentals of good health such as balanced nutrition, sleep, personal hygiene resources and positive social connections over prolonged periods of time. The experience of severe psychological manipulation, coercion and control can negatively impact a survivor's sense of identity, worth, capability and trust in others. In some cases, individuals are targeted by traffickers because of their existing vulnerabilities, such as mental or physical health issues, or learning disabilities. These experiences can have a profound and lasting impact on survivors' health and overall wellbeing. In addition, survivors will require healthcare access for common problems and issues that may affect any member of the population.

> **Professionals use trauma-informed practices when supporting survivors to access healthcare, understanding that health needs may be complex, hidden, and shaped by past trauma.**

Any professional supporting a survivor must acknowledge that discussing healthcare needs and recounting traumatic experiences can be re-traumatising. Therefore, they must work to create a safe and supported environment in line with the principles outlined in the Care Standards.

Survivors may have experienced physical, psychological, or sexual violence, sometimes from a young age, repeatedly, and across different stages of exploitation. These experiences can have long-lasting and significant impacts on both physical and mental health.

As a result, survivors may present with a range of interrelated physical, sexual, psychological, or behavioural health conditions that can be difficult to identify or treat. Survivors may underreport or conceal symptoms due to trauma responses, self-protection, loss of trust, cultural norms, or health beliefs.[2] This can make it challenging to

assess their full healthcare needs, so all appointments and assessments should be approached with sensitivity and care.

Health may also be affected by past abuse, missed diagnoses, poor healthcare access during exploitation, and ongoing adversity, for example, detention, disbelief regarding their experiences, marginalisation, destitution, or separation from family and culture. These experiences can worsen existing health problems or create new ones.

Health needs will vary depending on factors such as gender identity, sexual orientation, cultural background, and visible or hidden disabilities. Support must be inclusive, respectful, tailored to each survivor and avoid stereotyping health needs. It is essential to consider how pain and injury are experienced personally. For many survivors, physical symptoms may serve as ongoing reminders of trauma and can have a profound effect on daily life and wellbeing.

The health of survivors may have been impacted by their life contexts and experiences before, during and after exploitation. For many, exposure to various forms of harm has been chronic and cumulative, adding layers of complexity to how survivors might present and express their health needs. Some examples of health needs that survivors may have are provided below.

Physical Health Needs

Survivors will have a variety of physical health needs and may need:

- Assessment and treatment of non-specific or somatic symptoms, such as chronic pain, fatigue, and dizziness.
- Medical care to address injuries sustained from violence or hazardous conditions.
- Treatment of infections, as well as support with malnutrition and vitamin deficiencies.
- Comprehensive sexual and reproductive healthcare, including support for unplanned pregnancies, sexually transmitted infections (STI) treatment, and care for injuries from sexual violence.
- Access to dental care.
- Support for chronic or unmanaged medical conditions.
- Catch-up vaccinations and routine health screenings that may have been missed.
- Long-term medical monitoring and specialist care may be required in rare cases where survivors have experienced organ harvesting or other medical procedures related to their trafficking.

Mental Health Needs

Survivors may require a range of mental health support, including:

- Diagnosis and therapeutic support for mental health conditions such as post-traumatic stress disorder (PTSD), complex PTSD, anxiety, depression, or panic disorders.
- Safe spaces to process experiences of shame, guilt, self-blame, and low self-worth.
- Support in managing suicidal thoughts, self-harming behaviours, or psychosis.
- Help with substance misuse and emotional regulation, including managing anger or aggression.
- Support to rebuild a sense of autonomy, self-agency, and emotional connection, especially where dependency or emotional withdrawal has occurred.
- Support with attachment, identity, and trust, which can impact recovery and the ability to form healthy relationships.
- Culturally responsive support, recognising that survivors may express distress in ways that are shaped by cultural background, and they may not use typical mental health language.

Legal Frameworks

Access to healthcare Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) Article 12 – Assistance to victims

Each Party shall adopt such legislative or other measures as may be necessary to assist victims in their **physical, psychological and social recovery**. Such assistance shall include at least:
(b) access to emergency medical treatment
(d) counselling[3]

ACCESSING THE NATIONAL HEALTH SERVICE (NHS)

The National Health Service or NHS is the collective term for the healthcare systems of the United Kingdom. There are many different forms of healthcare and organisations working within the NHS. It is publicly funded, primarily through taxes.

UK nationals are entitled to free healthcare through the NHS. However, some survivors, such as non-UK nationals or those without clear immigration status, may face barriers to accessing care. While they may still be eligible for certain NHS services, access can be more complex, and professional advice should be sought to clarify entitlements and ensure appropriate referrals. Survivors who have been referred to the National Referral Mechanism (NRM) or who have a current asylum claim are entitled to full and free healthcare. NHS services, eligibility and charges are susceptible to change, and the most up to date information should be sought when supporting survivors.

Legal Frameworks: NHS Charging Exemptions*

The following legislation provides the legal basis charging exemptions:

England and Wales: The following groups are exempt from NHS charges under the National Health Service (Charges to Overseas Visitors) Regulations (Amendment) 2017, further supported by the Health and Care Act 2022:

- **Refugees**: Those granted asylum, humanitarian protection, or temporary protection under immigration rules, and their dependents.
- **Asylum seekers**: Individuals whose claims (including appeals) for asylum, humanitarian protection, or temporary protection are still being processed, and their dependents.†
- **People supported under Section 95 of the Immigration and Asylum Act 1999** – Including their dependents.

- **Victims and suspected victims of modern slavery or human trafficking:** As determined by the competent authorities through the NRM. This also includes: their spouse or civil partner and children under 18 (if lawfully present in the UK). **Prisoners and immigration detainees**: While they are in custody.

Northern Ireland: Under Regulation 10 of The Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015:

- **Victims and suspected victims of modern slavery or human trafficking:** No charges may be made for healthcare where competent authorities determine, or have Reasonable Grounds to believe, that an individual is a victim of human trafficking.
- **Recovery and reflection period:** Victims are exempt from charges during this period.
- **Post-confirmation period:** If the competent authority confirms the individual is a victim, they remain exempt from charges. If not conclusively identified as a victim, the person may be liable for charges after the reflection period.

Scotland: The National Health Service (Charges to Overseas Visitors) (Scotland) Amendment Regulations 2008:

- Victims and suspected victims of modern slavery or human trafficking and their spouse, civil partner or children: No charges may be made for healthcare where competent authorities determine, or have Reasonable Grounds to believe, that an individual is a victim of human trafficking.[4]

* Healthcare professionals should refer to NHS guidance on entitlements for migrant populations. While this information was accurate at the time of writing, guidance and eligibility criteria may change, so it is important to check the latest NHS policies or other official healthcare sources.

† People who have been refused asylum can still receive free NHS hospital treatment for accident and emergency services and diagnosis and treatment of infectious diseases. They can also continue free of charge with any course of treatment already underway before their application was refused.

NHS SERVICES

Key NHS services and what they can offer are listed below, however, NHS services can vary significantly depending on their locality. There are differences in availability, referral pathways, and access procedures. How survivors access services often depends on local commissioning arrangements and individual eligibility, which may be influenced by immigration status, NRM status, housing situation, and other factors. Additionally, some NHS services may incur costs and are not free at the point of access, so it is important to check eligibility and any potential charges locally.

NHS Services:

- **Accident and Emergency (A&E) treatment/Emergency Department (ED):** Attendance at an A&E department is for serious illnesses and injuries.
- **NHS walk-in centres and minor injuries units:** These are accessible for less urgent medical needs.
- **GP services:** GP's are a vital source of healthcare but also act as the gateway for many other healthcare services and treatment if it is required.
- **Mental health services:** The GP is often the referral point for NHS mental health services as they can make the onward referrals required for assessments and treatment. Urgent mental health support can also be accessed by calling the NHS on 111. Selecting the mental health option connects the caller to a Mental Health Hub with trained professionals.
- **Sexual and reproductive health services:** Some sexually transmitted infections (STIs) and sexual and reproductive health issues can be managed by GP services, but all localities will have specialist sexual health services which people can self-refer to. There are usually walk-in appointments available, or appointments can be booked in advance. Sexual Assault Referral Centres (SARCs) are also available which provide a safe space and dedicated care for anyone who has been raped, sexually assaulted or abused.
- **Maternity care:** NHS maternity services provide care and support throughout pregnancy, childbirth, and the postnatal period. This includes routine antenatal check-ups, scans, screening tests, access to midwives and obstetricians, care during labour and birth, and postnatal support for both mother and baby. Services aim to ensure the health and wellbeing of both parent and child and can be accessed through GP referral or directly via local maternity services.

- **Support for chronic conditions:** The NHS provides various services to support people with chronic conditions such as diabetes or heart disease which are usually available through the GP.
- **Substance misuse support services:** GPs can make referrals into local drug services and provide some addiction treatment.
- **Health visitors and school nurses:** Health visitors may be involved in supporting families from pregnancy up to age five years old. They are usually accessed via child health clinics, social services, general practice or following birth of a child in maternity services.
- **Palliative care services:** These are usually part of NHS care but are often provided in conjunction with registered palliative care charities or community interest companies.
- **NHS 111:** NHS 111 is a free, confidential helpline available 24/7 across the UK, designed to help people access urgent medical advice and support when it's not an absolute emergency. Callers can speak to trained advisers who assess symptoms, provide guidance on next steps, direct them to the right local service (such as a GP, pharmacist, or emergency department), or arrange urgent care if needed. NHS 111 can also be accessed online for non-emergency health advice.
- **Pharmacies:** Pharmacists can help with common illnesses (like coughs, colds, sore throats, ear infections, and pains). They can also explain how to use medicines and answer questions about side effects. If needed, they will refer to a GP or another health professional.
- **Common Ailment Service:** The Common Ailments Service is a community pharmacy-based NHS scheme in Wales designed to provide free advice and treatment for patients. This service is available to anyone who is staying in Wales for at least 24 hours after visiting the pharmacist.

Below are additional NHS services that may incur costs and are not always free at the point of access:

- **Hospital care:** Hospital care through the NHS includes both emergency and planned treatment; while emergency care is free for everyone, access to non-emergency hospital services may depend on a person's eligibility, immigration status, and ability to meet NHS charging regulations.
- **Dental care:** While dental care is generally not fully free, some treatments may be subsidised depending on individual situation. Some areas may have specialised dental services for those who are vulnerable or who have special needs. Dental hospitals may be accessed via the 111-call centre in

cases of emergencies or difficulties with accessing other care, sometimes dental issues will require a visit to the local Emergency Department**.**

- **Opticians and sight tests:** Optician services are partially covered by the NHS in the UK. NHS-funded eye tests focus on detecting eye health issues, but the cost of glasses or contact lenses is usually not covered. However, nations within the UK have different criteria in relation to the provision of glasses and this should be checked in the locality the survivor resides. Access to NHS optician services and eligibility for free or reduced-cost eye tests vary by location and this will need to be checked.
- **Substance misuse support services:** In addition to NHS addiction support services self-referrals into private rehabilitation centres can be made but will require payment to access.

NHS low-income scheme*

The NHS Low Income Scheme can help cover some of the costs associated with; prescription charges, dental treatment charges, sight tests and travel to receive treatment.

Survivors' eligibility for financial assistance will be accessed via the submission of an online HC1 form. An assessment will be made to determine if they are eligible for full help (HC2 certificate) or partial help (HC3 certificate). The NHS Low Income Scheme is valid and available across the UK, however in Northern Ireland, Wales and Scotland prescriptions are free for everyone registered with a GP, regardless of income, so the scheme does not cover this element as no cost would be incurred by a survivor.[5]

If survivors have accessed healthcare services' support prior to being in the UK or prior to having a legal right to being in the country, they may receive letters from a debt collecting agency on behalf of the NHS. Professionals may need to advocate for this debt to be cleared (upon receipt of a positive Conclusive Grounds decision) or assist survivors to set up a repayment plan for health services received. Treatment and/or medication that survivors have paid for may be refundable, in which case an HC5 form is required.

* See references for links to schemes and what they cover

NON-MEDICAL SERVICES OFFERED BY THE NHS

Chaperones: All patients are entitled to have a chaperone present for any consultation, examination or procedure where they feel one is required. On occasions a survivor may prefer a formal chaperone to be present, i.e. a trained member of staff. A formal chaperone is usually a member of staff who acts as a safeguard for the patient and healthcare professional and is a witness to continuing consent for the procedure or examination. They can help act as the patient's advocate and provide support. A family member or friend may offer support as an informal chaperone.[6]

Prescription exemptions: Certain prescribed items are always free, such as contraception and medication provided to hospital inpatients, however other prescriptions cost money. Many people are eligible for free prescriptions, and the NHS online eligibility checker can be used to check if a survivor qualifies for free prescriptions. If a person is registered with a GP in Wales they are entitled to free prescriptions from a pharmacist in Wales, this is also the case in Scotland and Northern Ireland.[7]

CHALLENGES AND BARRIERS TO ACCESSING HEALTHCARE

> **Professionals are equipped to recognise and sensitively respond to the complex, intersecting barriers and challenges survivors may face in accessing equitable, trauma-informed healthcare.**

Survivors may face a range of complex challenges when accessing healthcare services. These challenges may be psychological, systemic, logistical, or cultural, and often intersect, creating significant obstacles to equitable, trauma-informed care. Professionals supporting survivors should be equipped to recognise and respond to these issues sensitively and effectively. Where possible and with the survivors' consent, they should work together to ensure that they have a comprehensive understanding of the survivor's healthcare needs and the role each of them will play in assisting in addressing these. Poor access to health and care services and negative experiences can be commonplace due to multiple barriers, often related to the way healthcare services are delivered.

Access to healthcare in different settings

Detention (Immigration Removal Centre IRC)

While in detention, people are entitled to proper medical care which is equivalent to the quality provided in the wider community. Any survivor who is detained must have a referral to a healthcare provider to assess any physical and mental recovery needs within 24 hours. Medical practitioners are required to report on any detained person whose health is likely to be affected by detention, who is suspected of having suicidal intentions, or who may have been a victim of torture.[8] Immigration detention not only increases the risk of re-traumatisation and negative long-term physical and mental health outcomes; it can also prevent victims from being identified and receiving the support they need and to which they are entitled.[9] *

Prison

Healthcare in prisons aims to provide prisoners with the same standard of care that is considered to be at least consistent in range and quality (availability, accessibility and acceptability) with that available to the wider community as those in the community. This includes access to primary care (like GPs and dentistry), secondary care (such as referrals to hospital services for specialist or emergency care), mental health support, and public health services.[10]

Key health and justice agencies are expected to work together to improve health and care outcomes for people in prison and on probation. Prison services across the UK are responsible for enabling people in prison to access health and care services in a secure environment and prisons work with health and social care partners so that people in prison can access the equivalent standard and range of health and social care services as they would receive in the community. However, the prison environment can significantly affect how healthcare is provided on a day-to-day basis.[11]

* This research shows detention centres are not appropriate therapeutic environments to promote recovery from mental ill health, due to the nature of the environment and the lack of specialist mental health treatment recourses. The indefinite nature of detention further exacerbates the detrimental impact of detention on mental health.

The following list outlines some of the challenges and barriers survivors may face when trying to access healthcare services:

Lack of awareness and confidence

- Survivors may have limited knowledge of available healthcare services or how to access them.
- Prolonged experiences of control and abuse can erode autonomy and confidence, making it difficult to engage with healthcare providers or ask questions about medical care.

System-level challenges

- Some GP practices and other NHS services may lack awareness of the specific needs and rights of survivors of trafficking and modern slavery.
- Survivors may be refused registration due to perceived documentation issues, despite being eligible for NHS care.
- Short appointment times and difficulties ensuring continuity of care make it harder to address complex or trauma-related health concerns.

Communication challenges

- Language barriers and limited English proficiency may make it difficult for survivors to communicate their needs.
- Learning and cognitive disabilities and/or neurodivergence may further complicate communication and access to care.
- Increasing reliance on remote and digital healthcare services can exclude individuals who lack digital literacy or access to technology.
- The information provided is not always offered in easy-to-read material format or translated into different languages.

Mistrust and psychological impact

- Survivors may have a deep-seated mistrust of authority figures, including healthcare professionals, particularly if they have witnessed or experienced complicity in abuse.
- Trauma-related symptoms, including memory difficulties and feelings of shame, may affect a survivor's ability to disclose health concerns or engage with treatment.
- Cultural differences and unfamiliarity with the UK healthcare system may further complicate access and communication.

Practical challenges

- The cost of transport to medical appointments may be a barrier for survivors with limited financial resources.

- Survivors navigating the asylum and/or NRM process may experience a culture of disbelief, contributing to feelings of exclusion and hopelessness.

Instability and disruption of Care

- Frequent relocations, especially within the asylum or NRM system, can interrupt care and prevent the establishment of trusted healthcare relationships.

Clinical uncertainty

- Healthcare providers may suspect a history of trauma but feel unprepared or hesitant to explore it, due to concerns about re-traumatisation or a lack of confidence in managing complex disclosures.

Inclusion healthcare

'Inclusion health' is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, for example, poverty, violence and complex trauma. This includes people who have experienced exploitation and modern slavery. Individuals belonging to inclusion groups, tend to have very poor health outcomes, often much worse than the general population and a lower average age of death. This contributes considerably to increasing health inequalities.

Across the UK frameworks and guidance for Inclusion Health have been published to assist NHS organisations to plan, develop and improve health services to meet the needs of people in inclusion health groups.[12]

CONSIDERATIONS FOR PROFESSIONALS

> **Survivors are actively involved in all decisions regarding their healthcare and have access to appropriate services, with their informed consent.**

Health and wellbeing are an immediate and primary concern for all professionals working with survivors. It is essential that every survivor has access to appropriate healthcare services as early as possible, while always respecting that accessing these services is a personal choice and must be consensual [see p. 44].

Early and clear explanations of available healthcare services, how they work, and how survivors can access them should be a key part of the support provided. This will help individuals to make informed decisions about their health and develop realistic expectations about what the healthcare system can and cannot offer, the steps involved, and how long the process may take.

> **Professionals recognise and sensitively respond to the complex and intersecting barriers survivors may face in accessing equitable, trauma-informed healthcare.**

All professionals working with survivors must be alert to the increased risk to their physical, psychological and overall health and wellbeing. It is vital to approach each person with an open mind, with an understanding of the health inequalities that they face, and attention to their needs in the context of their life.

Survivors expressing suicidal intent

In some cases, the immediate psychological needs of survivors must take precedence over all other considerations. People who express suicidal intent (i.e. if they are talking about an intention to kill themselves or have made a plan to commit suicide) or are at risk of harming themselves and/or others, should be referred urgently (the same day) to the appropriate service. Depending on local variations, this may be to the GP or via self-referral to a crisis team, professionals must be aware of the processes in their locality to support survivors. If it is out-of-hours, survivors may need to be directed to the local Emergency Department (ED). In cases where immediate suicidal intent or planning is identified by professionals and a survivor is presenting an immediate risk to themselves or others, emergency services (999) should be called.

Practice reminder: Identify health needs and support access to healthcare

> **Survivors are empowered to identify health needs, navigate healthcare access, and make informed decisions with tailored support, advocacy, and practical assistance provided throughout.**

Both healthcare and wider support professionals who are working with survivors should ensure that:

Survivors understand the NHS and their healthcare rights

- **Explain how the NHS works:** Tell survivors about the services that are available.
- **Support understanding of healthcare rights:** Explain survivors' entitlements to healthcare and how to access services.
- **Be honest about challenges:** Explain that there can be lengthy waiting times or service limitations.

Realistic expectations are set

- **Clarify variability of care**: Explain that NHS care varies by location and is based on need, eligibility, and local availability.
- **Explain charge exemptions**: Help survivors to understand that they are likely to be exempt from NHS healthcare charges and confirm any exemptions that apply.
- **Highlight non-exempt services**: Explain that not all services are free unless the survivor qualifies for exemptions such as the NHS Low Income Scheme. Explain that in emergencies, survivors may not see their preferred provider and treatment will be focused on immediate needs.

Support is offered with registration and access

- **Assist with registration:** Help survivors register with a GP or dentist (with consent), especially if they lack a fixed address or ID.
- **Guide digital access and local providers**: Show survivors how to use tools such as the NHS App to find accessible local providers.
- **Advocate for registration:** Be prepared to advocate with healthcare providers who may not understand NHS guidance on registration without an ID/address.

Health needs are identified and responded to

- **Identify health needs**: Use need and risk assessment processes to identify current or unmet health needs.
- **Conduct risk assessments**: Consider any physical health needs which may need to be treated immediately. These may include Tuberculosis (TB) and other communicable diseases which may present a public health risk and conditions such as diabetes or kidney failure which need to be treated urgently to prevent potentially fatal deterioration.
- **Support appointments and referrals**: Support survivors in attending appointments or making referrals, as requested and required.

Advocacy and communication with healthcare services occur with survivor's consent

- **Clarify information sharing**: Clarify the information that the survivor wants to be shared, and with whom.
- **Advocate for access to support**: Advocate for survivors to access the support they need.
- **Provide professional support with healthcare services**: With survivors' consent, professionals can provide background information to healthcare professionals in order to reduce re-traumatisation, confirm addresses for registration, request interpreters or longer appointments and raise concerns survivors may find difficult to voice.

Support is offered to overcome administrative barriers

- **Assist with important documents**: Help survivors obtain important documents (e.g., National Insurance number, Low Income Scheme exemption forms).
- **Support exemption applications**: Assist with healthcare cost exemption applications.

Assistance is provided to access the required health services

- **Sexual and reproductive health services**: Help survivors to identify and attend local clinics and support them in disclosing concerns.
- **Mental health services**: Encourage discussion with GPs for assessment and referral if psychological difficulties are present.
- **Dental Care**: Assist survivors in accessing NHS dental services and provide support around dental hygiene where needed.
- **Addiction Services**: Support self-referral into local recovery and addiction support programmes.

Alternatives are explored, as appropriate

- **Provide information on holistic therapies**: Inform survivors about holistic therapies available, including through NGOs or social prescribing routes.
- **Explore non-NHS community services**: Find out about non-NHS community services that may help to support survivor recovery.

Stay informed and resourceful to best support survivors

- **Keep up to date with guidance**: Keep up to date with NHS guidance, entitlements, and cost policies.
- **Ensure travel support**: Ensure survivors have access to travel funding so that appointments are not missed due to financial hardship.
- **Good health depends on more than healthcare:** Recognise that many of the drivers of good health and wellbeing sit outside of the health service; be prepared to signpost to wider support and assistance that may be needed for example, accommodation provision and social activities.

Supporting survivors with disabilities to access healthcare

Survivors living with a disability may:

- Be unable to access appropriate healthcare services due to factors including high levels of trauma, cultural differences and expectations, lack of local knowledge, and/or barriers based on other health issues, including learning difficulties.
- Lack knowledge of the healthcare services which are available to them. This, together with isolation and fear, can perpetuate their difficulties in obtaining access to services.
- Lack the confidence to register with a GP or to ask how to do this because of language barriers, lack of trust, vulnerability and cultural disorientation [see p. 58 for more information relating to disability].

CONSIDERATIONS FOR HEALTHCARE PROFESSIONALS

> **Healthcare professionals are trained to identify indicators and patterns of trafficking and have the confidence to respond appropriately and care for patients whom they suspect may be victims or survivors.**

Survivors of trafficking may present to healthcare services having already escaped their situation of exploitation. However, some survivors who interact with healthcare professionals may still be in a trafficking situation or be at high risk of further exploitation. Identifying health and social care needs in survivors can be difficult as physical and psychological illnesses can be deeply entwined and complex, and there are many barriers to disclosing their histories and health concerns. There are formal indicator lists which are regularly reviewed and updated.[13]

Practice reminder: Identifying potential survivors

If healthcare professionals believe they are caring for or supporting a potential survivor of trafficking or modern slavery they need to consider the following:

- **Assess the situation and risks that are present:** Professionals need to consider the risks both to them and to the patient.
- **Escalate appropriately:** Follow organisational procedures, including informing the designated safeguarding lead and report concerns through statutory safeguarding routes.
- **Communicate safely:** Use a professional interpreter if needed and always apply a trauma-informed approach. Gently question without pressuring, avoid probing if the patient is reluctant or frightened. Do not confront anyone who is accompanying them but try to speak with the patient alone.
- **Support autonomy and build trust:** Reassure the patient, recognise they may not wish to disclose or act immediately, assess capacity or any learning/cognitive needs, and use accessible language with simple questions.
- **Provide care and document actions:** Offer appropriate care, clearly record what has been done, and arrange follow-up or further contact where possible.
- **Respond to any immediate danger:** Call 999, keep the patient safe on site, and follow organisational protocols and procedures.
- **Provide support in non-emergency situations:** Discuss referral to the NRM and putting the patient in touch with an NRM first responder, with their consent. Provide information about the Modern Slavery and Exploitation Helpline (08000 121 700) and explore safe next steps.
- **Follow safeguarding procedures:** Healthcare professionals should always refer concerns to safeguarding colleagues if exploitation is suspected or known and follow local adult and child safeguarding pathways.

Practice reminder: Interpretation requirements

> **Healthcare professionals use professional interpreting services for all healthcare appointments when English is not the survivor's preferred language for communication.**

In addition to the interpretation section included in the Care Standards [see p. 54] the following points should be considered for using interpreters within a healthcare setting:

- **Use professional interpreters:** This is a legal requirement under NHS guidance to ensure equal access to healthcare.[14]
- **Plan for longer appointments:** Extended appointment times should be arranged where possible to allow for interpretation.
- **Use the same interpreter:** Consistency of an interpreter is particularly important in settings such as psychological therapy. Building trust and ensuring continuity can significantly impact the effectiveness of treatment.

SEXUAL AND REPRODUCTIVE HEALTH SERVICES

> **Survivors are offered support to understand their options and are empowered to access sexual health screening and care at their own pace.**

Survivors of any gender and type of exploitation may have been subjected to sexual violence, putting them at risk of sexually transmitted infections (STIs), including HIV and Hepatitis B or C. Disclosure of sexual abuse can be difficult, and some survivors may need support to access sexual health services. While some may wish to be tested, others may find STI screening invasive or re-traumatising. Intimate examinations can trigger flashbacks, and some survivors may require long-term support before feeling ready to proceed.

