



Identification of Modern Slavery Victims by Health Professionals



Unseen

Modern Slavery Helpline & Resource Centre – Themed report #1 May 2017



Summary

This report provides an initial assessment of calls made by health professionals across the UK into the UK-wide Modern Slavery Helpline and Resource Centre, operated by the modern slavery charity, Unseen.

The purpose of this report is to highlight the types of calls the Modern Slavery Helpline is receiving from health professionals and the types of situations health professionals are seeking help and advice on.

In summary:

- The Helpline received 40 calls from health professionals from across the UK between 10 October 2016 and 31 March 2017.
- No calls have been made to the Helpline by health professionals in Wales, Scotland or Northern Ireland during this period.
- The majority of calls made to the Helpline by health professionals have come from two locations - Bristol and London.
- Over 50% of calls into the Helpline are from health professionals asking about indicators of modern slavery.
- Health professionals site language barriers as a key difficulty in effectively establishing a situation with a patient.
- The largest number of calls into the Helpline from health professionals has come from ward staff concerned about a patient in their care.



Identification of Potential Victims of Modern Slavery by Health Professionals

October 2016 – March 2017

Introduction

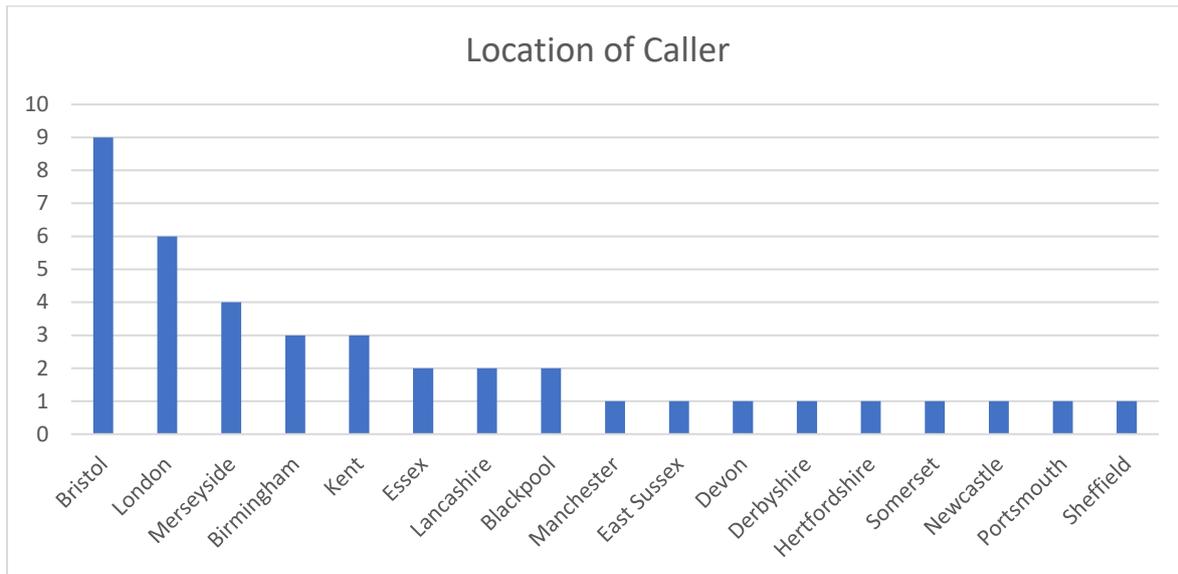
The UK-wide Modern Slavery Helpline and Resource Centre provides support, advice and guidance to the public, potential victims, businesses and statutory agencies 24/7, 365 days a year on any modern slavery-related issue. According to a study by researchers at Kings College London,¹ as many as one in eight NHS professionals report having been in contact with a potential victim of modern slavery within their practice. Furthermore, anecdotal evidence suggests that health professionals are lacking the knowledge and confidence needed to accurately assess potential instances of modern slavery and the information needed to refer to the appropriate agencies and services. This is supported by the findings from calls received by the Modern Slavery Helpline in its first six months of operation.



The Modern Slavery Helpline has taken **40** calls from health sector staff from 18 different locations in the period between 10 October 2016 to 31 March 2017. They have come from a wide variety of health workers from across England. To date, we have not received any calls from health workers based in other UK countries. Any reference to the NHS in this report, unless otherwise stated, refers to NHS England.