Healthcare professionals should clearly explain the importance of STI screening and address individual concerns, particularly around conditions such as HIV, which may carry cultural or social stigma. Explain that many STIs, including HIV and Hepatitis B/C, are manageable with early treatment.

Survivors may need help understanding their contraceptive, reproductive and sexual health options. These services are available free of charge through sexual health clinics and GP practices. Women who have experienced sexual violence, or who come from cultures where screening is uncommon, may need reassurance and support to attend cervical and breast screening appointments. Survivors should be made aware of the NHS sexual and reproductive health services available to them.

SUPPORTING ACCESS TO DENTAL CARE

> **Survivors are supported to access dental care via the NHS and receive additional support with dental hygiene if needed.**

Poor dental health is a common issue among survivors. This may stem from lack of care during exploitation, an inability to maintain oral hygiene, and in some cases limited access to dental services in their home countries. In some cases, violence to the head and face may have caused dental trauma. Survivors may need help with registering with a dentist, arranging and attending appointments, and overcoming barriers such as transport or costs. To reduce anxiety, techniques such as explaining procedures step by step, agreeing a stop signal, or creating a calm environment can make appointments easier.

Survivors should be supported in accessing NHS dental care and provided with additional help around dental hygiene if needed while also being supported to access urgent NHS dental services when in pain or experiencing infection. Across the UK access dental treatment and the associated costs vary, for example Wales has developed an online national system to increase the accessibility of dental care.*

UNDERSTANDING AND DIAGNOSING LEARNING AND COGNITIVE DISABILITIES

> **Survivors are carefully assessed for potential learning disabilities, cognitive disabilities, or neurodivergence, and are supported with appropriate referrals for specialist assessment.**

Identifying or diagnosing a learning or intellectual disability in individuals who have experienced trauma can be complex. This is particularly true for survivors who are also living with mental or physical health challenges or who have had limited access to formal education. Some survivors may already have a diagnosis, while for others, this may only come once they are able to access appropriate support. Survivors with learning disabilities are at increased risk of diagnostic overshadowing, when physical or mental health symptoms are mistakenly attributed to their learning disability. For example, trauma responses may be attributed to cognitive impairment, and vice versa.

Learning disabilities: Formal assessment for a learning disability must be carried out by a specialist health professional or team. While GPs can make referrals, in some areas local Learning Disability Teams accept requests from other professionals or directly from the individual. A formal assessment is essential; it helps to identify vulnerabilities and provides the foundation for understanding the type of support a person may need. If a learning disability is diagnosed, the Community Learning Disability Team may offer additional assessments and support [see p. 58, p. 127], particularly for those with specific health needs.

* Dental Access Portal (DAP) Through the DAP, you can register for routine dental care even if you don't currently have a dentist. The system asks for basic details, including any additional needs you may have (such as wheelchair access or support with communication), and matches you with a local dental practice when a space becomes available. The DAP is part of a wider effort to reduce health inequalities and ensure that everyone in Wales has a fair chance to access NHS dental services. Individuals who struggle to use the online system can contact their health board for support.

People with learning disabilities often face difficulties in recognising or communicating physical health problems and in accessing healthcare. Individuals are entitled to be added to the Learning Disability Register (or its equivalent), even if no formal diagnosis is in place. Once on the register, they should receive annual health checks and help with accessing appropriate health services.

Neurocognitive disorders: If there are concerns that someone's cognitive abilities have declined or changed, it's important to discuss this with their GP as soon as possible. Such changes could indicate a serious health condition. Appointments can be supported by gathering information from the individual or (with their consent) from people who know them well, such as family, friends, or professionals. However, many survivors are socially isolated and may not have these close connections, which can make gathering such background information more difficult.

Neurodivergence: Diagnosing autism or ADHD in adults requires a specialist assessment by a health professional, ideally as part of a multidisciplinary team (MDT). A GP can make a referral to the appropriate NHS service. To support this referral, it can be helpful to document and gather information about concerns, with the individual's consent. It is important to note that waiting times for these assessments through the NHS can be very long.

SUPPORTING SURVIVORS WHO ARE PREGNANT

> **Pregnant survivors of trafficking receive trauma-informed, specialist care that addresses physical, mental, and social needs, with appropriate referrals and ongoing support.**

All pregnant women require sensitive, specialised care from professionals [see p. 131]. A pregnancy may impact on survivors' other existing physical, psychological and emotional health conditions or vulnerabilities. It is also the case that pregnancy and the neonatal period can be a time of increased risk of domestic abuse, and sensitive enquiry into safety should be considered on a regular basis.

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

Some survivors may have been forced to take contraception or illegal substances during pregnancy, or experienced traumatic events such as forced abortions or having their children taken away from them. Some escape trafficking specifically to protect their unborn child. These experiences can complicate feelings about pregnancy and parenting and may necessitate access to specialist services.*

Consideration of holistic care

In addition to conventional medical and psychological support, survivors may benefit from access to holistic or alternative therapies. These services, while not typically available through the NHS, may be offered by NGOs, community organisations, or through social prescribing pathways. Options such yoga, martial arts, and other body-based or creative practices can be especially helpful for those who find talking therapies challenging or culturally unfamiliar. Complementary therapies like acupuncture, osteopathy, homeopathy, or hypnotherapy may also support survivors with physical or psychosomatic symptoms. Professionals should consider making referrals to these services where appropriate, recognising the value of offering diverse, trauma-informed approaches to recovery and wellbeing.

REFERRALS INTO MENTAL HEALTH SUPPORT

> **Survivors receive timely, needs-based referrals to appropriate mental health services, with specialist or urgent care provided when required beyond initial support pathways.**

* Isolation from family and community, often due to sexual exploitation or pregnancy outside of marriage, can increase vulnerability to honour-based violence, in some communities and cultures. Support plans should include referrals to organisations specialising in honour-based abuse, befriending schemes, and services for those affected by family estrangement.

Specialised trauma-focused psychological services for survivors of trafficking and slavery are often hard to access due to limited availability and long NHS waiting lists. Many survivors do not seek or receive therapy for various reasons, including cultural unfamiliarity with talking therapies, difficulty trusting authority figures, and fear of re-traumatisation. Survivors may also struggle to recognise their need for therapy or feel unable to discuss their trauma in detail until years later. Even when survivors seek help, resource constraints like brief GP appointments, limited interpreting services, and lack of continuity of care can hinder effective disclosure and access to treatment. A survivor not being 'in therapy' should never be held against them or used to assume that they do not have mental health concerns and are therefore not in need of psychological treatment. Survivors may not be ready to enter therapy; they should be in full control of this process and not forced to undertake sessions when they are not ready, or do not consent.

A GP may refer patients to mental health services depending on their individual level of need and the availability of local services. Mental health services include:

Improving access to psychological therapies (IAPT). This is a service providing evidence-based psychological treatments for adults with common mental health issues such as anxiety and depression. Some IAPT services include provision for people with PTSD but may not be able to meet the needs of people who have suffered complex trauma. IAPT services may be a starting point for psychological help for survivors. Different types of therapies are available via the NHS and what survivors are offered will depend on their needs and the local services available.

Community mental health teams (CMHTs). CMHTs support people who are living in the community and who have complex or serious mental health problems. They are made up of multi-disciplinary teams of specialist professionals which can include psychiatrists, psychiatric nurses, social workers, and psychologists.

Many survivors of trafficking and slavery may have complex mental health needs that would be better managed in a CMHT setting, however if a survivor is having an acute mental health crisis and needs immediate treatment and care, they should be supported to access their GP, the local crisis team or any current mental health team urgently. If these are not accessible, they will need to be supported to attend the local emergency department (ED). Acute mental health services such as the crisis team involvement or inpatient care may then be offered; the focus of these services is on management and reduction of risk, together with stabilisation of acute problems (such as psychotic illness or severe depression and suicidality). These services are usually provided only for as long as necessary. When longer-term support is needed, individuals are typically referred to a CMHT for ongoing mental healthcare.

Art, Drama and Music Therapy
Art, drama and music therapy should be facilitated by a trained professional, registered with the Health and Care Professions Council (HCPC). Therapists offer creative approaches as their main way of working. These techniques and approaches can be especially beneficial for those who may find it difficult to engage in talking therapies. These therapies are sometimes included in NHS settings, but settings, but only in some locations. Professionals should check the HCPC register and the services offered in their area.[15]

The child and adolescent mental health services (CAMHS). CAMHS is a separate mental health service for children and adolescents. It operates in a similar way to the adult mental health teams, but it has access to different professionals. Typically, CAMHS focuses more on psychological therapies (as opposed to pharmacological therapies) than the adult teams. It is important that professionals know about this service if they are supporting children who are being age assessed or age disputed or dependent children of adult survivors who may be struggling with their mental health.

SUPPORTING SURVIVORS TO MANAGE THEIR HEALTHCARE

Survivors are encouraged and supported to actively manage their own health needs and healthcare.

Supporting professionals can play a key role in helping survivors navigate and manage their healthcare and can support them to:

- Request a professional interpreter for appointments
- Book appointments in advance, allowing them to secure a suitable appointment slot and, if needed, ensure they see the same healthcare professional for continuity of care.
- Record the healthcare professionals' name and details, so they can request the same person on future visits, should they wish to.
- Write down what they wish to discuss. This ensures that they don't forget any important issues during the appointment.
- Prepare documents that outline key information they want to share with healthcare professionals but find hard to say.
- Ask for information to be given to them in easy-read formats and in a language they understand.
- Book a follow-up appointment or request a double appointment if they have more than one or two concerns to address.
- Take notes on the healthcare professionals' advice or instructions and check these with them.
- Maintain a record of diagnoses, treatments, and medications ensures they have a comprehensive healthcare history, which can be crucial for future appointments and ongoing care.
- Make copies of all diagnosis or discharge letters. Ensure, with consent, the survivor keeps a copy and shares these with the relevant professionals, for example their legal representative.
- Familiarise themselves with other local healthcare services, such as the ED, walk-in centres, or urgent care services, so they know where to turn in different situations.
- Make a complaint. This can be directly to the NHS service (such as a GP, dentist surgery or hospital) or to the commissioner of the services, which is the body that pays for the NHS services.

MAKING A COMPLAINT ABOUT HEALTHCARE RECEIVED OR A HEALTHCARE PROFESSIONAL

Professionals support survivors to understand how to raise concerns or make complaints about the NHS and healthcare received.

Support should include explaining the NHS complaints process, signposting to independent advocacy services where available, and ensuring survivors know they will not be penalised for making a complaint.

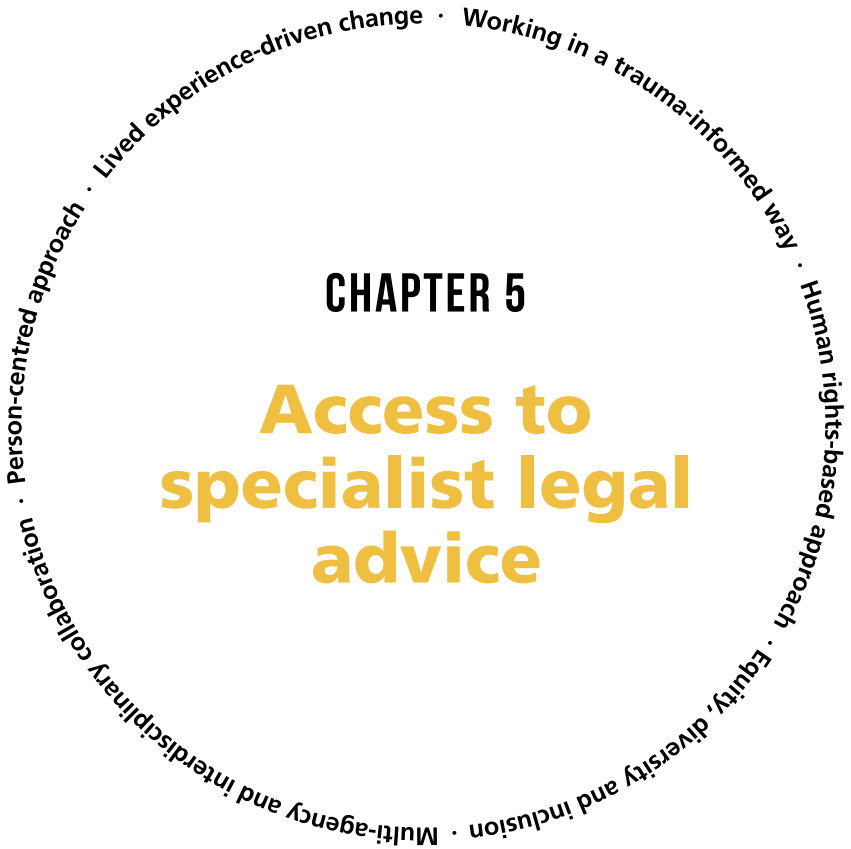
DIRECTING COMPLAINTS

England: Complaints can be made via email, post, or phone. All NHS services in England must have their own complaints policy. Complaints may be directed either to the service itself or to the commissioner responsible for funding the service.

Northern Ireland: Anyone unhappy with the treatment received has the right to raise a concern or complaint. In the first instance, complaints should be directed to the service provider through their complaints policy. If the issue is not resolved, the complaint can be escalated to the Complaints Manager at the local Health and Social Care Trust. If the final decision is unsatisfactory, the complaint can be referred to the Northern Ireland Public Services Ombudsman. At any stage, support is available from the Patient and Client Council, which provides free and confidential advice.

Scotland: Anyone who is unhappy with NHS care or treatment has the right to complain through the NHS Complaints Procedure. For issues with a GP, dentist, pharmacy, or optician, the complaint should be made directly to the practice or shop manager. If this is not possible, concerns can be raised with the Complaints and Feedback Team at the local health board. For all other NHS services, including hospital care, complaints should be directed to the local health board, which has a Patient Relations or Complaints Team that will work with the individual, their family, or carer to resolve the issue.

Wales: Concerns about care or treatment should first be raised with the staff involved, who will try to resolve the issue immediately. If this is not successful, or direct contact is not appropriate, the health board or trust's complaints team can be contacted. In NHS Wales, the process for raising concerns or complaints is called *Putting Things Right.*[16]



CHAPTER 5

Access to specialist legal advice

CHAPTER OVERVIEW

This chapter sets out the standards of care for supporting survivors in accessing legal advice. It provides an overview of the support survivors may need from both legal professionals and support professionals and highlights key considerations to ensure survivors can access legal advice as effectively and safely as possible.

The chapter explains the legal aid system, when, where, and how it may be available, and outlines alternative options if survivors are unable to obtain funding through this route.

It also details the main areas of legal advice that survivors may require and offers guidance on how to raise concerns or make a complaint if legal representation falls below an acceptable standard.

Terminology for this chapter

Legal adviser is someone who gives legal information, guidance, or advice**.** A legal adviser should offer information and support, helping individuals understand the law and make informed choices. They may or may not be qualified to represent a client in court.

Legal representative is someone who acts on behalf of a client in a legal process or proceedings. They are usually qualified legal professionals and will prepare legal documents, submit applications, and advocate on behalf of their clients, formally representing them in court, tribunals, or other official matters.

Both legal advisers and legal representatives may only be accredited to do a certain level of work, and this should always be checked before starting work with them.

SUPPORTING ACCESS TO LEGAL ADVICE

Professionals support survivors to access early legal advice and representation.

Access to legal advice and representation is crucial for navigating the complex nature of human trafficking and modern slavery cases. It can ensure that survivors in need of protection are not returned to harm, gain formal recognition as victims, secure immigration status, and have their rights upheld. It is essential that survivors receive specialist legal advice as early as possible. This advice helps them understand their rights, make informed choices, give meaningful consent, and be aware of their options, including any time limits or legal deadlines.

Survivors face significant barriers in accessing legal aid across the UK. The current legal aid funding landscape, especially in cases related to immigration matters, often discourages legal representatives from taking on human trafficking and modern slavery cases. This contributes to a shortage of legal support and makes it difficult to provide survivors with high-quality legal advice and representation.[1] Lack of legal advice and representation increases the risk of destitution, detention, deportation, criminalisation and re-trafficking. In this context, it is vital that all professionals working with survivors help them to secure high-quality legal advice from trusted and reputable sources.

Legal Frameworks

The Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) Article 15(2) Compensation and Redress. Contains specific provisions on legal assistance and legal representation for victims of trafficking, aiming to ensure their rights are protected throughout identification, support, and legal processes.[2]

All the legislative frameworks cover eligibility, accessibility and the criteria for financial means testing.

Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 is the law covering civil and criminal legal aid provision in England and Wales.

Legal Aid, Advice and Assistance (Northern Ireland) Order 1981 is the law that enables the provision of publicly funded legal aid, advice, and assistance in Northern Ireland, ensuring access to justice for individuals who cannot afford legal representation.

Legal Aid (Scotland) Act 1986 this is the primary legislation for access to provision of legal aid.[3]

CONSIDERATIONS FOR PROFESSIONALS

> **Survivors receive appropriate, effective, and trauma-informed legal support, empowering them to understand their rights and navigate their legal options without unnecessary pressure or risk of re-traumatisation.**

Professionals who are supporting survivors play a vital role in helping them engage effectively with legal advice services. This includes meeting their practical needs, supporting their informed choices, and protecting their rights and wellbeing throughout the process. Given the high demand and limited availability of legal specialists, professionals need to be persistent in helping survivors access legal advice.

As with any referral, survivors' information should only be shared with legal advisers and representatives when the individual has given fully informed consent.

Practice reminder: Facilitating access to legal advice

Professionals offering support to survivors should:

- **Avoid giving legal advice:** Non-legal professionals should never give legal advice in relation to immigration law, and it is a criminal offence to do so. Professionals should maintain a general understanding of the survivor's legal journey to ensure appropriate support, timely referrals, and understanding of processes.[4] * This support should never cross into legal advice and representations.
- **Explain legal roles**: Help survivors understand what a legal adviser and a legal representative does and provide a basic overview of different areas of law relevant to their situation.
- **Assist with legal provider referrals and selection:** Help the survivor with prompt referrals to any type of legal advice needed. Ensure that any legal adviser holds a legal aid contract to provide free legal services where appropriate. When approaching a new legal adviser, questions can be asked, including how many trafficking cases they have worked on, if they work on National Referral Mechanism (NRM) cases as well as immigration, if they provide representation before tribunals and whether they do pre-action letters and judicial reviews on legal aid. This information will help survivors select their representation effectively.
- **Check experience**: Make sure any legal adviser is registered with the relevant professional body. Confirm whether the legal provider has experience in working with survivors of trafficking and modern slavery.
- **Attend appointments:** Offer to accompany survivors to initial legal appointments, if requested, to help build trust and manage trauma-related responses. Assess whether further attendance is appropriate based on the survivor's preferences and need for privacy in legal representative-client discussions. Support survivors in attending appointments, whether in-person or remote (e.g. arranging transport or facilitating video calls).
- **Ensure interpreters are provided:** Legal representatives must provide qualified interpreters for meetings where needed.

* The Immigration and Asylum Act 1999 (as amended, the 1999 Act), sets out the work that can only be provided by a person who is regulated to do so. To provide immigration advice and services when not regulated is a criminal offence so it is important for individuals and organisations who wish to assist migrants and those with immigration and settlement matters, to understand what they can and cannot do.

- **Help understand information:** Explain technical jargon and support survivors to understand complex legal advice.
- **Gather information:** Assist survivors in compiling necessary documentation to demonstrate legal aid eligibility (e.g. income, savings, expenses) before the first appointment and be prepared to provide supporting information as the case proceeds, if requested. Help the survivor to keep key documents from their legal adviser/representative in order and obtain copies of documents they may need to understand their case, e.g. client care and advice letters, copies of what has been submitted to another body on their behalf.
- **Be aware of key dates:** Check key dates with the survivor and their legal representative to ensure deadlines (such as deadlines to appeal or challenge a decision) are not missed. In cases where a survivor does not have a legal representative, to support them, take steps to ensure their case is not damaged by missing a deadline (for example lodging an appeal themselves or asking for extensions of time).[5]
- **Explain legal aid and rights information and re-explain as needed:** This includes giving an overview of legal aid entitlements and basic information about relevant rights and legal processes.
- **Support existing legal relationships:** If a survivor has already instructed a legal representative, check that they are appropriately qualified and regulated.
- **Ensure open communication:** It is important, where a survivor gives informed consent, to keep legal representatives in the loop of any developments or changes in the survivor's circumstances. Open communication between support providers and legal representatives improves the legal representative's ability to advocate on their client's behalf.
- **Understand compensation schemes and the timeframes and limitations that surround these:** Professionals need to be aware that survivors are entitled to access to the compensation schemes and can make an application for compensation via the relevant compensation service.† Survivors may also be able to obtain compensation via an employment tribunal or through civil court processes.

† Across the UK compensation schemes and their administration vary. Criminal Injuries Compensation Authority (CICA) applies in England Scotland and Wales. Criminal Injuries Compensation Scheme is applicable to NI but is administered by Compensation Services [CSNI]

Survivors should be supported speak to their legal representative to discuss their options (noting the assisting organisation can be held liable for loss caused by errors in applications)[6] and understand what compensation advice can be covered under legal aid funding.*
- **Seek alternatives:** If survivors are not eligible for legal aid, assist them in finding and accessing legal support via other methods [see p. 212].
- **Help to manage expectations:** Professionals need to be transparent about legal processes and the fact that cases and compensation claims can take time and are not guaranteed to be decided satisfactorily for the survivor.
- **Help to change legal representation:** Help assess legal costs, explain legal aid eligibility, and support the survivor in changing representatives if needed.
- **Maintain internal records:** Record services provided by different advisers to help identify any concerns.
- **Respect legal privilege:** Understand that communications between the legal representative and survivor are confidential. Professionals should not record or summarise details of these conversations or enter such details into case management systems unless explicitly permitted by the survivor.
- **Identify poor advice:** Help survivors recognise poor-quality or inappropriate legal advice, such as a lack of communication, not challenging negative decisions, not assisting with legal aid applications or obtaining expert reports, failure to provide appropriate interpretation, additional costs, hidden fees, being unwilling to meet face to face, or speaking to the professional only, rather than the client and support the survivor in seeking second opinions or making complaints if needed.
- **Raise questions or seek clarification:** Always ask the legal representative when something is unclear, for example, the selection of a particular expert, the reasoning behind a legal strategy slightly covered by the line below, or a refusal to assist with matters related to the NRM.
- **Support complaints:** Encourage and assist survivors in making complaints if a legal representative fails to inform them about their legal aid eligibility or if there are concerns regarding the quality of advice or representation [see p. 221].

* For compensation claims the survivor does not need to have a Reasonable Grounds or Conclusive Grounds decision to access legal aid. The Legal Aid provider only has to be satisfied that indicators of trafficking are present. It does not matter whether the survivor entered or is present in the UK lawfully or not, for the purpose of accessing legal aid for a trafficking compensation claim. The requirement to access legal aid is whether they are trafficked.

EXPECTATIONS OF LEGAL ADVISERS

> **Legal advisers act in survivors' best interests, prioritising safety, dignity, and informed consent in all interactions.**

Legal advisers are expected to act in the best interests of survivors, prioritising their safety, dignity, and informed consent in all interactions. They provide professional, trauma-informed support that recognises the impact of abuse, exploitation and marginalisation, and they ensure that survivors are fully able to understand and participate in decisions affecting them. Legal advisers facilitate access to justice while maintaining clear, accurate, and thorough records of all advice, communications, and actions taken on the survivor's behalf.

They are also expected to provide accessible, person-centred services, including explaining legal processes and documentation, keeping survivors updated, and coordinating with other professionals as appropriate. Legal advisers support survivors in practical matters, ensure that deadlines are met, and respond to changes in circumstances, while safeguarding the survivor from re-traumatisation or additional harm. Their role balances the provision of expert legal advice with ongoing support and empowerment of the survivor throughout the process.

Practice reminder: Legal advisers

The following key expectations should be upheld by all legal professionals when advising survivors.

- **Work in a trauma-informed and person-centred way**: Recognise the impact that trafficking and exploitation can have on individuals, particularly those with disabilities or experiences of marginalisation. Adapt legal practice to protect emotional safety, uphold autonomy, and prevent re-traumatisation.
- **Use qualified interpreters:** Survivors should always have access to qualified interpreters where needed [see p. 54] and documents should be translated for them into a language they understand and can read.[7]
- **Explain legal aid documentation (as required):** At the first appointment carefully explain the purpose and content of the legal aid declaration and the consequences of providing incorrect information, which would include the repayment of legal aid costs. Ensure that survivors understand the documents that they are required to sign, for example, the legal authority form (giving permission to legal representatives to act on behalf of the survivor) and legal aid application. Legal representatives must not rely on other professionals to do this. Forms should never be presented to survivors that are blank to sign or in partial format. A full copy of the form should be provided and fully explained.
- **Facilitate accessible appointments:** Provide survivors with the opportunity to ask questions or talk about the case, by phone, video, or in person, whichever is best for the survivor. If a survivor chooses to have remote appointments, they will need to have a confidential space in which to attend the appointment online, and the technology and data required. They may also need support afterwards. Consideration should also be given to flexibility with appointment times and the other commitments survivors may have.
- **Consider childcare arrangements:** Childcare may be needed for survivors to be able to fully engage and participate, and to protect children from overhearing sensitive or traumatic information.
- **Provide clear information and regular updates**: All written correspondence including letters, documents and emails, should be in a format and language that is easy for the individual survivor to understand.

- **Record all communications in detail:** Keep a record of engagement with the survivor and also the professionals who are supporting them.
- **Document any concerns in writing**: Record any issues that arise or are observed relating to a survivor's capacity or ability to engage with legal processes, including disclosure, and offer support in obtaining medical documentation if appropriate.
- **Provide a client care letter:** Provide a client letter quickly after the first appointment, containing clear information including the name and contact details of the legal representative, what the survivor can expect from them, steps to be taken, likely timeframes for actions, and what is required of the survivor. It should also include a copy of the firm's complaints procedure.
- **Request copies of relevant documents early on:** Make timely requests for documents, especially if the survivor does not already have them and may need to locate or request these. Ensure access to the full case file if necessary. Examples include GP medical records and records held by the police, probation services, social services and other public authorities the survivor may have engaged with.
- **Share received information with the survivor:** When requested files are received by other agencies (for example, previous legal advisers/representatives the Home Office, the competent authorities, the police, medical records) consider and discuss these in detail with the survivor.
- **Support survivors to set out their story via a witness statement**: Bear in mind the potential risk of re-traumatisation that might be caused by recounting their account. This process should take place over several sessions and the final statement checked with the survivor in a language and format they understand.
- **Attend to any inconsistencies in a survivor's account and related documentation:** It is important to carefully review all documents received from other parties which pertain to the survivor's case and to collaborate and share information (with survivor's consent) with any other legal representatives who are involved. For example, asylum claims and NRM referrals may be represented by lawyers from different firms. This ensures a full picture of the survivor's trafficking experience and immigration history, where applicable, is in place.
- **Facilitate ongoing access to information:** Support survivors to request appointments whether in person, by phone, or remotely, to enable them to ask any questions or request further explanation.

- **Adhere to deadlines:** Making sure deadlines are noted, kept to and that survivors have been given notice of a deadline before any action is taken.
- **Provide copies of decisions:** Ensure survivors have access to decisions in formats that are accessible for them and that they are given and understand the reasons for the decisions, positive and/or negative.
- **Maintain internal records**: This includes all services provided by legal advisers and representatives within the firm to help identify any patterns, concerns, or inconsistencies in service.
- **Work with other supporting professionals:** Who may be able (with the survivors' consent) to provide further information on their case and assist with obtaining the necessary documentation.
- **Be alert to changes in circumstances:** Be prepared to assist with urgent matters that may arise.
- **Explain the decisions that are being made and any next steps**: If the case is not strong enough for the legal representative to keep working on it, it is important to explain this carefully, allowing time for any questions and ensuring that support is available for the survivor directly afterwards.
- **Explain the firm's complaints procedures:** Survivors should be informed about the available avenues for raising complaints, so they can understand their rights and are empowered to take forward any concerns about the services they receive.

LEGAL AID

Professionals enable survivors to understand the elements of their cases that may qualify for legal aid and offer support to obtain this.

Legal aid provides free or low-cost legal advice and representation to individuals who cannot afford legal advice and/or representation. It applies to both criminal and civil matters, for example, offering a legal defence in criminal cases, and support with immigration, housing, family law, or protection from abuse in civil cases. Legal aid ensures that survivors can access the legal support they need, especially in serious or complex situations where they require a defence or their rights are at risk.

A brief overview of legal aid

Types of Legal Aid
Legal aid is available across all four nations of the UK, England, Wales, Scotland, and Northern Ireland, but the types, scope, and administration differ due to devolved legal systems and professionals should be aware of legal aid provision as it applies in their own locality.

Early Advice (England & Wales) There is no freestanding right to legally aided advice on entering the NRM. It may be possible for a lawyer to justify giving this advice if they can link it to other work they are doing, for example, an asylum claim. A public lawyer may be able to help give advice and help to get a positive Conclusive Grounds decision if they feel they can justify this because of other unlawful behaviour by the government, like a previous negative decision.

Advice and Assistance (Northern Ireland and Scotland): Offered for early legal advice prior any formal legal action being taken.

Exceptional Case Funding (ECF) (England & Wales): An ECF application can provide access to advice, but the process is discretionary and may not result in timely approval. An individual, or someone supporting them, can apply for ECF to access legal aid if their case is not already covered, for example for advice on entering the NRM. ECF is discretionary and may be granted if not having legal help would risk breaching human rights or EU rights in UK law. If approved, the person can get legal aid, provided a lawyer is willing to take the case. They must also meet the financial ("means") and case strength ("merits") tests.*

As a minimum, the following should be sent to the legal aid agency in writing:

1. Background of case, including all the main facts.
2. What legal advice is needed on or what court proceedings representation is required for
3. Reason why self-representation is not appropriate.
4. The desired outcome.
5. Information that will support the application e.g. court applications and orders, expert and medical reports, copies of any decisions to be challenged.
6. Information on financial situation.[8]

Civil Legal Aid (England, Northern Ireland, Scotland and Wales): Is used to help individuals resolve non-criminal legal problems, particularly those affecting their rights, housing, family, or safety.

Criminal Legal Aid (England, Northern Ireland, Scotland and Wales): Is used to ensure any individual accused of a criminal offence has access to a fair trial and legal defence

Both civil and criminal legal aid are subject to eligibility tests. The test thresholds vary based on the type of legal aid required, a survivor's location in the UK and the associated legislative frameworks.[9]

* **England and Wales:** ECF is part of the Legal Aid Agency's scheme.
Scotland: Exceptional legal aid is available under the Scottish Legal Aid Board, but the rules and process differ.
Northern Ireland: Exceptional legal aid can also be granted by the Legal Services Agency, again with its own rules.

Legal Frameworks

JURISDICTION	LEGAL AID ADMINISTRATIVE BODY	LEGAL AID LEGISLATION
England and Wales[10]	Legal Aid Agency (LAA)	Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO).
Northern Ireland[11]	Legal Services Agency Northern Ireland (LSANI)	Legal Aid, Advice and Assistance (Northern Ireland) Order 1981
Scotland[12]	Scottish Legal Aid Board (SLAB)	Legal Aid (Scotland) Act 1986

Law Societies across the UK provide a starting point to find a legal advisor or representative.[13] To qualify for legal aid, survivors usually need to demonstrate low income via a means test that considers both income and capital. The financial support provided for survivors via the NRM is not counted in the financial eligibility tests for legal aid. Financial eligibility and merits criteria vary depending on the type of case, the area of law, and the jurisdiction. Legal professionals can help survivors understand whether their case meets the necessary financial and legal thresholds.

If a survivor is eligible for civil legal aid, it may cover the cost of a legal adviser who can explain the available options, assess eligibility, and guide them through the legal aid application process. This support, known as Legal Help, typically funds initial advice and early casework.

Where a legal issue is not normally covered by civil legal aid, survivors may apply for Exceptional Case Funding (ECF), especially to protect their human rights, for example, for legal advice before a potential victim enters the NRM. Survivors can apply for ECF themselves but may need professional support to do so. ECF decisions cannot be made on an urgent basis, and even if they are granted, finding a legal representative with the capacity to take on the case can be challenging. If an ECF application is refused, a legal representative should review the decision to determine whether the decision was lawful, and if it should be challenged.

Legal aid eligibility and processes differ across the UK, so professionals should check the criteria for their own locality, especially for NRM-related legal support.

CIVIL LEGAL AID SUPPORT AT THE POINT OF IDENTIFICATION

All survivors should receive pre-NRM legal advice via civil legal aid, but this is currently not available across the UK. ECF can be applied for at any stage of the NRM process and regardless of nationality, but there are likely to be challenges in finding a legal representative with capacity to take on the case.

Eligibility for legal aid is subject to criteria.[14] The table sets out the legal advice available in England and Wales for UK nationals and non-UK nationals at the various stages of the NRM process. In Northen Ireland and Scotland, legal aid is available at all stages of the NRM process, and it is provided regardless of nationality, as long as the legal advice required falls within the scope of legal aid and meets the means test criteria.

OPTIONS TO CONSIDER IF LEGAL AID IS NOT AVAILABLE

In addition to considering ECF, if survivors do not qualify for legal aid or are unable find a legal representative to take their case on, other alternatives will need to be sought.* It is important that anyone instructing a private legal representative is reassured that they have the appropriate experience and knowledge to deal with complex trafficking matters and that they provide clear and comprehensive advice in advance about legal costs and charges† and survivors understand about the costs they might be liable for.[15]

The following options are relevant in all nations in the UK:

- **Free or fixed fee interviews:** Many legal representatives provide a free or low-cost introductory consultation, allowing potential clients to discuss their cases without financial commitment. These initial consultations can help assess the case and offer legal advice. Fixed fee consultations, typically lasting an hour, offer initial legal advice at a predictable cost. Private legal representatives have a duty to advise clients of their eligibility for legal aid (in all applicable cases).
- **Citizens Advice:** Offers free, confidential advice on legal matters including housing, employment, benefits, family, and immigration. It is known as Advice NI in Northern Ireland.[16]
- **Law centres and clinics:** Staffed by legal advisers and other specialist caseworkers who can offer free legal advice and help individuals to decide whether a legal representative or another legal adviser is needed**.** Within a detention setting survivors will be able to access free advice surgeries.
- **Advocate (charity):** Matches individuals with volunteer barristers for free legal advice or representation, especially in complex cases. It requires a referral from an advice agency, MP, or a qualified legal professional.
- **Free Representation Unit (FRU charity):** Offers free representation at tribunals (e.g., for employment, social security, and some criminal injuries compensation cases).[17]

* Private lawyers must set out the payment scheme really clearly and exercise due diligence to ensure that having to obtain funds for payment will not give rise to further risks of re-trafficking, exploitation and harm.

† Use HTF Survivor Support Services Mapping Tool and serach for IAA accredited organisations

Legal Advice availability in England and Wales

	UK NATIONAL	NON-UK NATIONAL
Pre NRM decision	Legal advice not in the scope of legal aid	Legal advice not in the scope of legal aid
Post positive Reasonable Grounds (RG) decision	Legal advice not in the scope of legal aid	Eligible for legal aid in relation to representations to be submitted for the Conclusive Grounds decision. Advice on leave to remain can be provided
Post negative Reasonable Grounds (RG) decision	Challenge of this decision is in the scope of legal aid via a public lawyer	Challenge of this decision is in the scope of legal aid via a public lawyer
Post positive RG or Conclusive Grounds (CG) decision		Leave to remain applications are within the scope of legal aid

Legal options across different jurisdictions

England and Wales

- **LawWorks Clinics:** A charity working with volunteer legal professionals who provide free legal advice to individuals and small charities. Clinics Network provides free initial advice on various areas of social welfare law including employment law, housing matters, consumer disputes, debt and welfare rights.[18]

Northern Ireland

- **Law Centre NI:** Offers free and independent legal advice and assistance in the areas of employment, social security and immigration.
- **STEP NI:** Provides limited advice in immigration matters.[19]

Scotland

- **Civil Legal Assistance Office (CLAO):** Covers only particular areas in Scotland and only works in certain areas of law. Requires eligibility for Scottish Legal Aid.
- **Public Defence Solicitors' Office (PDSO):** Represents criminal matters where the person is eligible for Scottish Legal Aid.
- **Faculty of Advocates Free Legal Services Unit:** Provides free legal advice and representation for those who cannot afford legal help and cannot obtain assistance from other sources.[20]

AREAS OF ADVICE

> **Professionals support survivors to access specialist legal advice for their legal matters as early as possible, enabling them to understand their options, make informed decisions, provide necessary information, and meet case deadlines.**

Survivors may need advice across several areas of law. Professionals who are supporting them should be able to identify their needs and make referrals to appropriate legal services with their informed consent. It should be explained to survivors that taking initial legal advice does not oblige them to take a case or claim forwards if they prefer not to.

Not all legal matters will be in the scope of legal aid. Survivors should get advice on whether legal aid is available for their case and situation so they can make informed decisions on their next steps, understanding what areas of legal advice can be funded [see p. 208] and whether they could qualify for an application for ECF [see p. 209].

IMMIGRATION MATTERS

It is illegal for anyone who is not a qualified legal adviser to give immigration advice.[21] Survivors may be eligible to remain in the UK, and qualified legal advisers play a key role in identifying the most appropriate immigration or protection route for each person, confirming their legal rights and assisting them. They can assist survivors with a range of matters, including applying for different types of leave to remain or permission to stay. Legal advisers can help with asylum or humanitarian protection claims, visa extensions or switches, guidance on obtaining a leave to remain via the NRM and exploring options for family reunion (although this will not always be in the scope of legal aid).

HOUSING ADVICE

Survivors often face significant challenges in securing safe and appropriate accommodation [see p. 142] for more information on accommodation options). It is important to seek housing advice as early as possible, particularly before any existing accommodation arrangements come to an end. Legal assistance may be required in several situations, including for survivors who are already in, or entering the NRM who need housing, those who wish to challenge a refusal of NRM accommodation or support (including re-entry), those who require housing while challenging an NRM decision, or need help claiming unpaid subsistence. Survivors may also need accommodation while they are claiming asylum or applying for leave to remain, or if their asylum or immigration applications have been refused. Additionally, legal support may be needed to help survivors access assistance from local authorities if they are homeless and vulnerable, have dependent children, are living in unsuitable housing, or are at risk of eviction from rented accommodation.

OBTAINING COMPENSATION

Survivors may be entitled to claim compensation either from their exploiter or from the state. These claims are subject to specific eligibility criteria and strict legal time limits, so it is important that legal advice is sought as early as possible. Legal assistance can help survivors pursue a range of claims, including the Criminal Injuries Compensation Authority (CICA), civil claims against traffickers or those who benefited from the exploitation, employment-related claims, and claims against public bodies such as the police, local authorities, or the Home Office. Legal aid is available for certain claims, including those brought against traffickers or businesses that profited from the survivor's exploitation. Compensation schemes that can be accessed are not modern slavery specific and legal aid is not automatically available to make a claim via CICA. All compensation claims processes have strict eligibility criteria and legal time limits; timely legal advice is essential.[22]

OBTAINING COMMUNITY CARE, WELFARE AND/ OR SUPPORT

Survivors who have care and support needs may request an assessment from the appropriate agency. The assessment determines whether the individual is eligible for support and, if so, what services will be provided to meet those needs. Support workers can play a key role by sharing relevant information or evidence about the survivor's needs and, where appropriate, by attending the assessment. If a survivor is found ineligible, or receives a negative decision regarding care, support, or access to health services, they may need to be referred to for legal advice on possible remedies.

HELP TO BRING CASES AGAINST A PUBLIC AUTHORITY DECISION, INCLUDING NRM DECISIONS

Public law refers to legal issues arising from decisions made by public bodies, such as the Home Office, police, and local authorities. Survivors may need legal assistance to challenge a range of decisions, particularly those related to the NRM, including negative Conclusive Grounds decisions, refusals of leave to remain as a victim of trafficking, and exclusions from support on public order or bad faith grounds. Legal help can also be sought for other public law matters such as police complaints, exercising the Victim's Right to Review when the police or prosecution services decide not to prosecute, and bringing claims against public authorities for failures to protect, human rights breaches, or refusals to provide assistance. Additional support may be needed in cases of unlawful detention or when survivors are denied appropriate support or re-referral into the NRM.

CRIMINAL DEFENCE

In some cases, survivors may face criminal proceedings or have previous convictions linked to their exploitation. If not addressed early, these issues can negatively affect other legal matters, such as immigration applications. Legal assistance can help survivors challenge or navigate these issues, providing access to fair trials, as well as overturning wrongful convictions related to exploitation, addressing pending charges, and obtaining specialist advice on previous convictions. Survivors may also need legal support in relation to the defences available to them or in seeking a review under various schemes offered across the UK if action is not being taken against their exploiters.

Public Order Disqualifications (POD)

Public Order Disqualifications (POD): Section 63 of the Nationality and Borders Act 2022 provides for the disqualification of individuals from receiving support through the NRM if they are assessed to pose a threat to public order. It may be determined that an individual poses a threat to public order if they present a serious risk of harm to the public. This may include involvement in serious criminal activity or threats to national security. Such determinations are made on a case-by-case basis, and should include consideration of the individual circumstances and available evidence.

POD request: Prior to a public order disqualification decision being made a survivor will be sent a public order disqualification request indicating that the Home Office is 'minded to apply' the public order disqualification, subject to any relevant information being provided within a specific timeframe. An extension of time can be sought if exceptional circumstances exist. The request to provide information does not apply for foreign national offenders who are detained under immigration powers or who are serving a custodial sentence where the competent authority is satisfied there is sufficient information available to make the decision.

POD decision: Following the short evidence gathering window a decision will be made whether or not to make a public order disqualification decision based on whether the survivors' need for modern slavery specific support outweighs the threat to public order. Once this has been determined a risk of re-trafficking assessment should be completed before making a final decision. The threshold for public order risk is low, especially for foreign national offenders. A prison sentence over 12 months can trigger a POD. Even if protections are withheld due to public order concerns, a re-trafficking risk assessment must still be conducted. If applying a POD would expose the survivor to a real and immediate risk of re-trafficking, they must not be disqualified.

Appealing a POD decision: There is no right of appeal or review of a POD decision. If a POD is applied the survivor must be exited from NRM support, unless an extension is granted. An extension will usually only be granted to prevent destitution, and the survivor must challenge the underlying POD in order to remain in the service for any other reason. Where a survivor wishes to challenge a POD and/or any support decision they can only do so by way of judicial review, and it is important to ensure that the survivor has access to competent legal advice. A public lawyer could assist under legal aid once a POD decision is made, with advice about judicial review of that decision.

Impact of a POD decision: Individuals disqualified on public order grounds lose access to NRM support and protections. This includes being identified conclusively as a survivor, the right to have their needs assessed, eligibility for Temporary Permission to Stay [see p. 306] as a victim of human trafficking or slavery, and protection from removal from the United Kingdom. Support may still be accessed outside of NRM provision.[23]

Bad faith disqualification

An individual may be considered to have made a claim in bad faith of being a victim if they, or someone acting on their behalf, have knowingly provided a false or dishonest statement regarding their victim status.

If it is determined that a person has made a bad faith claim, their case will no longer be considered under the NRM. Any existing positive Reasonable Grounds decision will be withdrawn. If a positive Conclusive Grounds decision has already been issued, that too will be revoked.

Impact of a bad faith disqualification decision: Survivors lose access to NRM support and protection, including the ability to have their needs assessed, receive temporary permission to stay as a victim of human trafficking or slavery, and be protected from removal.[24]

ASSESSING RISK IN RELATION TO POD

Professionals identify and respond to immediate risks of re-trafficking and provide realistic risk assessments, in consultation with legal representatives where possible, of the impact of a public order disqualification upon a survivor.

Under Article 4 of the ECHR, the state must take reasonable steps to prevent re-trafficking if there is a known or likely risk.[25] Professionals working with survivors are often best placed to spot these risks, using their knowledge of the survivor's situation and current support. Any risk assessment should be realistic about what alternative support is available and ideally made with input from the survivor's legal representative. Professionals should also understand the limits of support options, specifically for foreign nationals.

The key considerations are what will happen to the survivor if disqualified from the NRM process and denied continued support. It is critically important that support organisations raise any concerns they may have in respect of risk to the survivor which would arise if a POD were applied.

When conducting the risk of re-trafficking assessment the following must be considered:

- Can the decision to disqualify be issued without putting them at real and immediate risk of re-trafficking in or from the UK?
- Will serving the decision change their circumstances and access to support services and, if so, what are the changes?
- Will any of the changes in circumstances put them at real and immediate risk of re- trafficking?

MAKING A COMPLAINT ABOUT A LEGAL PROFESSIONAL

Professionals signpost survivors to the appropriate complaint channels and support survivors to raise complaints against legal professionals, should they wish to do so.

Survivors are entitled to competent, ethical, and supportive legal advice and representation: if a legal professional fails to meet professional standards, they have the right to make a complaint.

Common reasons for complaint include:

- Failure to inform survivors about their eligibility for legal aid
- Provision of poor quality or inaccurate legal advice
- Lack of communication or delays in progressing the case
- Unprofessional conduct, including insensitivity to trauma
- Charging excessive or unclear fees (particularly if private)
- Breach of confidentiality or mishandling of personal information.

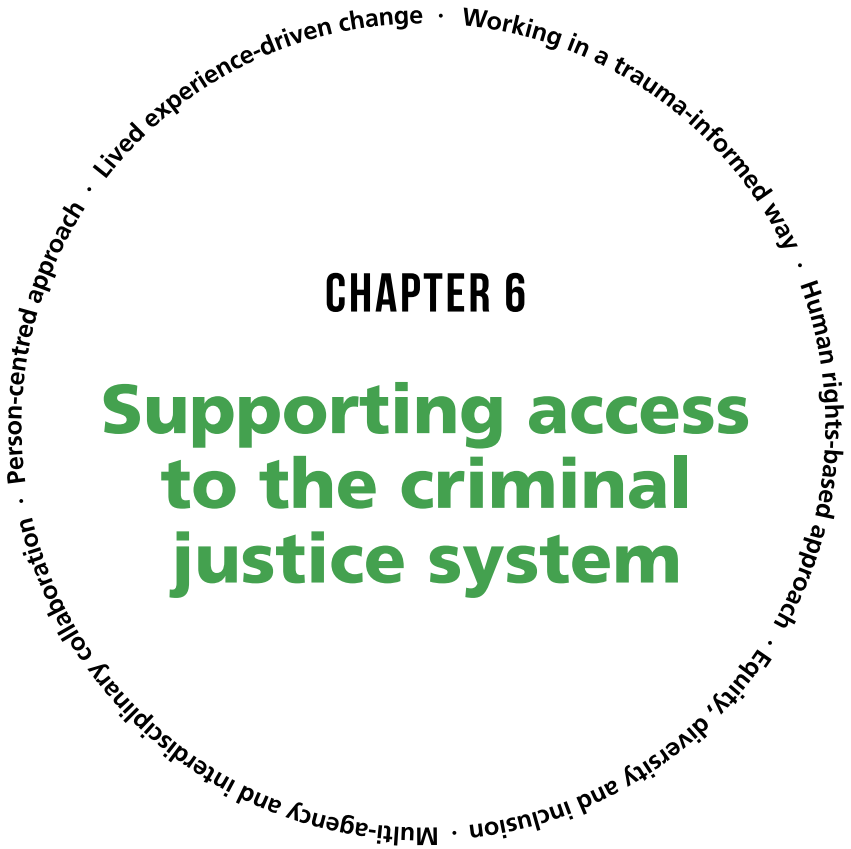
The first step in making a complaint is to raise the issue directly with the legal professional or their firm, as most law firms have a formal internal complaints procedure. The survivor, or the professional acting with the survivor's consent and providing evidence of that consent, should write or email the firm clearly outlining the concerns and requesting a written response. The complaint should ask for a clear explanation of what happened, any steps the firm will take to address the issue, and a copy of the firm's complaints policy if it has not already been provided.

If the issue is not resolved through the law firm's internal complaints procedure, the complaint can be escalated to the appropriate external regulatory body, depending on the type of legal professional involved. There are timescales for bringing complaints to external regulatory bodies, timescales run from the date of the issue complained of, rather than the date of the outcome of the law firm's internal complaints procedure and supporting professionals should ensure survivors are aware of this.

DIRECTING COMPLAINTS

Immigration matters
If an organisation is regulated by the Immigration Advisory Authority (IAA) (formally OISC) or if a legal adviser is not regulated at all, a survivor may at any time complain directly to the IAA as long as the issue did not occur more than a year ago. This is relevant across the UK. The form is available in different languages and complaints can be translated if needed. Support and advice to complain to IAA can be provided.[26]

England and Wales[27]	• For **solicitors**, service-related complaints should be directed to the Legal Ombudsman. The Legal Ombudsman investigates complaints about service issues with lawyers made to them within one year of the date of the relevant act or omission or within one year of when it should reasonably have known there was cause for complaint. These complaints must usually be made within six months of receiving the firm's final response. • If the concern relates to **professional misconduct**, such as dishonesty or discrimination, it should be reported to the Solicitors Regulation Authority (SRA). • For **barristers**, complaints should first be raised with the chambers; if not resolved, they can be escalated to the Bar Standards Board. In the case of **legal executives** regulated by CILEx, complaints should initially be made to their employer, with further escalation possible if necessary.
Northern Ireland[28]	• The Law Society NI - covers complaints regarding the adequacy of professional service provided by a solicitor or their firm and professional conduct complaints about a solicitor or firm of solicitors on the Roll of Solicitors for Northern Ireland. • Barristers must abide by the Code of Conduct for the Bar of Northern Ireland which details the standards of professional conduct and practice required by barristers. If a barrister falls short of these standards a complaint can be made and will be considered and investigated by the Professional Conduct Committee of the Bar Council of Northern Ireland.
Scotland[29]	• The Scottish Legal Complaints Commission is the first point of contact for all complaints about lawyers (including advocates) in Scotland.



CHAPTER 6

Supporting access to the criminal justice system

CHAPTER OVERVIEW

This chapter outlines the standards of care for supporting survivors who choose to engage with the criminal justice system and explains their rights throughout the process. It provides an overview of the stages of the criminal justice system and key information survivors need in order to make an informed decision about reporting to the police. The chapter also guides support professionals on how to assist survivors effectively, and emphasises the importance of trauma-informed, person-centred approaches by all those working in the criminal justice system to encourage positive engagement. In addition, it addresses principles of non-punishment and legal defences available to survivors who may be facing charges or who have been prosecuted for offences connected to their exploitation.

Terminology: Use of the terms 'victim' and 'survivor' in this chapter

In this chapter, both the terms ***victim*** and ***survivor*** are used deliberately. The term victim is used in accordance with criminal law, including criminal codes, charters and standards, and domestic and international legislation. Its usage recognises that a criminal offence has been committed against the individual who has been exploited.

A ***victim*** is defined as ***'a person who has suffered harm, including physical, mental or emotional harm or economic loss which was directly caused by criminal conduct'.***[1]

The term ***survivor*** is used in the context of support and recovery. It reflects the language used by professionals working in support services and acknowledges the individual's journey beyond victimisation.

THE CRIMINAL JUSTICE SYSTEM (CJS) AND VICTIMS' RIGHTS

> **Professionals are familiar with criminal law and criminal justice practices and procedures applicable to their jurisdiction, and support survivors who choose to share information, report a crime, or engage in the criminal justice process.**

Criminal law, practice and procedures can be different across the UK so it is crucial that professionals are familiar with the approach in the relevant jurisdiction. Professionals should understand criminal justice processes and at a minimum have knowledge of the relevant codes of practice for victims of crime and witness charters [see p. 270], so they are aware of and can advocate for the rights and entitlements of victims throughout the process.