Several of the calls received into the Helpline from health professionals have been from two areas - Bristol (9) and London (6), with other areas showing less than four calls. This indicates that there may be greater awareness of modern slavery among health professionals in those two areas than in the rest of the country. However, it is noted that the number of calls to the Helpline, from health professionals is low and needs to be increased. In Bristol, Unseen has provided training to over 90 NHS workers in the first quarter of 2017 and regularly raises awareness of the helpline. This may be a factor in the number of calls received. In London, King's College London have been raising awareness of modern slavery which may have increased awareness of health workers in that area. However, given the significant population size in London, we would ordinarily expect to see a larger proportion of calls, in general, coming from that area.

¹ Ross C, Dimitrova S, Howard LM, Dewey M, Zimmerman C, Oram S. *Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking*. *BMJ Open* 2015;5(8) e008682 (Open Access)



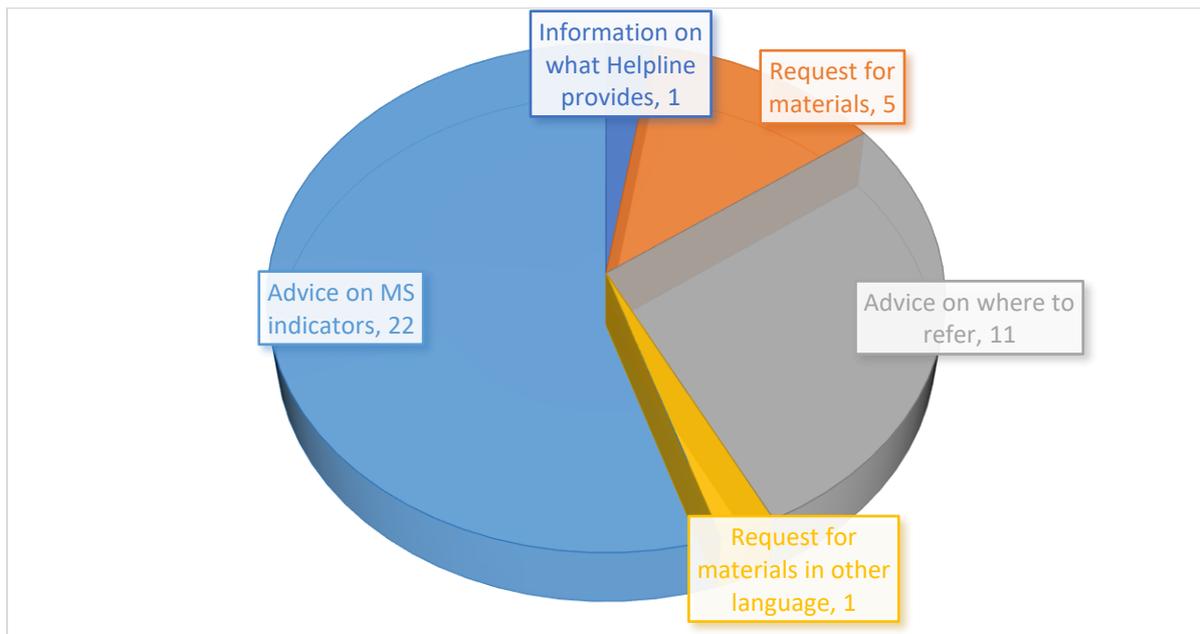
Of the 40 calls received into the helpline from health professionals, only four records specified how the health professional had found the Modern Slavery Helpline number. One worker was given the number by a friend at her local council, one knew of the number through training received by the police, one heard of the Helpline through a local radio show and one was advised of the number through a talk given by the Human Trafficking Foundation. As a priority, the Helpline needs to increase its own understanding of how health professionals found out about the Helpline number. This will help to identify the best channels to raise awareness of the Helpline as a key tool for professionals working in a range of health settings.

Training and Awareness

All NHS clinical staff have regular mandatory safeguarding training; however, this does not routinely include information relating to modern slavery, according to NHS staff who work on the helpline. The best way to improve identification and support for potential victims, is to provide health workers with an effective combination of appropriate training and regular awareness-raising. This combined approach will help to keep the issue of modern slavery in the minds of health professionals when they encounter a patient that may present with concerning indicators. Ongoing awareness-raising and training for all health professionals will ensure that health workers can spot the signs and know what to do if they encounter a potential victim.

From the calls received into the Helpline it appears that health workers feel they lack the knowledge and understanding to deal effectively with potential instances of modern slavery. Over 50% of the calls received into the Helpline from health workers are calls specifically asking about the indicators of modern slavery (see below).

Reason for Helpline Call



Furthermore, NHS staff appear unclear of where to refer potential victims for support and what the referral process entails. It is standard practice to seek advice from, and discuss any concerns that would deem a child or adult vulnerable with local safeguarding teams based in NHS Trusts. However, 25% of calls taken from health workers have been from NHS safeguarding teams themselves, suggesting that there are knowledge limitations within NHS safeguarding teams which may need to be addressed.