Professionals may not be criminal justice experts. However, they should be able to offer survivors an overview of criminal justice processes and provide information about the different stages they may go through. They need to recognise that survivors may be engaging with numerous different types of legal process (for example, an immigration tribunal,

civil case, employment tribunal etc) and therefore may have more than one legal representative. The multitude of processes, the complexities and the differences between them may cause confusion for both survivors and professionals. Information should be presented in an accessible manner and should be revisited and re-explained as required. There are a range of resources available, in a range of languages and formats that can assist with supporting survivors and those supporting them to understand the criminal justice system and their rights.[2]

> **Survivors of modern slavery and human trafficking are victims of crime. All victims of crime have the right to be treated with respect, dignity, sensitivity, compassion and courtesy.**

Survivors must receive clear, accessible information so they can make informed choices about reporting and involvement in the criminal justice system. Their decisions and privacy must be respected, and they are entitled to professional, non-discriminatory support.

Survivors may have been coerced, deceived, or forced into criminal activity by those exploiting them, and this may create significant barriers to engage with law enforcement. They should be treated first and foremost as victims of crime.

Professionals responsibilities within the Criminal Justice System (CJS)

Wider professionals are not responsible for gathering evidence; this is the role of the police. However, professionals should be aware that, through their work with survivors, they may come across information that could be relevant to an investigation. This might include learning that the survivor has access to evidence or becoming the first person to whom the survivor discloses certain aspects of the crime. Survivors should be encouraged to keep any information or documents relevant to their case, including material stored on phones or other devices. Even if they choose not to report immediately, it is important that this information is kept safe and, if they later decide to involve the police, that all relevant evidence is shared with them.

In some cases, professionals may also become aware of attempts to intimidate or threaten the survivor. It is important to recognise that witness intimidation is a criminal offence.[3] Professionals should support the survivor in reporting such incidents if they feel safe to do so, and in taking practical steps to protect themselves, such as changing phone numbers, limiting social media activity, and being cautious about who they share information with, including friends, family, partners, associates, or others who may have also been exploited.

Any information being recorded should be done properly [see p. 68] as it may meet thresholds for disclosure and become third-party materials in subsequent criminal proceedings. Disclosure is the process by which someone charged with a criminal offence is provided copies of, or access to, material from the investigation that is capable of undermining the prosecution case and/or assisting their defence.[4]

SURVIVORS NOT WANTING TO REPORT TO THE POLICE

Survivors are supported to fully consider their criminal justice options.

Survivors should be informed of all their options including that they are able to provide information/intelligence about what has happened to them even if they do not wish to report their case to the police [see p. 49].

If a survivor chooses not to report their experience directly to the police or does not wish to be actively involved in a criminal investigation, they can still choose to share important information in other ways. One option is providing a 'sanitised account'. This involves giving details about their experience, such as how they were trafficked, or information about the traffickers (e.g. names, phone numbers, or locations), while asking for their personal or identifying details to be removed. This allows survivors to contribute valuable information that may help protect others in the future, without having to take part in an investigation themselves.

It is important to explain that when a sanitised account or 'duty to notify'* [see p. 302] is submitted, the survivor is unlikely to have any further involvement, nor will they be notified of any action that may have been taken. It is up to the police whether they act on that information, as there will be no active investigation directly involving the survivor.

Alternatively, survivors can submit anonymous information through services like Crime Stoppers (0800 555 111) or the Modern Slavery and Exploitation Helpline (08000 121 700). Additionally, some local police forces offer anonymous online reporting tools specifically for modern slavery.

Professionals should be clear with survivors about what they can offer in terms of support throughout this process and refer to other agencies as needed. Survivors may be skeptical or anxious about engaging with the police because of past experiences and additional vulnerabilities and may require support to file a report based in line with the Care Standards.

* Duty to Notify is a legal responsibility in England and Wales for some public authorities to notify (via the National Referral Mechanism (NRM) process - see Annex 1 for more information) the government that they may have encountered a victim of trafficking and/or modern slavery but the victim does not wish to be formally identified.

It is essential that police and other criminal justice professionals uphold and apply the victims' codes and charters relevant in their jurisdictions in all their interactions with survivors.

INFORMATION, INTELLIGENCE AND EVIDENCE – WHAT'S THE DIFFERENCE?

	WHAT IS IT?	EXAMPLES
Information	Best described as 'raw' data. It is something that has been seen, heard, experienced or someone has been told about but has not been acted on or tested for accuracy and is open to interpretation.	I often see lots of different men coming and going from the house opposite mine. I think they all live there.
Intelligence	It can be information that is 'actionable', meaning it's sufficient in detail to be developed or used in research to offer context about an event, corroborate other information/ witness accounts or confirm facts.	At 6am every morning, the same white minibus collects the men living opposite me. They're always dressed in grubby blue overalls with 'Speedy Car Wash' printed on the back.
Evidence	This is information that proves a fact. It contains such detail that it meets specific legal standards to be considered proof in a legal setting, such as a court trial or hearing.	I was using the Speedy Car wash today. I recognised one of the workers as my neighbour. He seemed to recognise me. He appeared scared and passed me a note that said, 'Help please'.

SURVIVORS WANTING TO REPORT TO THE POLICE

> **The criminal justice system is inclusive and accessible for all survivors. Survivors feel safe to disclose their experiences without fear of criminalisation or immigration enforcement.**

Professionals may be required to assist survivors who intend to report the crimes to the police and to advocate for the appropriate support should their cases progress through the criminal justice system. All survivors who wish to speak with the police should be informed of the different ways they can do so, along with a clear explanation of the possible outcomes of each option. Reporting methods may include making an official report via email, phone, in person, or through a third party.

Survivors should be supported to explore and fully consider their options before deciding to make a report. It is important that they are made aware, in a sensitive and clear way, that criminal investigations can be complex and may take a significant amount of time and may not always result in a prosecution. Setting realistic expectations around timeframes and possible outcomes is essential. Survivors should also be informed that the standard of proof in criminal cases, beyond reasonable doubt, is very high. Sometimes, cases do not move beyond the investigation stage due to a lack of wider supporting evidence, or situations where the perpetrator cannot be located even though the survivor's account is fully believed. This does not mean the crime didn't happen or that the survivor is not credible. Survivors should also be able to talk about any concerns they have in relation to their safety or the safety of their families.

With informed consent, criminal justice agencies should be made aware of any specific vulnerabilities, such as substance use, disabilities, mental health conditions, continued exploitation or trauma responses, that may impact a survivor's ability to engage with the justice process.

Due to factors such as language and communication barriers, mistrust of authority, negative past experiences with law enforcement, fear of repercussions and threats to family members, trauma, and cultural disorientation, survivors will need tailored support to report crimes committed against them. Fears of being disbelieved, blamed, dismissed, punished or removed from the country can further deter engagement. Survivors who are not UK nationals may be caught between both the criminal justice and immigration system and could be criminalised for immigration offences caused by their trafficking experience.[5]

As the police are permitted to share information with the Home Office for use for immigration purposes, survivors with irregular immigration status should be supported to seek immigration advice before considering reporting their case.

Professionals must consider the cultural, racial and structural contexts that shape survivor experiences. Black, minoritised and migrant survivors face racial disproportionality and discrimination in their interactions with the UK criminal justice system.[6] These experiences can be compounded when survivors also have insecure immigration status, which is frequently weaponised by exploiters to deceive and coerce victims into offending.[7] Survivors may fear reporting abuse or cooperating with investigations if they believe it could impact their immigration status and lead to deportation. In addition, survivors may have come from countries where there is police corruption. Professionals should not view these fears as irrational, but as evidence of the survivor's insight into real systemic risks. Their understanding of the UK criminal justice system may differ significantly from their previous experiences in other countries. This context can create mistrust or fear of the police and legal authorities, even when the intent is protective.[8] Supporting survivors through this process requires proactive, trauma-informed and culturally responsive approaches. Survivors should be referred to specialist organisations that provide services that are equipped to understand their cultural needs and provide holistic support that addresses intersecting needs.

Resources used should be in the survivor's preferred language where possible and verbal explanations should be offered alongside written materials, especially if the survivor is not confident in interpreting written materials. The language used to explain their legal rights should be clear, simple and non-technical and professionals should avoid using jargon that can increase confusion and use interpreters where needed.

If a survivor has reported their crime, the following information needs to be ascertained:

- the crime reference number (it is also advisable to get the incident reference number as well. This means before a crime number is allocated the incident can still be located)
- the contact details of the Officer in Charge (OIC), including their collar or badge number
- whether consent was given to be referred into the National Referral Mechanism (NRM) or not.

Survivors in the National Referral Mechanism (NRM) [see p. 299]

A potential victim of modern slavery is a potential victim of a crime. All NRM referrals should be referred to the police - either on the victim's behalf if they give consent, or as a third-party referral if they don't give consent (provided this does not breach any obligation of confidence under the common law).[9]

This referral should be made by the first responder/supporting professional or, if the crime report has not already been made by the time the NRM form is received, the relevant competent authority. The police will then determine what action is appropriate, in line with relevant guidance on counting rules.[10]

The victim is under no obligation to cooperate with the police to receive NRM support. Victims can decline to support a police investigation on the NRM referral form and later change their mind. If the victim indicates they will cooperate, then the police will contact them regarding the allegation. Otherwise, communication will be with the person who made the third-party referral.

Professionals must be aware that survivors are sometimes subject to criminal investigation or may have been previously prosecuted. Professionals should identify whether the survivor is currently being investigated or has previously been prosecuted for offences committed while they were in a situation of exploitation. If a survivor is unsure if they have been prosecuted, they can be supported to submit a subject access request to the national police unit (ACRO).[11] This is particularly important if their criminal record may be linked to their trafficking experience, as it flags the need for further legal advice on their options. If a defence solicitor is not familiar with trafficking and modern slavery, link the solicitor with more specialist lawyers who are. The Survivor Support Services Map provides an overview of legal advice services that can be used as a starting point.[12]

Legal representatives also may require support agencies to provide a support letter or witness evidence. Survivors who have been criminalised and treated as offenders are likely to require longer-term, specialist independent advocacy and legal support, and they should be referred to services experienced in supporting criminalised victims of trafficking and modern slavery. Concerns about immigration status should not prevent a survivor from being able to disclose their experiences to the authorities.

THE STAGES OF THE CRIMINAL JUSTICE PROCESS

Victims, their families and wider witnesses of modern slavery and trafficking (including support agencies who may be required to give evidence) feel safeguarded and protected before, during and after the prosecution process.

REPORTING A CRIME

A crime can be reported to the police by visiting a police station, by phone or online.* A third party can also report a crime on a survivor's behalf (with their consent). In an emergency, always call 999; for non-emergencies, call 101.

After a crime is reported, the police will provide information about what to expect from the criminal justice system process. Under the Victim Code (England and Wales), The Victim's Code (Scotland) and the Victim Charter (Northern Ireland), survivors are entitled to receive a written acknowledgement that a crime has been reported in a format and language that they understand.[13]

Survivors may first speak to officers or staff unfamiliar with modern slavery. They should be supported in deciding what to share and encouraged to speak with specialist officers or teams trained in modern slavery where possible. As part of the reporting process a survivor may be asked to make a witness statement explaining what happened to them. Police should assess if support is required to complete such a statement and provide the option to record a statement via video instead of writing it down.

In addition to a witness statement, survivors have the right to choose to make a personal statement to share their views and experiences in the criminal justice process (equivalent mechanisms are available across the four nations). This statement, if the case proceeds would be given to the court to explain how the crime has impacted and affected them financially, emotionally and/or physically. This does not have to be done at the same time as a witness statement and can be provided pre an offender being sentenced, should the case reach this point. If a video recorded account or interview is being obtained in place of a written statement, the personal statement should be included within the interview recording after the completion of the evidential account.[14]

* Only non-serious issues should be reported via the online mechanisms available.

Survivors should be made aware that by reporting a crime they may be required to give evidence in court should the case go to trial. If a survivor is to be interviewed, this should happen without unnecessary delay, take place over as many sessions as required by the survivor, and ideally be conducted by the same officer and interpreter if one is being used. If a survivor has consented to enter the NRM this should be mentioned at point of reporting.

Crime numbers and counting rules

Every crime reported must receive a crime reference number. This is important to ensure the criminal justice system processes run smoothly and will enable survivors to apply for compensation via the Criminal Injuries Compensation Scheme should they choose to [see p. 262].

Home Office counting rules, relevant to England and Wales, state that a crime should be recorded as soon as sufficient information exists to meet the threshold and the crime recording steps. This should be on the same day the report is received and no later than 24 hours after the initial report was received. Whilst there are some exceptions to this rule, recording must not be delayed to carry out an investigation.[15]

INVESTIGATION OF THE CRIME

Police forces have an obligation to record all crimes and a duty to investigate modern slavery crimes that have occurred in the UK.[16] Each force is entitled to determine what level of investigation they deem to be proportionate on a case-by-case basis. There are special rules in relation to exploitation that has occurred wholly overseas, and police no longer must record these as crimes, although some do as it can help facilitate information sharing with overseas policing partners.[17] Failure to investigate a case can result in a breach of the victims' Human Rights.[18] Survivors can be referred to a legal representative for advice where there are failures of this nature.

If interviewing victims as part of the investigation, officers should approach this in a trauma informed manner, referring to and considering achieving best evidence (ABE) processes and special measures throughout the victim's journey.[19]

Practice reminder: Police considerations for interviews

Officers interviewing survivors should:

- **Clearly explain the process:** Outline the nature of the offence, what the interview involves, and how the information will be used. Survivors should be supported to fully understand this, given space to ask questions, and offered regular checks for understanding. Advise on scheduled breaks and stick to these. Remind survivors they can take additional breaks at any time.
- **Build rapport before questioning:** Take time to establish trust to help survivors feel safe and respected, especially given potential trauma and fear of authority. Officers should introduce themselves, explain their role, and proceed at the survivor's pace.
- **Use a trauma-informed approach:** Recognise how trauma affects communication and memory, and responding in ways that promote safety, empowerment, and dignity. This includes awareness of wider needs such as mental health, disability, or cultural background, and adapting accordingly.
- **Be aware of other factors:** For example, Officers consider survivors health needs around timing of medication and how medication may wear off during long interviews that may impact on their ability to function at full capacity as well as being aware of strong accents that could impact on survivor's ability to understand questions they are being asked.
- **Create a survivor-led setting:** Officers should ask what environment feels most comfortable, including seating arrangements and who is present. These small adjustments can significantly improve a survivor's ability to engage and give their best evidence.

POSSIBLE OUTCOMES OF AN INVESTIGATION

Survivors should be made aware that there are multiple routes a criminal investigation can take, depending on the jurisdiction and the relevant oversight bodies. They should be informed of the possible outcomes of an investigation, as outlined below.

No further action (NFA)*

This means there was not enough evidence for the police to proceed. If the police do not lay charges, it may be because they do not believe they have enough evidence to proceed, the suspect has died or the victim has withdrawn their support; it does not mean that the police do not believe the survivor. Survivors still have access to all supports, including victim services.

Case being taken forward and suspect charged

A decision to charge an individual with a criminal offence is usually made by the police or prosecution services based on whether there is sufficient evidence and if a prosecution is in the public interest. Survivors should be helped to understand that sometimes charges that are laid are dependent on the evidence available. If the full extent of modern slavery can't be proven, a suspect may be charged with an alternative offence, for example assault, managing or controlling prostitution, sexual offences or false imprisonment. If charges are laid, the case could take months or years to work its way through the courts and the case may still not reach this stage.

Prosecution Services

England and Wales: The Crown Prosecution Service (CPS) prosecutes criminal cases investigated by the police and other organisations. The CPS is independent and makes decisions separately from the police and government.

Northern Ireland: The Public Prosecution Service (PPS) is the prosecuting authority. It is responsible for deciding whether to prosecute in all cases investigated by the police.

Scotland: The Crown Office and Procurator Fiscal Service (COPFS) is the public prosecution service.[20]

* NI - This applies to only minor offences in NI where a suspect is identified and unlikely for these matters

Alternatives to prosecution

There are alternatives to prosecution, depending on the offence committed, and the jurisdictions in which the crime occurred. Alternatives may include out of court resolutions such as giving the suspect a caution or a penalty notice and not taking the case to court. Whilst it may not be likely that out of court disposals would be used for modern slavery cases, they could be used if perpetrators are being charged for alternative offences. For further information on when alternatives may be considered and used, refer to the relevant prosecution guidance.

Prosecution not taken forward

An investigation may be closed if all reasonable lines of enquiry have been taken and no suspect has been located. If the case is closed the reasons for this must be provided. If a suspect has been located reasons must also be given why a prosecution is not being taken forward (this information may come from the police or the prosecution service). Any decisions made in relation to a case must be confirmed in writing with a reasonable explanation for the decision and survivors should be informed, within any written decisions, of any right to seek a review of the decision. Supporting professionals may need to proactively advocate for this to happen and remind police of this process and a victim's rights in relation to this.

The impact of court delays

Victims of modern slavery face significant challenges in rebuilding their lives, and the justice process can be a critical part of that journey. However, delays in court proceedings often prolong trauma, undermine trust in the system, and hinder recovery. Support will be required throughout this process for survivors to be able to engage.

Professionals inform survivors of any court delays that may impact on their case and provide support during this time. Delays can lead to:

- **Prolonged trauma and anxiety:** Victims often suffer from complex trauma. Long waits for trials can trigger ongoing stress, fear of re-trafficking, or retribution, and repeated reliving of traumatic experiences.
- **Disruption to recovery and reintegration:** Delays can stall access to compensation, asylum outcomes, or secure immigration status, all of which are vital for long-term stability. Victims may be unable to work or access education while their legal status remains uncertain.
- **Loss of trust and engagement:** Extended delays can erode victims' trust in the justice system, leading to disengagement from proceedings. This can weaken prosecutions and deny victims a sense of justice.
- **Increased risk of re-victimisation:** Without timely resolution and stable support, victims are at a higher risk of falling back into exploitative situations.

TAKING A PROSECUTION FORWARD

> **Professionals understand the risks survivors face, and the support they need, before, during, and after trial proceedings, as this is essential to ensuring their meaningful participation in the justice process.**

Taking a case to court can be a lengthy process, and some survivors may lose access to specialist support over time. Giving evidence as a witness can be re-traumatising, as it often involves reliving traumatic and exploitative experiences. In addition, survivors may face intimidation or threats from individuals connected to their exploitation, in the lead-up to, during and after the trial. Threats may also be made to the victim's family members as a method of control. All these elements need to be considered by all the professionals involved in a case.

Once the prosecution service decides there is enough evidence to proceed, the case will go to court. At this stage, a dedicated contact should be assigned to the victim.* These services vary by nation. This service is designed to keep the survivor updated on the progress of the case and help to coordinate support, including travel, accommodation, a court companion if needed, and regular updates on court dates and the accused's custody status. This support should be consistent regardless of whether the victim is in the UK or has relocated abroad.

Victims should also be referred to the relevant Witness Support services in their location† and offered emotional support, court process information, and pre-trial visits, which are especially valuable for survivors unfamiliar with the legal system or facing additional barriers. Pre-Trial court visits arranged through the relevant witness support service can help survivors to find out what will happen on the day of trial and many find this helps them to feel more confident about what will happen when they do go to court to give evidence.

If the case proceeds to trial, victims may be called as witnesses. In such cases, appropriate support should be offered before, during and after their attendance at court.

* Witness Care Officer in England and Wales, a Single point of contact in the Victim and Witness Care Unit in Northern Ireland and Victim Liaison Officers within the Victim Witness Care Unit (VWCU) in Scotland.

† Witness Service - delivered by Citizens Advice in England and Wales, Victim Support in Northern Ireland and Scotland. Scotland additionally has the Victim Information and Advice service within COPFS.

Safe transport and accommodation are essential, particularly if public transport or nearby locations pose a risk. Where possible, police or professionals should accompany survivors in respect of transport to and from the court. Victims should also be informed in advance about court rules (e.g. no weapons or photography) and practical tips, such as bringing food, what to wear, reading materials, or known smoking areas, to reduce stress on the day.

In addition to any special measures as a victim of the crime appearing in court as a witness, survivors have the right to:

- visit the court before giving evidence
- meet the legal team who is presenting the case in court who will explain what to expect and answer any questions they may have
- wait in an area away from the suspect and their family and friends
- be introduced to a member of court staff (or of witness support services) who will answer questions about what is happening in the case during the trial
- enter court from a separate entrance to the public
- access a separate waiting room
- a supporter or family member with them.[21]

Each of these things can be crucial to survivors in feeling confident in understanding the process and how they will be protected in court, and it can significantly reduce anxieties when it comes to the trial and giving evidence. It can also enable further assessment of any particular barriers the survivor may face.

SPECIAL MEASURES

Special measures are provisions that help vulnerable and intimidated witnesses give evidence in court and help to relieve some of the stress associated with giving evidence.

Some categories of witness are automatically entitled to special measures, and the police will inform victims if this is the case. If not, an assessment (by police) should occur to determine if the witness would benefit from special measures.* Discussions should be had about which special measures are most appropriate and beneficial. These are presented to the court who will consider this and make a final decision.

* In Scotland, this would be done in conjunction with VIA (Victim Information and Advice) within COPFS.

If an offence sits outside of this legislation, survivors may be considered to be vulnerable and intimidated witnesses due to other factors and professionals should refer to the relevant guidance for this. Professionals may be asked to provide an overview of the support needs of the survivor in terms of their vulnerabilities.[22]

Legal Frameworks

Recognising that victims of trafficking are automatically considered to be intimidated and vulnerable witnesses and therefore eligible to special measures in court is consistent across the UK. Employing a range of special measures will be appropriate in most cases, however survivors can opt out of using the measures offered. Legal frameworks to apply special measures differ in each jurisdiction.

England and Wales: Special measures are provided under the Youth Justice and Criminal Evidence Act 1999 and referenced in the Modern Slavery Act 2015 (s.46).

Northern Ireland: Measures listed under the Criminal Evidence (Northern Ireland) Order 1999 and referenced in the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 (s.24).

Scotland: Provisions are under the Criminal Procedure (Scotland) Act 1995 and the Vulnerable Witnesses (Criminal Evidence)(Scotland) Act 2019.[23]

Examples of special measures

- Interview is video-recorded instead of written and this can be played at the trial (pre-recording of evidence is available and enacted in Scotland and available in Northern Ireland).[24]
- Giving evidence and being cross-examined by the defence lawyer earlier in the court process on video as evidence, so attendance at the trial is not required.
- Having screens around the witness box or giving evidence by live video-link, so as not to have to see the suspect or anyone related to them who may be present in court.
- Giving evidence in court is held privately.

- Having an intermediary throughout the process. An intermediary facilitates communication between the police, prosecution, and defence legal teams and/or the court and a witness to ensure that the communication process is as complete, coherent, and accurate as possible. The intermediary is impartial and neutral.
- Removal of wigs and gowns.
- Aids to communication, the court allows devices to aid communication, such as visual aids, eye-gaze software and voice output devices.[25]

Criminal justice professionals should consider the need for a ground rules hearing. This is a hearing which is used to ensure fair treatment and enable better participation of vulnerable defendants and/or witnesses.* They are commonly used by judges to make directions for the fair treatment and effective participation of vulnerable defendants and/or vulnerable witnesses. Courts must take reasonable steps to ensure the effective participation of vulnerable defendants and witnesses.

Victims who are also witnesses may be able to attend and watch the case once they have given evidence. Those who are not giving evidence can watch the trial from the beginning should they choose to. This may not be advisable if they might be called to give evidence - sometimes the prosecution may call extra witnesses.

WITNESS PROTECTION AND ANONYMITY

Survivors may be fearful of giving evidence and in this case, prosecutors should liaise closely with the police to consider the range of options available to them; witness protection and anonymity guidelines and practices should be considered.[26]

It is a requirement enshrined in international obligations that victims and witnesses of modern slavery feel safeguarded throughout the prosecution process, even if a survivor is not in a formal witness protection programme.[27] The criminal justice process can often be long and continue over several years, so the provision of independent advocacy, legal representation and long-term support is an essential part of building trust and rapport with the survivor from first contact.

* Grounds Rules Hearings are used in Scotland where there is to be the taking of a witness' Evidence on Commission

Assessing risks to protect witnesses can be frightening for survivors who may have already experienced significant trauma and harm so this needs to be approached with sensitivity, dignity and respect of the survivor, in a trauma informed way.[28]

FORMALISED WITNESS PROTECTION PROGRAMME: UK PROTECTED PERSONS SERVICE (UKPPS)

The UKPPS is a national service, covering the National Crime Agency, National Policing, and other public bodies and provides protection to people judged to be at risk of serious harm where the protection arrangements required by the individual are not available at a local police force level or referring agency. Access to this service will depend on the level of threat to the individual and protection is tailored to the individual. Often the service involves removing people from the area where the threat is to a new, safe location. The threshold for this kind of protection tends to be very high. Referrals to the UKPPS are made by police forces, the National Crime Agency (NCA), and other law enforcement bodies.[29]

THREATS AND INTIMIDATION OF SURVIVORS/ WITNESSES

Intimidation of witnesses is a situation where a victim/survivor; witness or their family members can be threatened; harassed; or pressured into a situation to prevent them from giving evidence.[30] Victims may face harm, intimidation or threats from traffickers or associates before, during, or after legal proceedings. If witnesses do experience threats from the perpetrators at any time they should report this to the police. The police will require as much information as possible, so it is important to keep any documentation such as social media posts and telephone messages, time, date and nature of the threats and intimidation even if the survivor does not initially wish to report this. If threats and intimidation occur in another country, then this needs to be reported to the police in that country as well as being flagged with the responsible police force in the UK. Ongoing risks from offenders and criminal networks must be considered, including post-conviction or acquittal scenarios.

GIVING EVIDENCE FROM ABROAD

There is a Home Office scheme (with police support) where temporary immigration status can be obtained for a victim who has returned home or relocated abroad, where their presence in the UK is required to support a trial.[31] They may be unwilling or unable to return to the UK to attend the trial, however this should not present a barrier to justice. Survivors must be offered the opportunity to give evidence via live video link if this available in their location. Practically this will require a formal request, called an International Letter of Request. It should be made as soon as the victim agrees to use a video link as the process can take some time to organise. Wherever possible it is important to ensure support is available up to, during and post any trial. Survivors may be referred to victim/witness services available in their county and it is helpful to speak with the in-country Liaison Prosecutor (if available) to speed things up and check for any special requirements. Typically, a UK investigating officer will be present during the evidence-giving process, alongside local court and prosecution staff. The impact of deportation or repatriation on giving evidence must be considered so that investigations and/or prosecutions are not compromised.

Practice reminder: Returning to another country

> **Professionals recognise and address the risks related to survivors leaving the UK.**

Before a survivor returns, the following steps should be taken:

- **Complete a pre-return risk assessment:** Ensure the risks associated with return are identified, understood and wherever possible mitigated in collaboration with the survivor and other agencies.
- **Identify local support services:** Confirm, and communicate, what services are available in the country of return.
- **Advise on reporting threats:** Ensure survivors understand that any threats or contact from perpetrators, whether in the UK or abroad, should be reported immediately.
- **Advocate for safety measures:** Work with the officer in charge (OIC) to request appropriate protections in the survivor's country of return, where needed, and make early contact with the Foreign, Commonwealth & Development Office and the British embassy in-country to support with this.
- **Agree on post-return contact responsibility:** Discuss and decide which organisation will maintain contact with the survivor after return, and how often.
- **Maintain updated contact details:** Share relevant contact details with the investigating officer and ensure communication channels remain active, with updates provided if details change.
- **Check for ancillary protective orders:** Enquire about any specific orders available in the country of return to protect victims and witnesses.
- **Inform about remote evidence options (where available)*:** Explain that support is available for giving evidence from abroad, including video links.
- **Support familiarity with evidence locations:** Help survivors access the location for video link testimony, including arranging pre-visits if possible.
- **Provide logistical support for remote proceedings:** Ensure survivors have reliable internet and other necessary support if court proceedings are not local to them.

* There are restrictions on the countries where video link evidence from abroad is available and/or permitted. It is not available in all states and should be checked on a case-by-case basis.

Need and risk assessments for returning survivors

For survivors returning to their country of origin or another country while an investigation is ongoing, the following needs and risks should be considered, as they may limit the survivor's ability to stay involved in the case and the criminal justice process.

- **Ongoing vulnerabilities:** Survivors may continue to face vulnerabilities that increase their risk of further harm, abuse or re-exploitation from existing exploiters or expose them to new risks from new exploiters. These factors are not only relevant to safeguarding concerns but can also impact a survivor's ability to participate in the proceedings.
- **Support services in the country of return:** It is important to assess whether adequate and accessible support services are available in the country the survivor is returning to, and whether they will be available for the length of time the survivor is likely to need them. This includes access to both general support and specific witness support services. Limited or short-term services may heighten the risk of re-trafficking.
- **Risk of exploitation or reprisals:** A comprehensive assessment of short, medium, and long-term risks should be carried out, particularly where there is known involvement of organised criminal gangs. This includes assessing the potential for witness intimidation, threats, or reprisals, not just during the investigation, prosecution, and trial phases, but also after trial. Risks may persist if the alleged perpetrator is acquitted or, if convicted, is later released and deported to the country where the survivor is living.

Refer to guidance on completing needs and risk assessments for survivors returning for more information.[32]

POST THE TRIAL (WHEN GIVEN A CUSTODIAL SENTENCE)

Victims contact schemes

Schemes are available that continue to keep victims informed after the trial. The relevant witness care service should communicate the trial outcome, including whether the person was found guilty and the sentence given, and provide details of the appropriate victim contact scheme. Schemes across the UK are provided but have different eligibility criteria and professionals should keep up to date with what is available in their location [see p. 269, p. 270 – p. 273].

Sentencing regimes and appeals

Lenient sentencing regimes apply to specific offences and allow the prosecutor, supporting professionals, representatives and/or the survivor to ask for certain sentences to be reviewed by the relevant office. If it is considered that the sentence is unduly lenient, i.e. too low a sentence, they can ask the court of appeal to review the sentence. Sentences can be appealed but different laws and processes are applied across the UK.[33]

Parole processes and other forms of release

Once informed about an offender's parole, victims registered with the relevant notification and victim schemes can:

- Be informed when the person is being considered for release.
- Choose to make a statement to the Parole Board – including requesting conditions to the offender's licence if they are released. For example, that they must not go to the area a survivor lives in without permission and/or that they must not make contact.
- Ask that their original victim personal statement be used at parole board hearings, and these can be updated to explain how the crime continues to impact them (as outlined in victim codes and charters).[34]
- Request a summary of the Parole Board decision and ask the Secretary of State to make a reconsideration application where the Parole Board has directed release. Where the offender is serving a determinate sentence with an automatic release date, such conditions can be requested via victim liaison officers and single points of contact.
- In some cases (e.g. life sentences, extended sentences, or Orders for Lifelong Restriction), victims may also be offered a victim interview with a Parole Board member and request to attend the parole hearing.

Parole England and Wales: Offenders serving a determinate sentence will usually be released from prison at the 40% or 50% stage of their sentence. Some offenders can only be released once they have completed their tariff (minimum term) and only if the Parole Board decides they are safe to release.

Parole Scotland: Sometimes a person in custody can be released before the end of their full sentence. Parole is a system that allows people who serve sentences longer than four years in prison to continue serving their sentence in the community, not because their sentence is over, but because the Parole Board for Scotland assess that the risk the person poses can be safely managed outside of prison.

Early release scheme: In response to prison capacity these releases apply to lower-risk offenders; serious violent, sexual, or terror offenders are typically excluded.

Early removal scheme for foreign national offenders: Enables foreign national prisoners serving fixed-term sentences to be deported up to 18 months (545 days) ***before*** their standard release date, provided they serve at least half their sentence.

Time spent on remand: Time in custody contributes towards time served of final sentence.

Parole Northern Ireland: The parole process begins when the Prison Service, on behalf of the Department of Justice, refers a case to the Parole Commissioners around six months before the tariff expiry or eligibility date. At Stage 1, a single Commissioner reviews the case on paper and may provisionally direct release, refuse release, or refer the case to a panel of three Commissioners. If release is provisionally directed or refused, the case can move to Stage 2, where a panel of three Commissioners considers it again, either through an oral hearing (attended by the prisoner and their representative) or, if all parties agree, by reviewing written evidence and representations only.

For further information on different parole processes across the UK refer to relevant guidance.[35]

COMPENSATION ORDERS

Survivors may be entitled to compensation through various routes. Courts can order offenders to pay for injury, distress, or property damage, based on the offence and the offender's ability to pay. Additional options include criminal compensation orders, slavery and trafficking reparation orders, Criminal Injuries Compensation for violent crimes, and claims through employment tribunals or civil courts.* Legal advice should be sought promptly to understand these options and meet any time limits. Legal aid may be available for eligible claims [see p. 208].[36]

RESTORATIVE JUSTICE

Victims harmed by crimes may be able to access the restorative justice process. In some cases, a meeting can be arranged with offenders. Victims may want to ask the offender questions about what happened or explain the impact the crime had on them. This process does not always involve face-to-face meetings and can be facilitated in a variety of different ways.

* Compensation can be sought via the Criminal Injuries compensation scheme (England, Scotland and Wales) and the Criminal Injuries compensation scheme (Northern Ireland)

Legal Frameworks

Slavery and Trafficking Prevention Orders (STPOs) and Slavery and Trafficking Risk Orders (STROs)

England and Wales: STPO and STROs are legal tools introduced under the Modern Slavery Act 2015. They help the police and courts stop people who might commit modern slavery or human trafficking offences in the future. These orders aim to protect people from being harmed or exploited and are used to prevent crime before it happens.

- **STPOs** are used for people who have already been convicted, cautioned, or warned for slavery or trafficking offences.
- **STROs** are used for people who have not been convicted but are believed to pose a risk of committing such offences.

Northern Ireland: Schedule 3 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 makes provision for Slavery and Trafficking Prevention Orders.*

Scotland: Trafficking and Exploitation Prevention Orders and Trafficking and Exploitation Risk Orders are contained in Part 4 of the Human Trafficking and Exploitation (Scotland) Act 2015. Police Scotland has national guidance on the procedures for seeking these orders.[37]

* At the time of writing there are no provisions for Slavery and Trafficking Risk Orders in Northern Ireland, however the Department of Justice is committed to bringing forward appropriate legislation in due course. Slavery and Trafficking Prevention and Risk Orders which have been issued to individuals in other jurisdictions of the UK are enforceable in Northern Ireland.

Practice reminder: Use of orders

- **Advocate for orders:** Professionals and police should actively advocate for orders to be used and should not assume that prosecution and policing colleagues are aware of them or how they can be applied.
- **Consider wider orders:** Recognise that wider orders may be available due to the intersection with other crimes, such as those relating to sexual violence and domestic abuse.
- **Use orders to restrict harmful behaviour:** Orders can include restrictions or conditions designed to stop harmful behaviour and keep potential victims safe. Orders must include the prohibitions necessary to protect the public from harm caused by the defendant, and these can cover activities both within and outside the UK.
- **Check for equivalent orders abroad:** If a survivor has returned to another country, be aware that equivalent orders may exist there. These require liaison with local victim and witness support services, UK services, and local police.
- **Ensure awareness of orders:** When police make orders concerning the protection of a victim or witness, it is vital to ensure that the survivor, support agencies, criminal justice agencies, and, where relevant, the prison housing the offender are all informed. This ensures breaches can be identified and reported quickly.

COMPELLED TO COMMIT A CRIME

> **Survivors who are treated as suspects or perpetrators of a crime are supported throughout the criminal justice process with appropriate legal guidance and access to authorised interpreters and legal representation.**

Some victims will have been forced into criminality as part of their trafficking and may initially be identified as offenders and perpetrators of crime rather than victims of crime.*

Police officers and CJS professionals must be aware of this when considering making arrests and proceeding down the prosecution route.

Adult victims should not ordinarily be prosecuted for offences they have been compelled into committing because of their situation of exploitation. This will, however, depend on such things as the offence alleged, application of any applicable statutory defences, other available defences and any public policy considerations in the relevant jurisdiction.

If a victim is involved in the prosecution process it is important to identify and liaise with a legal representative, as soon as they encounter the police, to provide information and guidance, on their legal options including the right to appeal a conviction and, non-prosecution legislation. They are entitled to a free lawyer in the police station regardless of means.

Victims with insecure immigration status may be particularly vulnerable, including facing the risk of deportation for offences committed under duress. It is helpful to connect the legal representative with expert lawyers who already work on non-prosecution cases. If the victim does not have legal representation, obtain the victim's consent to make an appropriate referral to a specialist solicitor [see p. 197].

The application of non-punishment protections
England, Northern Ireland, Scotland and Wales each have processes and guidance in place to ensure that victims of human trafficking or exploitation will not have criminal proceedings raised against them – except in exceptional circumstances where it is necessary due to legislative time limits. In those circumstances, even although proceedings are raised, they are not progressed or concluded until such time as the individual's status is clear. Potential victims are, therefore, not penalised for unlawful acts committed as a direct result of being trafficked.

* Compensation may be paid to the survivor as a result of a human rights case e.g. if there was a failure to identify them or failureto investigate the case.

Legal Frameworks

The Council of Europe Convention on Action against Trafficking in Human Beings (ECAT) Article 26 states prosecutors must exercise discretion in deciding whether or not to pursue a criminal prosecution for offences committed as a result of a trafficking situation and that countries must 'provide for the possibility of not imposing penalties on victims for their involvement in unlawful activities, to the extent that they have been compelled to do so'.

Legal Frameworks

England and Wales: The non punishment principle is applied by virtue of Crown Prosecution Guidance and a statutory defence. Section 45 of the Modern Slavery Act gives a legal defence to people who committed a crime because they were victims of modern slavery or human trafficking. This defence is intended to reassure victims that they can speak out against their perpetrators without being punished for crimes they were forced to commit during their exploitation. It is, however, not a generic defence for anyone who has been a victim of modern slavery or human trafficking and schedule 4 of the Act contains a list of crimes where the defence does not apply.

In England and Wales, prosecutors apply a four-part test when considering cases involving potential victims of modern slavery:

1. **Victim status** – Is there reason to believe the person is a victim of modern slavery?
2. **Duress** – Is there evidence of a duress defence? If yes, the case should be discontinued.
3. **Statutory defence** – Is there evidence of a statutory defence? If yes, the case should be discontinued.
4. **Public interest** – If no defence applies, is it in the public interest to prosecute?

Other possible defences, such as self-defence, may also be taken into account. ECAT Article 26.

Northern Ireland: Section 22 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 creates a statutory defence for victims of slavery and human trafficking, who have been compelled to commit certain offences.

Scotland: There are two non-punishment protections in Scotland. The two protections form Scotland's approach to prosecuting a potential victim of human trafficking and exploitation.

1. The Lord Advocate's Instructions for non-prosecution of victims of human trafficking
   Adults (18 or over):
   If there is enough evidence that an adult committed an offence and credible information shows they are a victim of trafficking or exploitation, and they were compelled to commit the offence as a direct result of that exploitation, there is a strong presumption against prosecution.
2. Common law defence of coercion - the threshold is significant and requires showing there was an immediate threat to life, and committing the crime was the only way to avoid that harm.[38]

CONSIDERATIONS FOR PROFESSIONALS

> **Professionals empower survivors to navigate the criminal justice system safely and confidently by ensuring access to clear information, legal support, protection from intimidation, and safeguarding their rights throughout.**

Professionals play a vital role in providing guidance, reassurance, and practical assistance to ensure survivors understand their rights, feel supported throughout investigations and court processes, and are protected from intimidation or harm. Professionals coordinate with legal, law enforcement, and other relevant services to reduce survivors' stress, prevent re-traumatisation, and uphold their dignity and agency at every stage of the criminal justice process.

Managing information, records, and the evidential chain

- **Evidence:** Non-law enforcement professionals do not gather evidence for criminal investigations, but may collect information for safeguarding, NRM referrals, or civil proceedings that could later become relevant in a criminal case. For example, disclosures about witness intimidation may meet the threshold for disclosure, even if they were not intended as criminal evidence. Similarly, information used in Conclusive Grounds decisions or legal advice may later be considered third-party material.
- **The evidential chain:** The evidential chain (or chain of custody) refers to the documented, secure process by which physical or digital evidence is collected, transferred, stored, and presented in court. Its purpose is to ensure that evidence remains reliable and admissible. Any break in this chain can undermine a criminal case. Professionals should do their best to avoid entering the evidential chain, by, for example, touching or retaining evidence or conducting their own investigations. Any relevant disclosures made should be passed directly to the police to protect both the integrity of the evidence and the professional from legal risk.
- **Disclosure and third-party material:*** Supporting professionals may hold third-party material that becomes relevant to a criminal case. This includes records or information that meet disclosure thresholds, even if gathered for other reasons.[39] Legal representatives may gather evidence for civil or employment cases, some of which may pre-date police involvement and may be covered by legal professional privilege.
- **Record-keeping:** Effective, accurate record-keeping is essential. While those supporting are not expected to operate as investigators, they should recognise that some records may later be treated as third-party material and could fall under disclosure obligations.

* Third party material is that held by a person, organisation, or government department other than the investigator or prosecutor. It may be held by those inside or outside of the UK. Frequently encountered third parties include: owners of CCTV material; social services departments; forensic experts; police surgeons; and GPs and hospital authorities.

Practice reminder: Assisting engagement with the criminal justice system

To help navigate the criminal justice system professionals should:

- **Help survivors understand the CJS:** Explain how the system works, the role of the police and their rights including if they do not want to cooperate with the police.
- **Support understanding of rights:** Ensure survivors know their rights at all stages and encourage them to raise questions or concerns with CJS professionals.
- **Clarify and revisit information:** Provide support after police interactions and assist in seeking updates from relevant agencies.
- **Facilitate access to specialist legal support:** Connect survivors with immigration advice and legal assistance as early as possible.
- **Encourage breaks or postponements:** Allow survivors to pause interviews if they feel distressed, unwell, or overwhelmed.
- **Be alert to intimidation, threats or retaliation:** Recognise signs of exploiters' interference and respond with proactive safeguarding measures.
- **Liaise with police and other services:** Avoid duplication of communication to reduce the burden on the survivor.
- **Request and document informed consent:** To allow for communication between professionals, police, and CJS agencies.
- **Consider risks linked to previous areas of exploitation:** Be aware that survivors may be recognised or re-traumatised in these locations.
- **Support practical protective steps:** Offer advice on changing phone numbers, limiting social media use, and being cautious about who information is shared with, if needed.
- **Uphold professional boundaries:** Avoid becoming part of the evidential chain where possible and pass evidence to police appropriately.
- **Ensure timely leave applications:** Extend any leave permissions on time to prevent loss of support and increased risk.
- **Attend police and witness sessions when requested:** Be present at interviews, reporting appointments, or witness statement sessions if the survivor requests it and it is appropriate, subject to agreement by the investigating officer.

- **Clarify their role in interviews:** Inform survivors that professionals cannot speak on their behalf but should provide assistance so they can speak for themselves.
- **Support safe scheduling of interviews:** Help survivors request times and locations that feel safe and manageable.
- **Ensure ABE best practice is followed:** Confirm that ABE interview protocols are applied where appropriate.
- **Assist with evidence:** Be aware that survivors may hold information that is potential evidence (e.g., documents, messages, personal accounts) and help, where needed, in passing this to police without becoming part of the evidential chain.
- **Pass on potential evidence:** If survivors are in possession of potential evidence, encourage them to keep this safe and pass it to the police if they report their case.

Practice reminder: Communication

> **Communication with survivors is timely, accessible, culturally sensitive, and supported by authorised interpreters where needed, to promote understanding and trust throughout the process.**

To promote effective communication, professionals should:

- **Share information clearly and promptly:** Ensure all information is shared in a timely manner, in a format and language the survivor understands.
- **Maintain updated contact details:** With consent share and update contact details between survivors and agencies to support clear, two-way communication.
- **Collect multiple safe contact methods:** Ensure survivors understand the importance of maintaining communication with police/support agencies, especially if their details change or they face threats.
- **Provide authorised interpreters:** Ensure interpreters are linguistically accurate and culturally competent, supporting meaning, not just translation.
- **Ensure ongoing access to interpreters:** Throughout the entire process, make information accessible and adjusted for the survivor's cultural context and wider needs for those facing communication barriers.
- **Remind police officers of communication duties:** Proactively reinforce the importance of clear and compassionate communication with survivors throughout the investigation.
- **Provide key contact information:** Ensure survivors have the contact details of the officers involved in their case and their crime reference number.
- **Establish consistent communication:** Confirm how and how often police will communicate with the survivor and maintain a clear, consistent point of contact to reduce anxiety and build trust.

Practice reminder: Complaints and compensation

Professionals support survivors with complaints processes and applying to compensation schemes.

To support a survivor professionals may need to:

- **Help consider if a complaint is needed:** Assist survivors in considering if making a complaint or applying to a compensation/review scheme is the most suitable course of action.
- **Clarify scope of schemes:** Support survivors in understanding whether their situation falls within the remit of a particular scheme.
- **Assist with accessing information:** Help survivors obtain scheme-related details and any correspondence relating to a decision.
- **Support preparation for review or appeal:** Assist survivors in preparing requests, including gathering necessary details or documentation.
- **Explain outcomes clearly:** Help survivors understand the results of any complaint, appeal, or review process.
- **Seek legal advice when needed:** Prompt consultation is required or issues such as review, public law, or human rights claims if a failure to investigate is identified.

CONSIDERATIONS FOR CRIMINAL JUSTICE PROFESSIONALS

CJS professionals' interactions with survivors are trauma-informed, culturally competent, and grounded in dignity, respect, and an understanding of their individual needs.

CJS professionals play a critical role in ensuring that survivors of trafficking, exploitation, or other crimes are supported, protected, and empowered throughout the criminal justice process. Their actions can significantly influence whether survivors feel safe, heard, and able to participate fully in proceedings, which in turn impacts the effectiveness of investigations, prosecutions, and broader justice outcomes. By adopting the principles in the Care Standards, CJS professionals help to prevent re-traumatisation, build trust, and uphold the dignity and rights of survivors at every stage of the process.

In addition to applying the relevant Victim Code, criminal justice professionals must consider the following when working with survivors:

- **Demonstrate cultural competency and sensitivity:** Understand and respect survivors' cultural, linguistic, and social backgrounds.
- **Treat survivors with dignity, respect, and compassion:** Ensure all interactions foster trust and a sense of safety.
- **Understand the impacts of trauma and vulnerability:** Respond appropriately to behaviours and needs influenced by past exploitation or abuse.
- **Avoid actions that could re-traumatise the survivor:** Plan interviews, communications, and investigations in ways that minimise distress.
- **Consider survivors' broader needs:** Including language, culture, gender, and mental health, and adapt practices accordingly.

Practice reminder: Communication

Survivors receive timely, clear, and accessible updates, contact details, rights information, and support options throughout the criminal justice process.

To provide clear communication, CJS professionals should:

- **Explain the criminal justice process clearly:** Include information on submitting a Victim Personal Statement (or equivalent) and its purpose, and what to expect at each stage. Ensure survivors know how to access further information about their rights and the process from other independent organisations.
- **Provide key contact information:** Give survivors their crime reference number and the contact details of the Officer in Charge (OIC) and/or Victim Liaison Officer.
- **Inform of officer changes promptly:** Tell survivors immediately if the OIC changes, ideally before the change occurs.
- **Agree on a communication plan:** Include frequency of updates and preferred method of contact, and provide regular updates, even when there are no major developments, to maintain trust and engagement.
- **Maintain communication throughout the process:** Provide timely and clear updates on arrests, case progress, court dates, changes to charges, sentencing outcomes, and other relevant developments.
- **Keep survivors informed of all key developments:** Interviews, arrests, charging decisions, bail conditions, decisions not to proceed, and court dates.
- **Ensure all communication is accessible:** Verbal and written communication must be in a language and format the survivor understands and qualified interpreters used where required.
- **Communicate protective orders and conditions:** Inform both survivors and relevant professionals involved in their support, where possible and relevant.
- **Explain non-progression decisions clearly:** If a case is not progressed, provide a clear explanation within Victims' Code timeframes, in an accessible format, and inform the survivor of their right to review this decision if appropriate.

Practice reminder: Protection

Survivors are protected, not criminalised, and have access to legal advice, support, and safeguarding throughout the criminal justice process.

To protect the survivor throughout the process, CJS professionals should:

- **Keep survivors informed on compensation:** Provide updates on any applications and orders made.
- **Assess enhanced rights:** Determine whether survivors qualify for enhanced rights under the Victims' Code.
- **Apply the non-punishment principle:** Ensure survivors are not criminalised for offences committed as a result of their exploitation.
- **Discuss and consider protection orders:** Use orders such as STRO or STPO, especially if a case cannot proceed, to acknowledge harm and support survivor recovery.
- **Explain legal rights and remedies:** Provide clear and early information on options such as review of prosecution decisions or how to make a complaint.
- **Work with NGO partners and NRM support workers:** Ensure survivors have an organisation providing support, build trust and deliver coordinated care.
- **Coordinate with witness services on travel and accommodation:** Ideally collect survivors from home, avoid public transport, and ensure accommodation during the trial is safe and not near high-crime or areas linked to the survivor's exploitation.
- **Ensure victim/witness protection measures:** Put measures in place before, during, and after the prosecution process, including if the survivor returns to another country.
- **Support pre-trial court visits:** Familiarise survivors with the court environment.
- **Consider reporting restrictions:** Apply to protect the survivor's identity and safety.
- **Consider safety and logistics for survivors abroad:** Facilitate giving evidence via live link or returning to the UK, with local NGOs or support services assisting as needed.
- **Assess risks in detention settings:** Evaluate survivor safety in prison, probation, or immigration detention, especially if housed with traffickers, and consider non-prosecution guidance for trafficking-related offences.

- **Keep survivor contact details up to date:** Maintain information with victim/witness services and assess ongoing risks after conviction, acquittal, or release.
- **Explain post-trial protective measures:** Ensure survivors are aware that protections can continue and include responses to breaches.
- **Keep survivors informed on compensation:** Provide updates on any applications and orders made.

Practice reminder: Being trauma-informed

> **Survivors are treated with trauma-informed, person-centred and culturally appropriate approaches throughout the criminal justice processes.**

To remain trauma-informed, CJS professionals should:

- **Proactively plan case progression:** Develop strategies even if the survivor's evidence becomes unavailable, including using alternative forms of corroborative evidence, and ensure interviews and the CJS process follow ABE guidance.
- **Limit the number of interviews:** Maintain the same officer where possible and limit the number of times a survivor has to retell their experience.
- **Consider officer gender:** Assign interviewers based on the survivor's needs.
- **Use authorised interpreters:** Ensure they understand trauma-informed and culturally appropriate practice.
- **Conduct trauma-informed interviews:** Ensure a safe, survivor-friendly setting.
- **Consider pre-recording evidence:** Use relevant legislation across the four nations to enable pre-recording, as appropriate, and explore special measures options such as screens, intermediaries, or video link in consultation with the survivor.
- **Appoint an impartial intermediary if needed:** Facilitate communication between police, prosecution, defence legal teams, the court, and the survivor, particularly if the survivor has specific communication challenges.
- **Consider the survivor's experience of exploitation:** Take into account how exploitation may have influenced their actions, availability, or presentation.
- **Assess ancillary orders for safeguarding:** Consider their role in protecting victims/witnesses and the wider public from offending or reoffending.

MAKING A COMPLAINT ABOUT THE CJS PROCESS

Survivors are informed of their rights if a case is not pursued further and supported to access legal advice when appropriate.

The decision not to pursue the case further can be reviewed and information on how to do this should be provided by the police or prosecution service (whoever has made the decision). This information is also normally available on the relevant police force or prosecutor's website.

If the case falls outside of the framework of review schemes submitting a complaint directly to the appropriate police oversight body [see p. 61] in the relevant jurisdiction, may be more appropriate.

If there are concerns or issues that the police haven't investigated the case (failure to investigate) then legal advice must be sought from a public lawyer as soon as possible to discuss review processes, a human rights claim and/or judicial review, as there are strict time limits on this.

DIRECTING COMPLAINTS

If a survivor believes their rights have been breached or that they have not received their rights under the relevant Victims' Codes, they can make a complaint to the appropriate criminal justice agency, at any time during the criminal justice process, by following its complaints procedure, which should be available on the agency's website.

	RIGHT TO REVIEW	COMPLAINTS
England and Wales[40]	The Victims Right to Review scheme (VRR) gives victims the right to ask for a review of a police decision not to charge a suspect or a prosecution decision. Police VRR is operated by the police force involved and prosecution VRR by the Crown Prosecution Service nationally.	Independent Office for Police Conduct (IOPC) for England Wales. Complaints to Crown Prosecution Service.
Northern Ireland[41]	A survivor can request a review of a prosecution decision by the Public Prosecution Service (PPS) within a month of the decision.	Police Ombudsman in Northern Ireland.
Scotland [42]	If a case is reported to the Crown Office and Procurator Fiscal Service, the survivor has the right to request a review of a decision not to take action or to stop or discontinue a case once it has begun in court. Victims in Scotland have a right to: • Ask COPFS about how the decision was reached • Have a say in what happens • Ask for the decision to be reviewed if a prosecution is not being taken forward.	The Police Investigations and Review Commissioner in Scotland.

OVERVIEW OF THE LAWS, CODES AND GUIDELINES

England and Wales[43]

The law	England and Wales: Modern Slavery Act 2015.
Codes of Practice	The Code of Practice for Victims of Crime (Victim Code). Witness Charter set out minimum standards of care which victims should receive from all Criminal Justice agencies from the point of reporting a crime right through to a criminal trial. Ministry of Justice Achieving Best Evidence in Criminal Proceedings, Guidance on interviewing victims and witnesses, and guidance on using special measures.
Prosecuting Guidelines	Crown Prosecution Service (CPS) Guidance on Human Trafficking, Smuggling and Slavery: This sets out the criminal offences, statutory defence afforded to victims and the policy on dealing with suspects in a criminal case who may be victims. Victims and Witnesses: CPS Commitments to Support outlines key considerations prosecutors should consider in their dealings with victims and witnesses.
Policing Guidance	Ministry of Justice Achieving Best Evidence in Criminal Proceedings, Guidance on interviewing victims and witnesses, and guidance on using special measures The College of Policing Authorised Professional Practice on Modern Slavery: this sets out key responsibilities and practices for police officers in identifying victims, reporting and referrals to the National Referral Mechanism, investigating the crime, intelligence gathering as well as addressing issues of victim and witness care. Guidance on Slavery and Trafficking Prevention Orders and Slavery and Trafficking Risk Orders under Part 2 of the Modern Slavery Act 2015.
Notification schemes	Victims of certain violent or sexual crimes where offenders are sentenced to 12 months or more, can opt in to the National Probation Service's Victim Contact Scheme (VCS).
Other resources	Victim and Witness Information. A victim or a witness of crime can expect certain standards from criminal justice agencies like the police and courts, known as 'rights'. Witness Service and Victim Support offer support to those going through the criminal justice process.

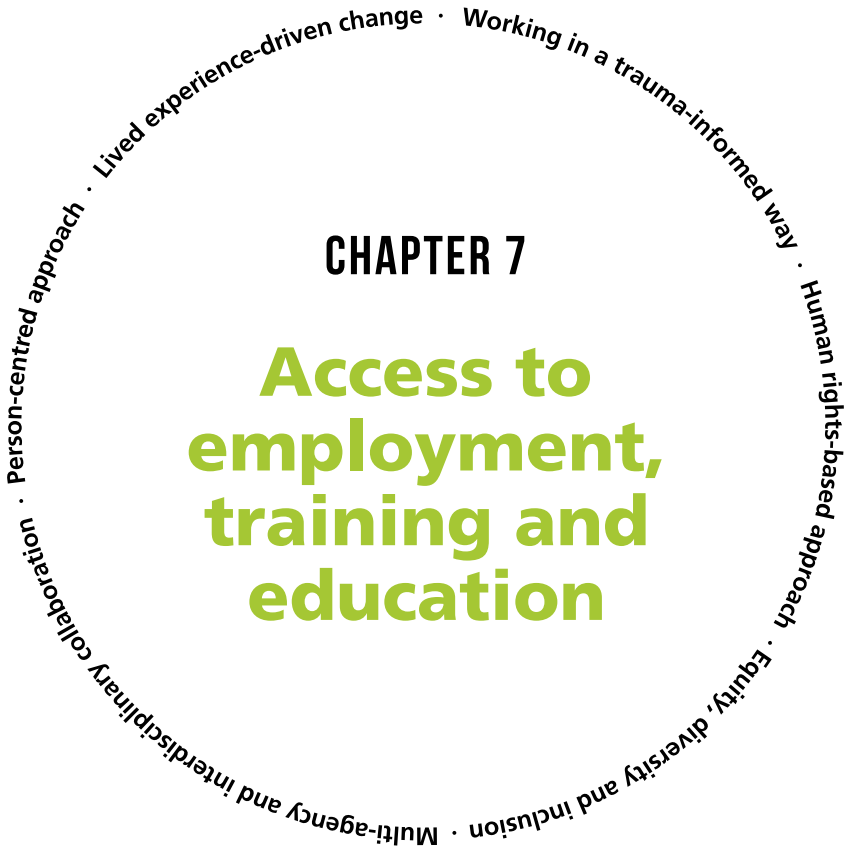
Northern Ireland[44]

The law	Northern Ireland: Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015.
Codes of Practice	Northern Ireland Victim Charter sets out minimum standards of care which victims should receive from all Criminal Justice agencies from the point of reporting a crime right through to a criminal trial.

Prosecuting Guidelines	The Public Prosecution service for Northern Ireland has its own policy on Prosecuting Cases of Human Trafficking and Victims.
Notification schemes	Under certain circumstances including where the offender has received a prison sentence over six months are entitled to access victim information schemes and obtain information about the release of or supervision of an offender.
Other resources	Victim Support Northern Ireland, and the Victim Information Service can also assist in finding local services to offer support to those going through the criminal justice process.

Scotland[45]

The law	Human Trafficking and Exploitation (Scotland) Act 2015. Victims and Witnesses (Scotland) Act 2014 Criminal Procedure (S) Act 1995.
Codes of Practice	Standards of Service for Victims and Witnesses in Scotland sets out minimum standards of care which victims should receive from all Criminal Justice agencies. The Standards are reviewed annually. The Standards of Service ensure victims and witnesses feel supported, safe, and informed throughout the criminal justice process, from reporting a crime to trial. If agencies fail to meet these standards, individuals can file a complaint.
Prosecuting Guidelines	The Lord Advocate in Scotland has produced an instruction for prosecutors when considering prosecuting victims of human trafficking and exploitation. Section 8 of the Human Trafficking and Exploitation (Scotland) Act 2015 requires the Lord Advocate to produce instructions for prosecutors when considering the prosecution of a person who is, or appears to be, the victim of human trafficking and exploitation.
Policing Guidance	Police Scotland have a list of publicly available Standard Operating Procedures that are equivalent to the College of Policing's Authorised Professional Practice documents.
Notification schemes	Where the offender is convicted and is serving less than 18 months you will be able to register on the Victim Information Scheme (VIS)
Other resources	Victim Support Scotland and Citizens Advice offer support to those going through the criminal justice process. Crown Office and Procurator Fiscal Service also provides the Victim Information and Advice Service. Where the offender is convicted and is serving less than 18 months you will be able to register on the Victim Information Scheme (VIS).



CHAPTER 7

Access to employment, training and education

CHAPTER OVERVIEW

This chapter outlines the standards of care and support expected when supporting survivors to identify and access employment, training, education and volunteering opportunities. It offers an overview of survivors' right to work, barriers that may be faced and how to best facilitate opportunities. It provides an overview of the core skills survivors may require or need to develop. In addition, the chapter offers an overview of considerations for employers when they knowingly employ survivors.

SUPPORTING ACCESS TO TRAINING, EDUCATION, VOLUNTEERING AND EMPLOYMENT

> **Support is provided to assist survivors to access education, work, training and volunteering opportunities that build self-esteem, purpose, safety, social inclusion, and connection, forming a core part of their recovery journey and care.**

Accessing appropriate, safe and decent employment, or the skills required to re-enter the workforce as and when they are able, should be a fundamental building block for survivors reintegrating into society (either in the UK or upon relocation).

Whilst some survivors may not initially have the right to work in the UK, attention should still be paid to understanding their needs, aspirations and desires in relation to education, skills development, training and employment. Regardless of a survivor's status in the UK, their time in support (in or outside of the National Referral Mechanism, NRM) can be used to develop skills, prepare for employment, financial independence, economic resilience and agency.

For a survivor to be ready and able to access support relating to skills development and employability, they need to access to long-term housing, consistent support, and a sense of community. Much like the recovery process, these journeys are rarely linear and can involve periods of uncertainty and stress. Additional pressures may arise at various points, such as preparing for or attending an interview, starting education or training, travelling to new environments, or facing setbacks related to immigration status, legal processes, or NRM outcomes. These external factors can disrupt progress and may trigger emotional responses that impact a survivor's ability to engage. Therefore, a trauma-informed and flexible approach is essential to supporting survivors through these challenges while maintaining a focus on their long-term goals and aspirations.

Every citizen of the world has a right to healthy and safe work and to a work environment that enables them to live a socially and economically productive life.[1]

Legal Frameworks

Council of Europe Convention on Action against Trafficking in Human Beings (ECAT)
Article 12 (4) – Access to work and training.
Victims who are legally living in the country can get help accessing the job market, vocational training, and education.

'Each Party shall adopt the rules under which victims lawfully resident within its territory shall be authorised to have access to the labour market, to vocational training and education'.[2]

To note ECAT does not provide for an automatic right to work for survivors, and this will be dependent on immigration status.

PROFESSIONAL CONSIDERATIONS

> **Professionals work collaboratively with survivors to identify and support access to opportunities for skills development (including volunteering), training, education and employment, based on the survivor's goals, interests, and circumstances.**

As with all support offered to survivors, professionals must acknowledge that individual survivors needs change through the various stages of their recovery journey, and they will be at different stages of work readiness. Some may be ready to re-enter the workplace, have qualifications and work experience, while others might not be able to work yet or will need support and skills development to lay the foundations for their journey into gainful employment. Some will be ready and able to work but are not legally allowed to do so, whilst others will have the right to work but may not be able to do so. The following section outlines the overarching considerations for professionals when supporting access to educational establishments, training and volunteering opportunities and the world of work.

GENERAL SUPPORT CONSIDERATIONS

> **Needs and risk assessments and support planning include consideration of practical and employment-specific skills gaps, training requirements, educational needs and employment goals.**

Regardless of whether a survivor is accessing education, training, employment opportunities or volunteering, there are support practicalities that will need to be considered by professionals and survivors.

CORE SKILLS CONSIDERATIONS

> **Professionals actively support the identification of appropriate opportunities and facilitate access to spaces where survivors can pursue skills and development areas they have identified as meaningful for them.**

Regardless of whether they have the right to work, it is important to identify the skills and tools a survivor may need to develop while they are being supported, so they can prepare for employment at their own pace, whether in the UK or elsewhere. Development of core skills may be supported by an external support organisation, a coach or mentor, a JobCentre team member, or a specific organisation established to assist survivors with employment placements and opportunities.

Core skills that may need to be refreshed and developed are as follows:

- Professional conduct for the environment being entered (time keeping, conflict resolution, appropriate language use)
- CV writing and interview skills
- Managing wellbeing and self-advocacy
- Digital skills and internet safety sessions
- Management of stress, and work/life balance
- Financial literacy and management
- Confidence building
- General life skills (in relation to benefits, housing, accessing health support, childcare).

Practice reminder: Supporting access

When supporting survivors, it is important for professionals to understand the following:

- **What the survivor wants to pursue:** What they may find meaningful, useful, and aligned with their personal goals.
- **Available and accessible opportunities:** Local opportunities that survivors can access. Survivor's immigration status may need to be taken into account, as not all opportunities will be available for those without the right to work.
- **Support organisations:** Those that are available to assist with training, skills development, education, and employment, and how to make appropriate referrals to these.
- **Funding requirements:** Whether funding is needed to support access to identified opportunities, and who is responsible for applying for or arranging this**.**
- **Documentation and evidence:** What documentation or evidence is needed to access specific opportunities (e.g. ID, proof of address, qualification certificates), and whether the survivor needs help obtaining or replacing these.
- **Childcare needs:** Whether childcare is needed and available, and how this may affect the survivor's ability to attend.
- **Interpreter support:** Whether interpreter support is required, and if so, who is responsible for arranging this to ensure effective communication.
- **Impact of employment on benefits and accommodation:** How employment may affect income and accommodation provision. Some welfare benefits and legal aid may be reduced or stopped once a person becomes employed. Professionals should ensure survivors understand this.
- **Financial risks:** Survivors may face debt or be unable to fully support themselves or their family even when they are in employment. These pressures can create additional stress, increase vulnerability, and may lead to exploitation, entry into debt or unsafe decisions.
- **Work limitations:** Whether there are any limitations on access to certain jobs, for example, being unable to provide documentation for disclosure checks and/or having a criminal record.
- **Travel options:** The travel options that are available, how accessible they are, and what support the survivor may need to attend (e.g. travel passes, accompaniment and route planning).
- **Industry or sector concerns:** Whether there are any concerns about the industry or sector in which a survivor is employed. Based on survivor preferences, support may be required to understand the risks that some sectors may pose (e.g. the informal sector).
- **Digital access and literacy:** The level of digital access and digital literacy that the survivor has, and whether they require support with using technology (e.g. for online learning, applications, virtual interviews).
- **Language and learning support:** Whether the survivor needs support such as ESOL classes or adaptations for learning difficulties.
- **Trauma-informed adjustments:** The adjustments that are needed to make opportunities safe and accessible, for example, flexibility with attendance, understanding the impact of trauma and clear communication of expectations.
- **Stability of situation:** Whether the survivor is in a stable enough situation to meaningfully engage with the opportunity, or if additional stabilising support is needed first. For example, if they are having difficulties in relation to their housing, health, emotional wellbeing, the NRM process or other legal proceedings,
- **Existing strengths and skills:** The existing strengths, experiences, or informal skills the survivor has, which can be further developed to enhance confidence and promote empowerment.
- **Longer-term goals:** How the opportunity fits into the survivor's longer-term goals, and whether it supports a pathway toward independence, economic resilience, and recovery.[3]

CHALLENGES AND BARRIERS TO ACCESSING TRAINING, EDUCATION, VOLUNTEERING AND EMPLOYMENT

> **Professionals are aware of the barriers that survivors face in accessing training, education, volunteering and employment and work collaboratively to overcome these.**

The key challenges and barriers to survivors accessing training, employment, education and volunteering can be summarised as follows:

- **Practical** – in relation to skills gaps, lack of training available, financial (including welfare benefits), language skills, stable accommodation, and availability of long-term support.
- **Personal** – including levels of trauma, level of confidence, mental health status and substance issues.
- **Legal** – immigration status in the UK, lack of right to work or limited access to routes to remain in the UK.[4]

Survivors should be offered the opportunity and be supported to develop their skills, gain qualifications, access volunteering opportunities, be able to engage in paid work placements, and progress into full-time mainstream employment as and when they are ready and able.

Support should be focused on survivors' strengths. Survivors may have high levels of education, previous work experience and professional careers. In some circumstances their qualifications and experience might not be recognised or officially certified in the UK and assistance may be required to validate overseas qualifications.

Professionals should actively recognise the individuals' skills, talents, qualifications and experiences, and work collaboratively to understand the support required to assist them to re-enter the workplace with the appropriate support. As part of support planning, professionals should help survivors explore achievable options for education, training, and employment. They should encourage survivors to consider multiple pathways to avoid unintentionally setting them up to fail.

The following sections set out the standards for supporting survivors as they explore, prepare for, and access opportunities in education, training, volunteering, and employment. They provide an overview of survivors' entitlements, available pathways, and key support considerations to ensure meaningful and trauma-informed engagement.

EDUCATION AND TRAINING

> **Professionals support survivors to identify, access, and apply for educational, training, or volunteering opportunities, and provide information about the options available.**

A survivor's immigration status within the UK will dictate the opportunities available to them and whether funding can be obtained to support access to education and training opportunities. Without settlement or a form of leave to remain in the UK, opportunities available are limited and restricted. However, there are a range of non-governmental organisations that provide educational opportunities, including ESOL classes and integration programmes that may offer training opportunities [Refer to the HTF Survivor Support Services Mapping Tool].[5]

Practice reminder: How to support access education and training

- **Support to access English language classes:** Including ESOL provision where appropriate.
- **Assist qualification validation:** Offer guidance on validating overseas qualifications through the UK National Academic Recognition Information Centre (UK ENIC, formerly UK NARIC).[6]
- **Identify opportunities:** Help survivors to find suitable educational and training opportunities (including online opportunities) and provide guidance on eligibility criteria and application processes.
- **Financial Support:** Help identify and apply for relevant financial support, such as scholarships, grants, emergency funding, or funded course placements.
- **Taster Days:** Identify opportunities to access workplace taster days, offering survivors a chance to experience different work environments in the UK.
- **Skills sessions:** Offer or identify preparatory skills sessions and workshops to build workplace readiness.
- **Work placements:** Support identification of and access to work placements, where these are appropriate and in line with immigration or eligibility criteria.
- **Volunteering:** Assist in identifying volunteer opportunities where appropriate and in line with immigration or eligibility criteria.
- **Study support:** Help manage the lead-up to exams, including support to cope with exam-related stress or anxiety.

Immigration status and education

An individual's immigration status can impact on their ability to access education and training. Since some universities/ education establishments make exceptions to the rules (and may provide scholarships), it is advisable to contact them directly before applying. If a survivor is applying for higher education as a refugee, asylum seeker or a person with an insecure immigration status, there may be support available. The Universities and Colleges Admissions Service (UCAS) offer information about tuition fees and finance options across the UK.[7] A useful guide to assessing ability to access education can be found through Refugee Education UK.[8]

Accessing education at 18

Children who have turned 18, exhausted their immigration pathways, and are supported as Care Leavers often cannot access college courses without paying fees. Different local authorities across the UK will have different policies on supporting young people with this. Financial support to access to higher education may also be available and should be checked with each UCAS.[9] See the local authority's 'local offer for care leavers' for more information, or speak with the young person's Personal Adviser, if they have one.[10]

VOLUNTEERING

> **Professionals understand the parameters of volunteering and when this is appropriate for survivors they are supporting. Survivors are made aware of the benefits of volunteering and the options available to them should they wish to explore them.**

Volunteering can provide survivors with a safe and supportive way to build confidence, develop new skills, and gain practical experience in a variety of settings. It can help expand social networks, reduce isolation,

and enhance wellbeing by fostering a sense of purpose and community connection.[11] Through volunteering, survivors can explore different career paths, demonstrate commitment and reliability to potential employers, and improve their employability prospects. Additionally, volunteering often offers flexible opportunities that can be adapted to individual circumstances, making it an accessible stepping-stone toward paid employment, education, or further training.

It is important to consider the ethics and boundaries of survivor volunteering and ensure that survivors do not feel that they do not deserve payment for their work. Volunteering should never be treated as free labour, and survivors must not be asked to cover upfront costs to take part. Organisations should have proper frameworks around volunteering so that safe and supportive opportunities are offered. When survivors do choose to volunteer, it should be on their own terms, with support to reflect on personal goals, community integration and career development where relevant. Volunteering may not be the right choice for every survivor, and it should never be viewed as an expectation. For those without the right to work in the UK or those seeking asylum, volunteering is permitted, but it is crucial to understand the distinction between volunteering and unpaid work. Professionals and survivors alike should be aware of this difference to ensure that any tasks undertaken remain within the appropriate scope of volunteering.

Unpaid work vs. volunteering

A volunteer provides their services voluntarily, without being paid.

A voluntary worker also provides their services without being paid – but they're under a contractual obligation to do so. The organisation is also under contractual obligation to provide them with work.[12]

When supporting a survivor to identify and access volunteering options, professionals and survivors should be sure that the 'act of volunteering' does not fall within the definition of working or employments (as described by the Immigration Act 1971 and the Immigration, Asylum and Nationality Act 2006) to avoid any breaches of the Immigration Act that may have a wider impact on their ability to remain in the UK.[13]

For further information on this distinction and specific visas and volunteering time period limits refer to up to date government guidance.[14]

The following should be noted and used to assist with setting expectations of volunteering:

- Volunteering must not amount to unpaid work.
- There should not be any payment for volunteering other than the repayment of costs that have occurred as a direct result of volunteering (for example travel and meal costs).
- Volunteers must give their time for free to charitable or public sector organisations without any contractual obligation or entitlement to any work or benefits.
- Volunteering is not a substitute for employment, that is fulfilling a role that a salaried worker would normally fulfil.

Practice reminder: Support to access volunteer placements

When supporting survivors to access volunteer placements, professionals should:

- **Explain volunteering:** Ensure survivors understand the expectations of the volunteer role, including appropriate tasks and boundaries.
- **Provide support for volunteer application process:** This should include assistance with writing applications and preparing for interviews.
- **Explain criminal convictions checks:** Some volunteer roles require checks that will involve providing an address history that may be difficult for some survivors and a potential barrier for those with certain types of criminal convictions.*
- **Discussing out-of-pocket expenses:** Survivors may have out-of-pocket expenses (e.g. travel costs), and these should be explained, alongside how reimbursement works.

* Even without a criminal conviction, some individuals may face challenges in providing the documentation required to complete checks. For example, documentation may be missing or available identity or immigration documents may not meet the standard needed for verification.

EMPLOYMENT

The Right to Work

Professionals understand survivors 'right to work' and explain this and available options to them clearly.

Pathways to employment in the UK for survivors of modern slavery are based upon an individual's immigration status and not their status as a recognised victim. Being formally identified as a survivor does not automatically grant leave to remain in the UK or the right to work.

		RIGHT TO WORK*
UK settlement/ indefinite leave to remain	UK or Irish Citizen	YES
	Survivors granted refugee status	YES
	EU and EEA nationals with pre-settled status	YES
	Survivors granted humanitarian protection	YES

* Check current immigration rules in relation to work and immigration status before offering advice to survivors as it cannot be guaranteed that this table will be up to date. Remember it is important to refer survivors for immigration advice in relation to employment and that no-one, other than a regulated immigration adviser, should give this advice.

For other visa types that are not listed here it is important to clarify the right to work status before seeking employment. For example: spousal visas come with a right to work. For all survivors who have the right to work via a visa, it should be noted that it may be a risk for them to return to work as their visa could be linked to the location or person/s involved in their exploitation and it may mean they are forced to stay working in an industry or sector they were exploited in.

		RIGHT TO WORK	NOTES
Time limited immigration permission to stay in UK	Survivors in receipt of temporary permission to stay (VTS)	YES	Able to work for the duration of the grant of VTS (12-30months depending on the reason it has been granted).[14] Depending on the type of visa there may be restrictions on the type of work
	Survivors who have a domestic workers visa	YES	Can work for the duration of the visa if not tied to a specific employer. However, if it expires, the person is unable to work until legal advice/help is sought to reapply.
	Survivors with a valid work permit/ visa	YES	
	Survivors with an expired work permit/vias	NO	
	Asylum Seekers	NO	Whilst seeking asylum there is the potential to seek employment if a) the asylum case has been in consideration for longer than 12 months b) the person does a job identified as being needed.
	Non-EEA nationals	NO	Unless the visa allows this.

Overseas worker visa information

The UK has a system that identifies occupations which have labour shortages, with the intention to make it easier for employers to sponsor overseas workers to help meet these shortages. The occupations open to overseas workers are regularly reviewed and updated by the Migration Advisory Committee (MAC), an independent body that makes recommendations to the government based on the needs of UK businesses.[15]

Routes offered to overseas workers are based on clear labour shortages and are offered only for specific skilled occupations. Criteria such as salary thresholds often apply, and any visas secured via these routes are time limited.

Securing a role under these pathways can be complex and limited, so professionals supporting survivors should be aware of these challenges. Always refer to current government guidance when advising on employment opportunities, as eligible roles and requirements can change.[16]

ENTERING EMPLOYMENT

Survivors, who have the 'right to work' in the UK and are ready to start seeking employment opportunities, are helped to identify employment opportunities, prepared for the UK job market and offered support as they enter employment.

To re-enter the workplace survivors may need to learn and develop new skills, build their confidence, increase their grasp of English or convert and validate prior qualifications.

Employment offers benefits including meaning, purpose, routine, stability, financial independence, a means to structure time and a sense of personal achievement. Unemployment can significantly harm an individual's mental and physical health, leading to lower self-esteem and increased rates of anxiety, depression, and even mortality.[17]

Whenever professionals are supporting survivors with employability needs, they should check that the survivor has the right to work in the UK and explain the outcome of this clearly. It is imperative that support organisations follow the core principles outlined in the Care Standards in relation to supporting survivors on their employment journey and ensure that survivors are aware of their rights (or otherwise) to obtain work in the UK.

ACCESSING EMPLOYMENT

Some survivors will require more support to enter and maintain employment than others. With this in mind there have been specific programmes developed that can offer survivors work in controlled environments, where the 'whole person' and their needs are taken into consideration and addressed, wherever possible. Similarly, some charitable organisations have established themselves to support survivors into work and have developed social enterprises that can employ survivors once they are ready. Support organisations should hold up to date information about these programmes and know how to refer survivors into them.

The list below outlines support that survivors may require as they start their journeys into employment. Support providers may be able to support them with all these elements, but in some cases referrals to other organisations will be required.

Practice reminder: Support to enter the workplace

Once a survivor's right to work is established and they feel ready to re-enter the workforce, they may need support with:

- **UK job market knowledge:** Understanding the UK job market and employment landscape.
- **Documentation preparedness:** Obtaining the relevant documentation.
- **Banking access:** Opening a bank account.
- **Job application skills:** Conducting job searches, writing CVs, preparing for interviews, and navigating the job application process.
- **Welfare impact awareness:** Understanding how earning may impact access to welfare benefits.
- **Safe employment recognition:** Recognising what safe and fair employment looks like in the UK, including workplace practices and employer expectations.
- **Employee and employer rights:** Understanding the rights and responsibilities of both employees and employers.
- **Financial support considerations:** Learning how employment may impact current financial support and benefits.
- **Contractual entitlements:** Understanding contractual rights and entitlements, such as holiday pay, sick leave, and working hours.
- **Workplace behaviour standards:** Understanding appropriate workplace behaviour, including dress code, punctuality, and language use.
- **Apprenticeship opportunities:** Exploring apprenticeships (noting that paid apprenticeships require the right to work).
- **Regulations and legal awareness:** Obtaining information about health and safety regulations, employment laws, and workplace rights.
- **Childcare arrangements:** Securing childcare arrangements to support work attendance.
- **Workplace support access:** Requesting a workplace support or buddy mentor, if required.
- **Employer support and adjustments:** Identifying supportive employers and requesting reasonable workplace adjustments if needed.
- **Ongoing employment support:** Accessing ongoing employment-related support to help maintain job retention.

The informal sector
Informal employment refers to working arrangements that are in practice or by law not subject to national labour legislation, income taxation, or entitlement to social protection or other employment guarantees.[18]

Informality can exist even in the 'formal' sector. Casual, temporary, and seasonal workers who lack social protection coverage or other employment benefits, or who fall short of full legal status, have informal employment status even when they work in the 'formal' sector.

Self-Employment
Survivors may see self-employment as a way to begin pursuing career aspirations and earning an income. For instance, through selling products, goods, or services they have made themselves. For those survivors who have come from outside of the UK where different standards and practices around the informal sector exist, professionals should signpost to quality guidance and support in setting up a small business, to ensure survivors do not accidentally run into challenges around right to work, business process, and taxation.[19]

Some survivors may wish to establish a business of their own or become an independent consultant within the anti-slavery sector. Being self-employed requires the right to work in the UK. They must register as self-employed with the UK government and are responsible for reporting income and paying taxes. More information can be found on the government website.[20]

DOCUMENTATION REQUIRED

> **Professionals understand the documentation required to seek employment and support survivors to acquire this.**

As well as the skills needed to enter employment, there are practical considerations that must be considered – for example, in order to enter employment in the UK, survivors must have a national insurance number (NINO).

Support should be offered to apply for a NINO for survivors who do not have one if they have the right to work in UK and/or have recourse to public funds.[21] A NINO is necessary for working, paying taxes, and accessing certain benefits. Survivors who have been granted a form of leave to remain via the NRM will automatically receive a NINO. For survivors who do not have leave to remain, applications must be made directly to the relevant department and support should be offered to do this.

To seek employment, survivors will need to be able to provide identification documents and bills, P45, P60, bank statements, evidence of work done and pay slips. For survivors who are non-UK nationals there will be the requirement to evidence their right to work in the UK and their length of time in the UK.

Evidence may not be readily available to a survivor, and it may not be plausible or possible for a survivor to provide the documents required by employers. Support may be needed to either explain missing items, gaps in CVs, find workarounds and advocate for employers to be understanding, discrete and make exceptions where they can.

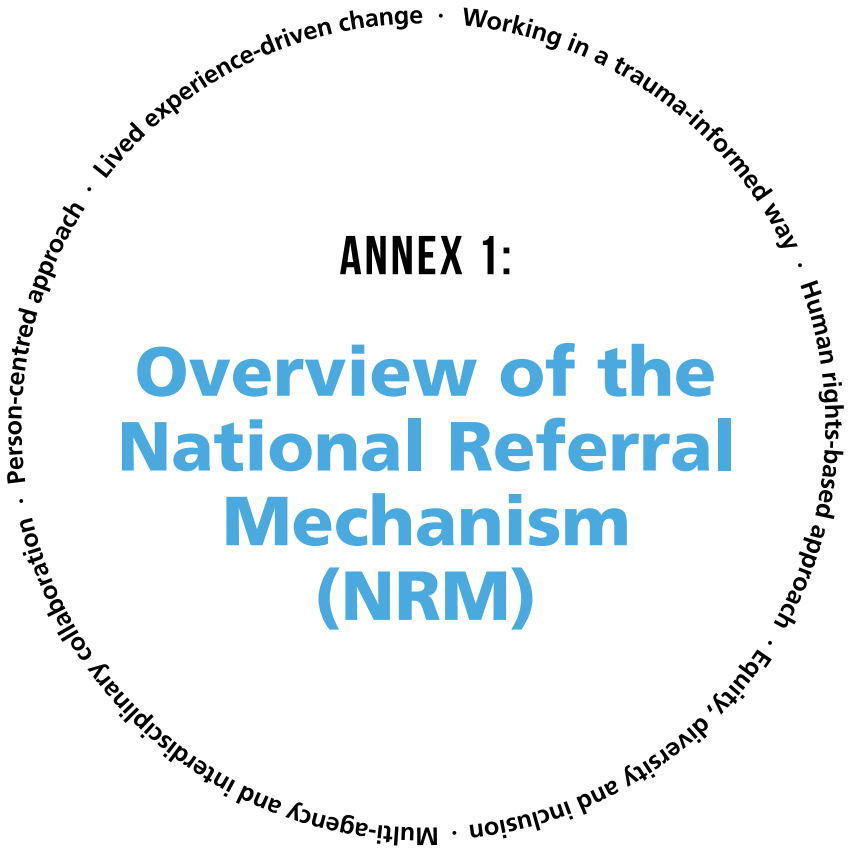
Connections with job centers should be made by support organisations. They can assist with accessing benefits and making benefits claims whilst seeking employment or training opportunities. Relationships will also assist to ensure survivors' individual circumstances are understood and any assistance they need to enter the workforce considered.

CONSIDERATIONS FOR EMPLOYERS

Entering the workplace may present unique challenges for survivors and involve additional considerations and responsibilities for employers. While some employers and employment programmes may offer flexibility, such as adjusting travel times, shift patterns, work hours, or childcare needs, it is important that once survivors are in the workplace, they are supported to meet workplace expectations and have access to ongoing support both inside and outside of work.

Employers can provide support to survivors in the workplace by:

- Providing a 'work buddy' or a single point of contact.
- Maintaining confidentiality in line with usual business practices and respecting the wishes of survivor employees (specifically not disclosing survivor status to others).
- Ensuring they offer clear explanations and provide written documentation, in easy-read formats, about legitimate deductions from pay (e.g., National Insurance, pensions) and how the payroll operates, in a language and format that is accessible.
- Considering safeguarding practices to ensure a safe working environment.
- Ensuring important information is accessible in formats appropriate to the survivor's needs.
- Offering flexible work arrangements where possible.
- Collaborating closely with external support providers who are working with the survivor.
- Providing reasonable adjustments, such as interpretation services or extended breaks.
- Delivering training and raising awareness among the wider team about modern slavery and trauma-informed approaches, without disclosing information about staff members.
- Enforcing a zero-tolerance policy on harassment and discrimination.
- Creating and maintaining a safe, inclusive, and supportive workplace environment.



ANNEX 1:

Overview of the National Referral Mechanism (NRM)

THE NATIONAL REFERRAL MECHANISM (NRM)

Professionals understand the NRM and related current guidance, legislation, and processes, and can clearly explain these to survivors in an accessible way.

The NRM is a framework used to identify and support victims of human trafficking and modern slavery.[1] It is a government-run system designed to ensure that victims of human trafficking and modern slavery are identified and provided with the support and assistance they are entitled to under the Council of Europe Convention on Action Against Trafficking in Human Beings (ECAT).[2]

An overview of how it works:

1. **Referral Process**: Organisations designated as 'First Responders' by the Home Office can refer individuals who they suspect may be victims of trafficking or modern slavery to the NRM, with informed consent if the individual is an adult. To do this effectively the First Responder should be aware of the indicators of all forms of trafficking and modern slavery and up to date on the NRM process and support available to communicate this to the individual.

2. **Entering the NRM**: The First Responder makes a referral to the Home Office, via an online portal, providing relevant details about the potential victim and their circumstances. It is important that this process follows the principles outlined in the Care Standards.

3. **Reasonable Grounds Decision (RG decision)**: Designated competent authorities review the referral and make an initial decision on whether there are "Reasonable Grounds" to believe the person is a victim of trafficking or modern slavery.

4. **Recovery and Support**: Adult victims with a positive Reasonable Grounds decision are entitled to a minimum of 30-day reflection and recovery period and support as set out in ECAT, including safe accommodation, healthcare, legal aid, and financial assistance and cannot be removed from the country during this time. This support is facilitated through government contracts. Children under the age of 18 will not be eligible for this support and the local authority is responsible for ensuring the child is safeguarded.

5. **Conclusive Grounds Decision (CG decision)**: A final decision is made on whether there are "Conclusive Grounds" to confirm the person is a victim of trafficking or modern slavery.

For up-to-date information about the NRM refer to Modern Slavery Statutory Guidance for England and Wales and Non-Statutory Guidance for Scotland and Northern Ireland.[3]

ENTERING THE NRM

Professionals provide survivors with a trauma-informed NRM referral process that builds trust, ensures informed consent, supports wellbeing, and encourages access to legal advice.

How a survivor is treated at first contact can shape their ability to trust the organisation and others who may support them. It may take time to build trust before a survivor is ready to enter the NRM.

Adults must give informed consent to enter the NRM [see p. 44]. Survivors should be encouraged to seek legal advice beforehand to understand all the implications. While legal aid is not guaranteed pre-NRM, applications for Exceptional Case Funding (ECF) or pro-bono advice may be possible [see p. 209].

NRM referrals should be made by trauma-informed professionals following the principles in the Care Standards [see p. 27]. Survivors may be overwhelmed, so timing should be considered, ensuring the survivor is rested, not hungry or distressed, and feels safe.

The NRM referral process should be based on meaningful conversation, not a tick-box exercise, carefully explaining the survivor's options and which agencies will have access to their information. Survivors need to be aware that the form is shared with the competent authorities and the relevant police force (where exploitation occurred). Police involvement is not mandatory, but they may investigate the case.

It is good practice to share the completed NRM form with the survivor, as it contains their personal information. Professionals should use clear, respectful, and accessible language, recognising that the survivor may read it.

Not all survivors will wish to enter the NRM. Professionals who believe they have encountered a survivor who does not consent to enter the NRM should consider the following:

1. Inform the survivor that they can enter the NRM at a later date and how to do this if they change their mind. Ensure they have the contact details for re-engaging with the service and/or entering the NRM.
2. Make any necessary referrals to other organisations, including how to access independent legal advice, and partners who can provide support and ensure a safeguarding approach is taken.
3. Request a First Responder (if the professional is not one) completes a 'Duty to Notify' form, which is done via the same link as the NRM form but completely anonymously, with no personal information included. This allows information about the situation of exploitation to be captured and shared anonymously with police and helps with statistical data on the estimated numbers of victims.[4]

Legal Frameworks

The following legislation provides the legal basis for which authorities have a duty in regards to 'Duty to Notify' submissions:

England and Wales: Public authorities specified in section 52 of the Modern Slavery Act 2015, have a statutory Duty to Notify the Home Office when they come across potential victims of modern slavery.

Northern Ireland: Duty to notify provisions are in section 13 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015.

Scotland: Similar provisions are set out, but are not yet in force, in section 38 of the Human Trafficking and Exploitation (Scotland) Act 2015.[5]

Practice reminder: First responders

Professionals who are NRM First Responders should:

- **Identify trafficking indicators:** Recognise and clearly understand the signs of all forms of trafficking and modern slavery.
- **Conduct immediate risk and needs assessments:** Act decisively exercising a duty of care and highlighting urgent requirements in referrals. Consider critical needs such as medical care, food, clothing, hygiene, accommodation, pregnancy, child welfare, and access to schooling. Document the importance of the survivor remaining in a specific location to maintain continuity of care, support networks, education, or safety.
- **Obtain informed consent:** Act only with the survivor's consent, including assessing their capacity to understand and consent to the NRM process [see p. 44].
- **Explain the referral process:** Ensure the survivor understands what the NRM process involves and the available support entitlements, limitations, and realistic timeframes.
- **Complete the NRM form collaboratively:** Work with accredited interpreters where required, letting the survivor lead at their own pace [see p. 54].
- **Provide a copy of the completed form:** Inform the survivor they can request copies in the future, as legal representatives and support workers may not have seen this information.
- **Inform survivors of potential follow-up:** Ensure they know that the First Responder may be asked to provide further information to assist the decision-making process.
- **Add additional contact details:** Include alternative contacts on the referral form so competent authorities can reach someone if the initial First Responder is unavailable.
- **Respond promptly to further information requests:** Meet deadlines from competent authorities, recognising the seriousness of not providing requested information.

Practice reminder: Supporting survivors to access the NRM

Professionals in a support capacity should:

- **Ensure access to specialised legal advice** [see p. 197].
- **Refer to a First Responder organisation:** If an NRM referral form has not been completed, with survivors' informed consent, refer them to a First Responder organisation.
- **Check NRM referral implementation:** Ensure that processes including using interpreters and obtaining informed consent from the survivor were followed correctly by the First Responder organisation.
- **Explain the NRM process clearly:** Revisit this as often as necessary to ensure survivor understanding.
- **Ensure the survivor has a copy of the NRM referral form:** Help survivors obtain a copy if they do not have one.
- **Provide follow-up information on the NRM:** In an accessible format and language.
- **Recognise not all information will have been captured at the point of NRM submission:** Supply additional information with consent and supporting evidence to assist NRM decision-making.
- **Assist with reconsiderations or extensions:** Work with survivors to provide required additional information to support these processes.
- **Meet practical care and support needs:** Ensure needs are met as outlined in the Care Standards, during the NRM process and at exit.
- **Provide support for complaints to Competent Authorities:** Assist survivors wishing to raise complaints about the NRM process or delays in their case.

EXITING THE NRM

> **Professionals support survivors exiting the NRM in line with the Care Standards, enabling a safe and well-managed transition**.

There are a number of reasons why a person may decide, or be required, to exit the NRM during the process:

- **Leave the UK**: A survivor may choose to return to their country of origin, or to another country where they are eligible to reside leaving the UK either independently or via a voluntary returns programme [see p. 120].
- **Be given a Public Order Disqualification (POD)**: This means that a survivor has been determined to be a threat to public order [as outlined in the Nationality and Borders Act 2022 s63] and as a result will be disqualified from receiving any further NRM support [see p. 218].[6]
- **Be given a bad faith disqualification**: This means that a survivor is considered to have claimed to be a victim in bad faith – i.e. they have knowingly made dishonest statements in relation to being a victim of modern slavery. As a result of this they will no longer be entitled to receive support under the NRM [see p. 219].
- **Disengaging with support**: Some survivors may find engaging with NRM support hard and as a result of their experiences decide to leave support. It may be that they feel at risk of being found by their trafficker, that short-term support is not helping them or they are compelled to return to their exploitative situation. Survivors may also disengage as a result of being re-trafficked. In the case of a missing person the competent authority will make a decision as to if they are able to make an NRM decision based on the information they already have or if the case needs to be suspended.

At the point a survivor exits the NRM a new risk and needs assessment based on survivors' circumstances should be completed. It should include:

- Any changes to legal status/entitlements and the impact of these on the person
- The complexities of ongoing legal cases or police investigations
- Psychological, emotional and physical wellbeing assessments
- Ongoing access to appropriate healthcare
- The survivor's ability to live independently
- Any safety concerns
- Return to place of origin options
- The survivor's financial situation
- Housing requirement/situation – short term and long term
- Their level of spoken English and literacy
- Their work options or access to welfare
- The survivor's own goals
- Any needs relating to their family or childcare requirements
- Their social, community and spiritual networks.

Temporary permission to stay

A survivor does not automatically qualify for temporary permission to stay (VTS) when a Competent Authority has confirmed that they are a survivor of modern slavery via the NRM process. Permission to stay specifically in relation to modern slavery will be considered under section 65 of the Nationality and Borders Act (2022).[7]

VTS can be granted for the following three reasons, to:

- Assist the person in their recovery from any physical or psychological harm arising from the relevant exploitation,
- Enable the person to seek compensation in respect of the relevant exploitation,
- Enable the person to co-operate with a public authority in connection with an investigation or criminal proceedings in respect of the relevant exploitation.[8]

NEGATIVE REASONABLE GROUNDS DECISION

Following a negative Reasonable Grounds decision an adult is not entitled to access support via the NRM route.

If they have been accommodated already as part of NRM support, they must exit.

Survivors (or someone acting on their behalf) can request reconsideration of a Reasonable Grounds decision following statutory guidance.

An extension request may also be made should the survivor need an additional period to become self-supporting or to transition into mainstream support.

POSITIVE REASONABLE GROUNDS DECISION

Following a positive Reasonable Grounds decision an adult victim is entitled to a 'recovery and reflection' period of at least 30 days, as outlined in ECAT (Article 13). This is a period when they can access support for a set period of time (timeframes for this differ across the UK):*

- Access to Government-funded support (including accommodation, material assistance, financial support, translation and interpretation services, information and advice as outlined in ECAT) Article 12)
- Outreach support if already in safe, secure and appropriate accommodation (which may include local authority accommodation or asylum accommodation)
- Access to legal aid for immigration advice
- Medical care and counselling
- Assistance to return to their home country if not a UK national.
- Protection from removal from the UK whilst in the NRM.

* England and Wales: Minimum 30 days
Scotland: 90 days support period or receipt of a conclusive grounds decision, whichever comes first
Northern Ireland: No stated timeframe, until a further decision is made

NEGATIVE CONCLUSIVE GROUNDS DECISION

Following a negative Conclusive Grounds decision being made, an adult victim may be given a move-on period before they must exit any NRM related support.

Where survivors do not have any form of immigration status that allows them to remain in the UK legal advice should be sought as a priority.

Survivors (or someone acting on their behalf) can request reconsideration of a Conclusive Grounds decision.

An extension request may also be made should the survivor need an additional period to become self-supporting or to transition into mainstream support.

POSITIVE CONCLUSIVE GROUNDS DECISION

Following a positive Conclusive Grounds decision survivors will be required to leave NRM support when it is appropriate to do so.

Support will be offered to facilitate and support a 'move-on' (timeframes for this vary).

Following a positive Conclusive Grounds decision, where the survivor does not have the right to remain, non-EEA and EEA nationals will automatically be considered for a grant of temporary leave.

Survivors with a positive Conclusive Grounds are entitled to light touch, continuous support provided via advice and information, ensuring they maintain access to their entitlements.

The information in this table has been taken from the Modern Slavery: statutory guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and non-statutory guidance for Scotland and Northern Ireland. Refer to this document for up-to-date information on the NRM, decision outcomes and survivor entitlements.[9]

RECONSIDERATION AND EXTENSION REQUESTS

Professionals challenge incorrect NRM decisions and submit extension requests when necessary, ensuring survivors have opportunities to provide additional information.

To effectively support survivors, professionals must be familiar with guidance, relevant to their location, on the reconsideration process, including time frames involved.

RECONSIDERATIONS

Reconsiderations can be made upon receipt of negative Reasonable Grounds or Conclusive Grounds decisions. They can be made by a survivor or their representative and need to be submitted to the relevant competent authority via email within 30 days of receiving the decision.

Reconsideration can be requested for two reasons:

1. Additional evidence is now available that may demonstrate modern slavery
2. Concern that the decision given was not made in line with Government guidance.

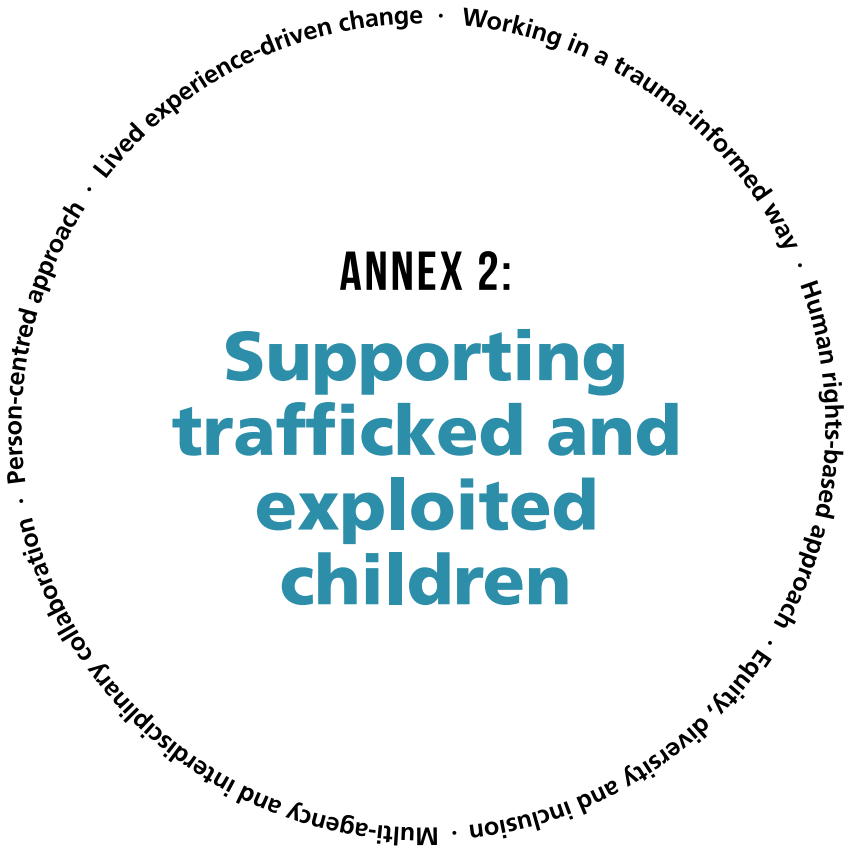
Survivors requesting reconsideration of a Reasonable Grounds decision are required to leave NRM specific support, unless an extension request has also been submitted and approved. However, whilst a negative Conclusive Grounds decision is being reconsidered, survivors can continue to receive NRM support without the need for an extension request.

EXTENSIONS

An extension request can be made post receipt of a negative Reasonable Grounds or Conclusive Grounds decision in cases where the survivor needs more time to prepare to move-on. These can also be used in cases where survivors have received a 'Bad Faith' or 'Public Order Disqualification' [see p. 219], however this request can only be made in limited circumstances, as outlined in relevant guidance.

Extension requests must be made in writing and can only be made by support providers working within the government contract who are contracted to provide support to survivors. Extensions can be granted for up to 28 days.

For up-to-date information and detailed process guidance in relation to requests refer to the Modern Slavery Statutory Guidance for England and Wales and Non-Statutory Guidance for Scotland and Northern Ireland.[10]



ANNEX 2:

Supporting trafficked and exploited children

Whilst the Care Standards are focused on the care and support of adult survivors, there are scenarios in which professionals may find themselves working with a child (17 or under). This section is not intended to be a comprehensive guide to working with children, which is the role of child specialist practitioners. Instead, it is intended to assist professionals who predominantly support and work with adult survivors, so that they know what to be aware of and the steps to take if they find themselves working with a child.

This section covers the following areas:

- What to do if supporting a child
- Age assessments
- Transitional safeguarding
- Supporting dependent children.

A child-centred approach should be used by professionals when supporting any child who is believed to have been trafficked and exploited. Importantly, anyone who is thought to be a child must be treated as a child.[1 *]

It is important that all professionals have a working knowledge of children's rights in the UK, United Nations Convention on the Rights of the Child (UNCRC, 1989), and the principle of the best interests of the child.[2] This should include knowledge of the specific risks and vulnerabilities and the needs and rights of children who are transitioning from children's services into adult services.

The UNCRC sets out the civil, political, economic, social, and cultural rights of all children and young people under the age of 17. Its primary aim is to protect and promote the rights of children, ensuring they grow up in a safe, healthy, and supportive environment where their needs are respected and their voices heard. This is based on four general principles – non-discrimination (Article 2), best interests (Article 3), the right to life, survival and development (Article 6) and the right to participation (Article 12).[3] These principles act as a framework for interpreting all other rights in the Convention. They are interconnected and apply across all areas of a child's life, ensuring that policies, practices, and services are child-centred, inclusive, and respectful of children's evolving capacities and dignity.

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

SUPPORTING CHILDREN

> **Professionals recognise the trafficking and exploitation of children as a child protection issue and work with partner agencies to put age-appropriate support in place. Protection, safeguarding, and welfare take priority.**

Children who have been trafficked and exploited are entitled to protection under the relevant child welfare legislation.[4] Professionals must focus on identifying what is in a child's best interests, safety and wellbeing. Local authorities (England and Wales and Scotland) and Health and Social Care Trusts (Northern Ireland) have a duty to recognise trafficked and exploited children as children in need of care and support, ensuring they are provided with safe accommodation, access to education, healthcare, psychological support, and legal advice. Where there is any suspicion that a child has been trafficked and exploited, professionals should alert children's services in the local authority or the equivalent agencywho have safeguarding responsibility and a referral to the National Referral Mechanism (NRM) should be made.

Any disclosure of ongoing harm or the threat of harm should be addressed via safeguarding mechanisms. While local safeguarding responsibilities apply throughout the UK, the way in which these duties are implemented, and the specific safeguarding processes differ between nations in the UK. The NRM applies to children in all parts of the UK; however, Guardianship programmes differ depending on location.

Best Interests

The principle of the best interests of the child is one of the four general guiding principles on children's rights. The UNCRC (Articles 3 and 12) and the Charter of Fundamental Rights (Article 24) give children the right to have their best interests assessed and considered in all actions or decisions affecting them, whether undertaken by public or private social welfare institutions, courts, administrative authorities or legislative bodies.[5]

In addition to UNHRC and the Charter relevant domestic laws (Children's Acts) and statutory guidance should be used to inform decision-making and practice in relation to making best interest decisions.[6]

Anyone identified as or thought to be a child victim of trafficking or modern slavery must be:

- Referred to the local authority or equivalent service
- Entered into the NRM
- Referred to a Guardianship programme (where available) for further support.

GUARDIANSHIP SERVICES

Guardianship services [and their equivalents see p. 328] provide specialist support to trafficked and exploited children, as well as guidance to the professionals involved in their care. They help professionals recognise signs of trafficking and respond appropriately to children's needs. Guardians work collaboratively to safeguard children, acting in their best interests, upholding their rights, and advocating on their behalf.

They support children to:

- Navigate complex systems and processes, including trafficking, asylum, welfare, criminal justice, and age assessments
- Build trusting relationships and make informed decisions about their future
- Feel practically and emotionally supported.

Creating Stable Futures Positive Outcomes Framework (CSF-POF)[7]

The support offered should be based upon the CSF-POF which has been designed in collaboration with children and offers a child-centred tool for use by professionals across various sectors, including social services, education, health, and law enforcement.

It offers a structured approach to:

- Assessing the needs and progress of trafficked and exploited children.
- Developing and implementing support plans that are child-centred and rights-based.
- Evaluating the effectiveness of interventions and services.

Support for children should offer:

- **Safety and Stability**: Feeling safe and having a stable environment.
- **Trust and Support**: Building trust with professionals and systems.
- **Voice and Agency**: Being listened to and having a say in decisions.
- **Access to Rights**: Receiving quality legal advice and interpretation services.
- **Belonging and Identity**: Experiencing freedom, equality, and a sense of belonging.

AGE ASSESSMENTS

Children claiming to be under 18 are given the benefit of the doubt. Unless verifiable evidence shows they are adults through a lawful decision on age by a local authority, or determined by a judge who assesses them to be adults, they are treated as children and provided full access to appropriate support and services.

Age assessment is a process to decide someone's age. This happens when the authorities (the police, immigration authorities, social services or the court) dispute the age a child says they are.

The trafficking of children is first and foremost a child protection issue which must take immediate precedence over any potential dispute around age. The United Nations and various national guidance provide direction for practitioners when a child's age is uncertain.[8]

The underlying principle is always to give the benefit of the doubt. Being wrongly assessed as an adult is a serious violation of a child's rights and risks exposing them to significant harm. It can lead to children being placed in unsafe, inappropriate adult settings (including immigration detention), without access to child protection measures, specialist support, or the necessary safeguarding measures. It can also expose children to significant harm, leaving them vulnerable to homelessness or being placed in unsafe accommodation, and denied protection that may result in further exploitation or re-trafficking.

Difficulties in establishing age

UNCRC (Article 8) obliges an authority to respect "the right of a child to preserve his or her identity" which includes their age and date of birth.[9] Many children will not be able to provide evidence of their age, and some may not even know their chronological age. In some cases, they may have entered the UK on false identity documents showing them to be adults, this is often because of being under the control of traffickers and having identification documentation and travel documents provided by those exploiting them. Some children will not have had the possibility of obtaining their own documentation whilst for others those exploiting them may have taken or destroyed it as a way of assuming control. Establishing age in the absence of authenticated documentation may be problematic as children may:

- appear younger or older than their claimed age
- arrive without documents evidencing their identity or their date of birth
- arrive with documents which are, or are said to be, false
- mislead professionals about their age
- have been encouraged to make false statements about their age by others (exploiters)
- come from a country where birthdays are not recognised
- not know their chronological age
- have suffered the most extreme forms of loss arising out of their experience
- have witnessed traumatic events in their home country or on their journey.

A child who has experienced trafficking and exploitation may have been subjected to physical, sexual or emotional abuse, or neglect, either in their country of origin, during their journey to the UK, or in the UK. These traumatic experiences often result in undiagnosed mental health issues, which can make it difficult for the child to fully engage in conversations about their experiences. Some may appear to be acting in a manner that is 'uncooperative' or 'dishonest', but such behaviour is more often a reflection of trauma, fear, and/or a deep mistrust of adults in authority. Traffickers and exploiters often use manipulation and coercion to instill fear, convincing children that telling the truth will lead to punishment, deportation, or harm. In some cases, cultural beliefs may be weaponised, for example, threats involving juju or spiritual harm to silence them and maintain control.

The basic principles for Merton compliant age assessments that should be applied are as follows:

- The burden of proof should never fall on the child to prove their age.
- Anyone who presents as a child must be given immediate access to child protection services. They should not be required to "prove" their age before receiving care.
- Anyone who is potentially under 18 must be treated as a child unless there is clear and verifiable evidence showing otherwise.
- Age assessments should not be a routine part of a local authority's process for children who have been trafficked. They should only be conducted when there is a reason to doubt the stated age.
- Assessments must not rely on appearance alone, as factors like trauma, malnutrition, and cultural differences can affect how old a child looks.
- Professionals carrying out age assessments must be trained in trauma-informed approaches and understand that trauma can affect memory, behaviour, and communication.
- When age assessments are necessary, they must be Merton compliant and follow the relevant legal standards established in case law.* [10]

AGE ASSESSMENT CONSIDERATIONS

Professionals supporting children should advocate for a lawful age assessment by trained social workers that is:

- in-depth and as a result of multiple sessions.
- conducted in a way that is conducive to individual needs.
- conducted in a way that takes full account of the specific trafficking aspects of each individual case.

In addition, professionals must ensure that the following risks and health-related issues are thoroughly explored and considered by those conducting the age assessment:

- Is the child in safe and appropriate accommodation, both before and after the assessment?
- Has the child experienced any form of abuse?
- Do they have any additional needs beyond being unaccompanied?

* In Northern Ireland the Trust may hold an age assessment commissioning meeting where all the evidence is considered. As a result an age assessment will be commissioned if the Trust has a **reasonable doubt** as to the claimed age.

- Are there any physical, mental, or emotional health concerns?
- Could they have learning difficulties that affect their understanding or communication?
- Have their past experiences, either in their country of origin or during their journey, impacted their ability to respond fully to questions?
- What is their current immigration status, and do they need legal or practical support related to this, either before or after the assessment?[11]

AGE DISPUTES

When a child's age is disputed by authorities or when a professional has concerns that someone they are working with may be a child, any safe system of referral must be guided by the relevant UK statutory guidance on children and the process must be in line with the rights afforded to children under the UNCRC and other appropriate age assessment guidance.[12] Where available a referral to Guardianship schemes should be made [see p. 328].

Age assessment scientific methods

The Nationality and Borders Act (2022) allows for the following scientific age-assessment methods to be used: dental X-rays, hand-wrist or clavicle imaging, or MRI scans.[13] Information collected is used to attempt an estimation of a person's chronological age by comparing physical maturity against scientific data. The accuracy and reliability of these methods are questionable.

The Home Office's Age Disputes Team can challenge a decision made that a Merton compliant age assessment is not required. They may also challenge the outcome of a full age assessment. Depending on the child's specific circumstances, particularly if they are a victim of trafficking, the local authority should consider if repeating assessments may cause further trauma. In such cases, the authority may instead submit supporting evidence from professionals working closely with the child to justify their original decision and ask the Home Office to reconsider its position. In such instances, it is essential to seek legal advice from a public law solicitor to ensure the child's rights are protected.

Escalations procedures are outlined in age assessment guidance. In the case of non-UK nationals, if a resolution cannot be reached the Home Office may refer to the National Age Assessments Board* (NAAB).[14] Disputing the age of a child can affect the way they engage, as they may perceive it as another aspect of mental and/or emotional abuse through questioning their credibility and identity.[15]

SUPPORTING DEPENDENT CHILDREN

> **Children of survivors are supported alongside their parents. They have access to a safe home and consistent support and care that promotes their safety, wellbeing, and healthy development.**

Children of survivors often experience significant disruption and instability during key developmental stages. For children whose primary caregiver is a survivor of trafficking or modern slavery, the most crucial factor in their recovery is the sustained wellbeing and stability of their parent/s. A secure, settled home environment is therefore essential, one that supports family life and offers continuity in education, friendships, and relationships with trusted professionals.

Children may also be affected by their parents' trauma, sometimes experiencing vicarious trauma, feelings of isolation, or low self-esteem. These impacts can be compounded by frequent relocations, sharing accommodation with unrelated adults, and adjusting to unfamiliar environments, all of which may further undermine a child's sense of safety and belonging.

* Where NAAB decisions that are at odds with the local authority, the NAAB decision will often take precedent.

Practice reminder: Dependent children

When supporting survivors who have dependent children, professionals should consider these practice reminders, as they are central to promoting the resilience, recovery, and healthy development of both survivors and their children.

- **Identify appropriate housing:** Long-term, stable housing is needed for survivors and their children to break cycles of homelessness and instability, reducing the risk of further harm.
- **Support families in their communities:** Wherever it is safe, remaining in an established community maintains children's education, peer relationships, and emotional security.
- **Avoid unsafe shared housing:** Placing survivors with children in shared accommodation with unrelated adults, may create safeguarding risks and unsafe environments for healing.
- **Offer separate support:** Wherever possible, children should not attend their parents' support or counselling sessions. If necessary, offer alternatives for the child, ensuring they are still near the parent and safe, allowing the parent to engage fully.
- **Be mindful of discussions:** Avoid talking about traumatic or sensitive information in the presence of children.
- **Foster a sense of belonging:** Help families to build positive local connections and support access to community-based services to promote them feeling settled.
- **Ensure access to education:** Children are legally entitled to education, and parents may require support to facilitate access to this.
- **Observe signs of distress or trauma:** If any signs are identified in children safeguarding procedures should be actioned and followed.
- **Understand safeguarding processes:** If a parent is being exploited, a safeguarding enquiry should follow legal duties and processes in the relevant location. Voluntary safeguarding enquiries can be conducted, with parental consent and can be used to look at concerns of potential or emerging issues affecting children.

Potential signs of a child at risk or in distress that may be observed when working with adults who have dependent children include:

- Noticeable changes in behaviour or personality that are difficult to explain
- Appears to have difficulty expressing themselves, quiet, or tearful
- Shows signs of nervousness or worry
- Displays behaviour that is more reactive or intense than usual
- Appears to have limited peer relationships or weaker connections with caregivers
- Frequently appears tired or hungry
- May need support with personal hygiene
- Clothing may appear unwashed or in need of care
- Awareness of adult topics not typical for their age, or displaying behaviour that seems younger than expected
- In possession of unexpected or unexplained items or gifts
- Regularly goes missing or is absent without clear reason
- Consistently wears clothing that fully covers their body, even in warm weather

TRANSITIONAL SAFEGUARDING

> **Children who have experienced trafficking and exploitation receive continuous, needs-based support beyond the age of 18, with professionals ensuring a safe and well-managed transition from child to adult services to prevent further harm or re-exploitation.**

Transitional safeguarding is *'an approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learn from both children and adult safeguarding practices and prepares young people for their adult lives'*.[16]

The impact of coercion, control and exploitation experienced in childhood does not stop when the child turns 18. A well-planned continuum of support which is tailored to individual needs is required. Dependent on the jurisdiction, approaches to transitioning between children's services and adult services differ, professionals should ensure that they understand the policy, legislation and approach in their local area.*

* The transitional safeguarding standard doesn't apply in Scotland in the same way as young people don't have the same abrupt transition to adult services at 18 and continue to receive Guardianship Support and be looked after by social work and can access throughcare and aftercare support up until they are 26 if needed.

Upon turning 18, survivors may experience an abrupt and damaging transition from children's services to adult services. They may feel abandoned, suddenly losing vital safeguarding measures and care, which can increase their vulnerability to re-exploitation and re-trafficking. Professionals and those providing support must recognise that trauma, exploitation and the risk of being re-exploited do not suddenly resolve upon reaching adulthood. Long-term, relationship-based support will be required to aid recovery and develop self-sufficiency.

Professionals must consider safeguarding responsibilities as transitions into new support services occur, whether these are within, or outside of local authority services. Ongoing care and support needs should continue to be met, and the risk of re-trafficking or other harm understood and mitigated.

Any transition period is a time when children are particularly at risk of exploitation and perpetrators may actively target them at this time due to the reduction in support services and move towards increased independence [see p.113-119].

Professionals working with survivors who are transitioning between services for children and services for adults should:

- take a contextual approach to safeguarding and risk
- enable a more developmental approach, supporting a smoother transition into adulthood
- offer a trauma-informed response to children experiencing harm
- actively respond to issues of structural inequality, disproportionality and injustice
- treat young people as experts, engaging them in meaningful co-production.[17]

Below are considerations for adult practitioners when supporting a transition from services for children and services for adults. Support may not only be provided via local authorities and their equivalents; third sector organisations can provide additional support separately to statutory entitlements. Professionals should also refer to specific guidance relevant to their location.[18]

Alongside any safety considerations children should be involved in their care and support and professionals should ensure that decisions are made collaboratively with them and in response to their individual wishes and feelings.

Practice reminder: Considerations when supporting transitions

OVERARCHING CONSIDERATIONS

Ensure a smooth transition from children's care to adult support, recognising the unique needs of each child.

- **Plan transitions early:** Ensure continuity of support is maintained and that abrupt endings when the child turns 18 are prevented.
- **Recognise the differences:** Child trafficking and adult trafficking are not the same, and each requires its own understanding and tailored response.
- **Respect children's rights**: Statutory requirements and practice emphasise children's rights under the UK's UNCRC – ensuring protection, participation, safeguarding, and a child-centred voice, with the child's best interests always prioritised.
- **Avoid "adultification"**: Specifically in relation to race and racism, treat children according to their developmental stage while supporting growing independence.
- **Understand adolescent brain development**: Behaviours such as risk-taking or emotional dysregulation may reflect trauma or neurodiversity.
- **Acknowledge early trauma**: Experiences in childhood can affect development and may require additional support compared to peers transitioning from children's services.
- **Provide individualised, flexible support**: Support should be tailored to each child's background, needs, and vulnerabilities.
- **Check NRM support eligibility**: Children with positive Reasonable or Conclusive Grounds decisions may access government-funded support at 18 if local authority support ends, unless they are disqualified from NRM protections [see p. 218, p. 299].

LEAVING CARE ENTITLEMENTS

Plan transitions carefully to prevent gaps in support, housing instability, or re-trafficking risks for children moving into adulthood.

- **Start transition planning early:** Plan ahead to ensure this is a gradualprocess that takes place over time.
- **Confirm care leaver entitlements:** Care leaver entitlements vary, so identify the relevant category for those in care for more than 13 weeks (Eligible, Relevant, Former Relevant, or other qualifying care leavers).*
- **Advocate for discretionary support:** Discretionary support may need to be advocated for children in care for less than 13 weeks, using their trafficking history and assessed needs as justification.†
- **Allocate a Personal Adviser (PA):** Well before a child turns 18, they should be allocated a Personal Advisor who should be;
  - Are trained in trafficking-related risks
  - Have access to the child's history and safeguarding records
  - Conduct safety mapping and provide guidance on exploitation, workplace rights, and healthy relationships.

LEGAL AND IMMIGRATION

Work proactively to prevent legal limbo at age 18, especially regarding unresolved immigration or asylum status.

- **Provide NRM information:** Ensure that the child understands and knows about their NRM referral. This should include whether they were referred as a child (which does not require consent) and their right to opt in or out at 18. Explain that they can re-enter the process later if they choose to opt out.
- **Outline NRM procedures after 18:** Explain that competent authorities may contact them directly regarding any outstanding decisions. Ensure they understand potential consequences to make an informed choice.

* Entitlements and eligibility at this point can be complex and vary depending on the location a child is living in. It is best to seek advice and the most up to date information from CORAM

† This is not relevant in Scotland. There is not eligibility to have been in care for 13 weeks to access aftercare.

- **Ensure ongoing NRM support:** NRM support should be in place for children who turn 18 while their NRM is ongoing, with clarification of their entitlements.
- **Check NRM decisions:** NRM decisions should reflect the child's status at the time of trafficking, recognising that child and adult indicators differ. This is especially important in age-disputed cases where the final assessment often confirms they are children.
- **Seek urgent legal advice:** Where an asylum decision is pending or refused as the child turns 18, urgent legal advice should be sought whilst also exploring appeals, fresh claims, or further submissions.

ACCOMMODATION

Prioritise continuity and stability when arranging housing for children transitioning from care.

- **Avoid relocation:** Relocation can disrupt education, support networks, or safe relationships.
- **Consider suitability:** Do not house children in shared or unsuitable accommodation, especially with unrelated adults or in hotels.
- **Support "staying put" or "staying close" arrangements:** Support remaining in safe and appropriate environments, such as remaining with foster carers.
- **Assess housing options:** When considering adult housing provisions, use a trauma-informed approach that prioritises children's safety, independence, and emotional wellbeing.

SAFETY MANAGEMENT

Start risk assessment and safety planning early to protect children as they transition to adulthood.

- **Begin planning before age 18**: Do not wait until the child reaches adulthood to plan for transitional support.
- **Monitor risks at transition points:** Monitor risks, including the possibility of the child going missing. Children going missing is a key issue, and professionals should identify up-to-date guidance and multi-agency good practice to help them navigate this risk.

- **Inform the child of their legal status:** Ensure they understand their immigration position and the options available to them.
- **Recognise that compliance does not equal safety**: Children who have been trafficked may fear disclosure due to control, coping strategies, or cultural expectations of obedience to authority.
- **Review safeguarding inquiries:** Any previous inquiries should be reviewed to inform current risk assessments and care planning.
- **Consider referrals:** If the child continues to have care and support needs as they enter adulthood, referrals under the relevant legislation should be made.

DOCUMENTATION

Maintain and share relevant documentation to ensure safe and informed support for the child [see p. 67].

- **Keep care plans:** Clearly record and note child's trafficking or unaccompanied status.
- **Retain safeguarding outcomes:** Keep clear records of safeguarding inquiry findings, update them regularly, and use this information to guide decisions and ensure the child receives the right ongoing support.
- **Maintain pathway plans:** Coherent plans should be in place ensuring trafficking-related risks and needs are captured.
- **Share essential information:** Ensure all professionals working with the child – including Personal Advisers, support workers, and housing providers – have the appropriate information to assess risk and provide safe support.

LEGISLATIVE OVERVIEW

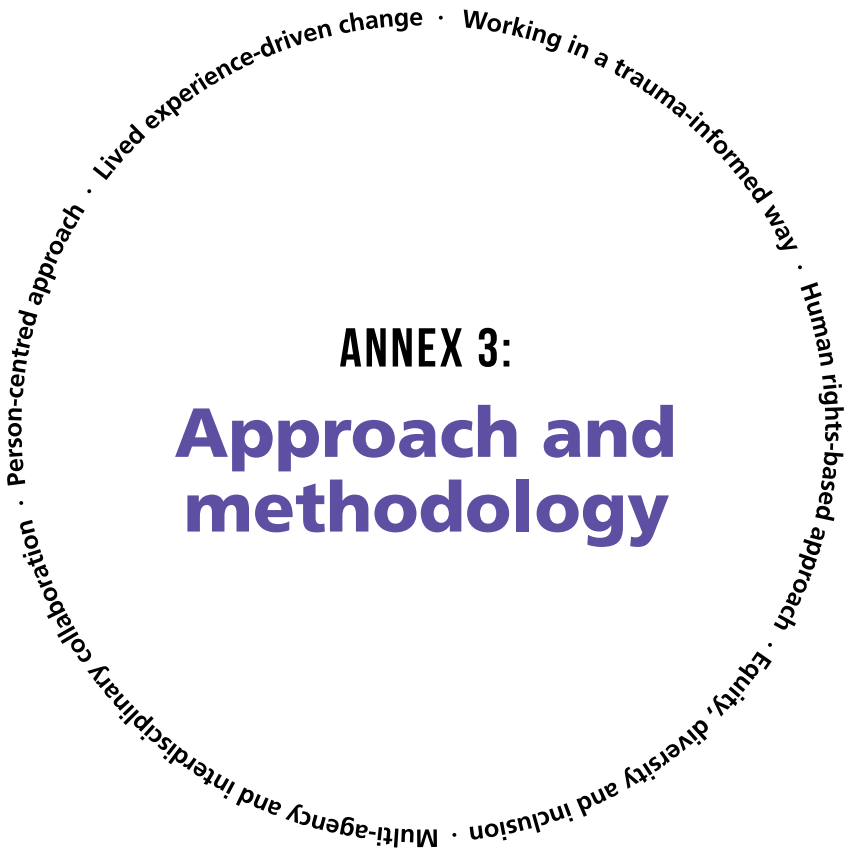
Child protection measures should be applied in cases of trafficking and exploitation in line with relevant child welfare legislation and the statutory duties of local authorities.

JURISDICTION	CHILD WELFARE LEGISLATION	KEY PROVISIONS	GUARDIANSHIP FOR TRAFFICKED AND EXPLOITED CHILDREN
England & Wales[19]	Children Act 1989/2004	**Section 17 (Child in Need – England only)** Local authorities have a duty to provide services for children who are unlikely to achieve or maintain a reasonable standard of health or development without support. **Section 47 (Child at Risk of Significant Harm)** Requires local authorities to investigate if they suspect a child is suffering, or is likely to suffer significant harm. **Section 20 (Accommodation – England Only)** Allows a local authority to provide accommodation to a child with the agreement of the child's parent or guardian, without going to court. **Section 31 (Care and Supervision Orders)** Allows a local authority to apply to the Family Court for a Care Order or a Supervision Order, when they believe a child is suffering or likely to suffer significant harm.	Yes – via Independent Child Trafficking Guardians (ICTG) Sec.48 Modern Slavery Act 2015

JURISDICTION	CHILD WELFARE LEGISLATION	KEY PROVISIONS	GUARDIANSHIP FOR TRAFFICKED AND EXPLOITED CHILDREN
Northern Ireland[20]	Children (NI) Order 1995	**Duties on Health and Social Services Trusts (Section 18)** HSCTs have a duty to safeguard and promote the welfare of children in their area who are in need or who are at risk of significant harm. **Care and Supervision Orders (Section 50)** The HSCT can apply for a Care Order or Supervision Order if the child is suffering, or likely to suffer, significant harm.	Yes – Statutory provision for guardians via the Independent Guardian Service (IGS). All children who are suspected or confirmed victims of trafficking are referred to the independent guardian service as per Sec. 21 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015.

JURISDICTION	CHILD WELFARE LEGISLATION	KEY PROVISIONS	GUARDIANSHIP FOR TRAFFICKED AND EXPLOITED CHILDREN
Scotland[21]	Children (Scotland) Act 1995; CYPA 2014 Children's Hearings (Scotland) Act 2011	**Local Authority Duties (Section 22-25)** Local authorities have a duty to safeguard and promote the welfare of children within their area who are in need. This duty involves providing accommodation, health care, education, and support. **Looked After Children (Sections 17)** Provisions for children who cannot live with their families, needing secure accommodation and care. **Sections 52-57** These sections relate to the Children's Hearings System, which helps decide what support or protection a child needs. In child protection cases, this can include asking for a Child Protection Order (CPO) to move a child to safety. Whether this is used in exploitation cases depends on the situation and the level of risk. **Children's Hearings (Scotland) Act 2011 (Sections 60-64)** Sets out the duties and powers of local authorities, constables, courts and other persons to refer all children who may be in need of a Compulsory Supervision Order to the Scottish Children's Reports Administration. A referral would be in order to safeguard or promote the welfare of a child.	Yes – Guardianship Scotland The service is available for all unaccompanied children but not all child victims of trafficking and exploitation. This differs from equivalent services which provides Guardians for all victims (e.g. including UK nationals) This is provided for under the Human Trafficking and Exploitation (Scotland) Act 2015

JURISDICTION	CHILD WELFARE LEGISLATION	KEY PROVISIONS	GUARDIANSHIP FOR TRAFFICKED AND EXPLOITED CHILDREN
Wales[22]	In addition to the Children Act: Social Services and Wellbeing (Wales) Act 2014	**Parts 3 and 4 (Children in Need)** Children and adults (and carers of disabled children and adults) who need care and support will be assessed according to Part 3. If the eligibility criteria are met, the person should be provided with a service under Part 4 **Part 6 (Accommodating looked after children)** Outlines the responsibilities of local authorities in safeguarding and promoting the welfare of these children, including those leaving care.	Yes - via Independent Child Trafficking Guardians (ICTG) that cover all of Wales.



ANNEX 3:
Approach and methodology

The Human Trafficking Foundation (HTF) is a UK-based charity that grew out of the All-Party Parliamentary Group on Human Trafficking and Modern Slavery in 2010 and remains the secretariat. HTF works as a trusted convener, bringing together government, statutory agencies, NGOs, and survivors to strengthen the collective response to human trafficking and modern slavery.

HTF has three core objectives:

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

The Human Trafficking Foundation coordinates the updating of the Slavery & Trafficking Survivor Care Standards but they are a product of the sector.

HISTORY

The Slavery and Trafficking Survivor Care Standards (first published in 2014 and reprinted in 2015) were a result of a collaboration between 25 NGO practitioners working in the anti- trafficking sector and drafted by Christina Andreatta for HTF. At this time there was no overarching approach to the care and support of survivors and as a solution to this, the group produced the Care Standards with the aim of ensuring that adult survivors would consistently receive high quality care throughout the UK.

In 2018, following significant changes and the introduction of new legislation, the Care Standards were comprehensively updated by Kate Roberts at HTF in collaboration with 47 professionals working in this space. The 2018 Care Standards were adopted by the UK government as a minimum standard for victim support and the Care Standards formed the basis for the inspection regime of the care contract for victims in England and Wales.

In 2023 and 2024, research by Fulbright scholar Sara Gilmer and by the University of Nottingham Rights Lab conducted extensive stakeholder engagement and found that the Care Standards are an important and valued document promoting the provision of high-quality care and support services to survivors and should be updated.[1]

METHODOLOGY

The 2014 and 2018 versions of the Slavery and Trafficking Survivor Care Standards were so widely adopted and valued due to the collaborative approach of their creation. It was paramount to continue this collective contribution of expertise and knowledge in the 2025 update and to ensure participation of people with lived experience of modern slavery and human trafficking to shape the standards of care.

HTF appointed an advisory group, representative of wider partnerships within the sector, to act as a sounding board and provide strategic guidance. This group set framing questions on which to base the update, met regularly throughout the process and reviewed the whole of the Care Standards before publication.

HTF launched an Expression of Interest for anyone wishing to be involved in the update and ten working groups were established based on the chapters in the Care Standards. Every working group consisted of a range of agencies and people with lived and learnt experience. Members were asked to review relevant content from the 2018 Care Standards and make suggestions on any gaps in the information provided, updates and/or edits they felt were required. Each working group met twice with time in-between for reviewing changes, editing and drafting their chapter. In addition to the meetings individuals from the working groups helped with specific sections within their specialist areas throughout the process. The draft of the whole Care Standards was shared with all working groups for comment ahead of publication.

It was recognised that not everyone with lived experience would be able to participate in the working groups and therefore a workshop was held, providing an additional opportunity for those with lived experience to feed into the Care Standards.

A policy oversight group, including representatives from the devolved governments, was established to represent the numerous statutory organisations who are a part of the sector. This group offered advice on policy considerations during the updating process and helped ensure the Care Standards are applicable across the whole of the UK.

To view the references and bibliography,
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