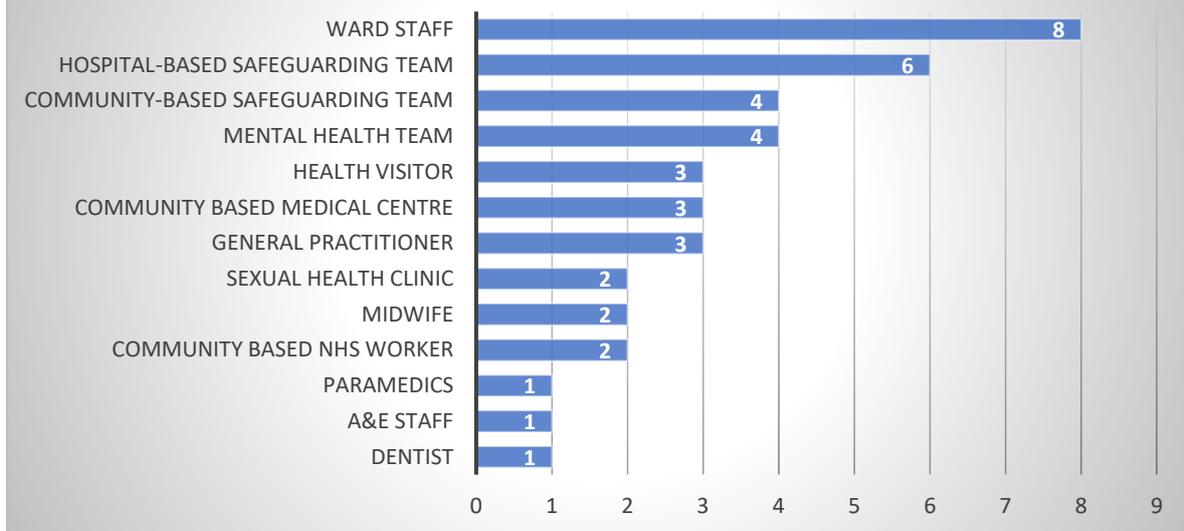
Anecdotally, NHS staff in social care do not feel supported by their safeguarding colleagues due to their reduced resources and increased thresholds. NHS staff feel it is becoming increasingly difficult for cases based on suspicions to be investigated, despite the pledges made by many local authorities to tackle modern slavery through a multi-agency approach.

Role of Helpline callers from the NHS

Given the diverse nature of the NHS estate, potential victims of modern slavery may present themselves with a range of health needs at a variety of different health settings. These health needs may include, but are not limited to, fractures or broken bones, malnutrition, gynaecological issues, maternity, mental health, and sexually transmitted diseases. It is not the assertion that all patients presenting with one or more of these health issues is likely to be a potential victim of modern slavery. Instead, a range of indicators, over and above the immediate health need, may raise the suspicions of a health professional that someone in their care may be a potential victim and require protection and safeguarding.

Based on Helpline calls, the chart below indicates the diversity of health settings that potential victims may present to.

Number of Callers and Role within the NHS



In many instances, potential victims may have had little or no contact with other health services. For example, 10 of the 40 calls received into the helpline in relation to potential victims indicated that they were not registered with a General Practitioner. Health professionals across all health outlets therefore have a significant role to play in identifying, supporting and caring for potential victims. Furthermore, health professionals have a responsibility in referring potential victims for additional support and empowering them to report their experiences to the appropriate authorities.

The Modern Slavery Act 2015 states that specified public authorities have duty to notify² the Home Office if they suspect an individual is a victim of modern slavery/human trafficking. Doctors, GPs, nurses and other healthcare workers are not bound by this duty; however, as a statutory agency they do have a duty to safeguard and protect individuals.



They are, nevertheless, encouraged to make a voluntary notification to the Home Office but do not appear to be aware, or have any knowledge of this. Given the high number of NHS staff in contact with a potential victim, it could be argued that the duty to notify should be extended to cover all NHS staff.

² Section 52 of the Modern Slavery Act 2015

Spotting the Signs

Health workers should trust and act on their professional instinct if they think something is not quite right when dealing with a patient. It is usually a combination of triggers, when completing a holistic assessment, that may raise initial concerns: an inconsistent story; a pattern of symptoms that may cause suspicion of modern slavery/trafficking; previously untreated injuries or scars; a fearful or unusually timid patient; or an overbearing companion or 'family'.

It is particularly vital that health professionals use open ended questions to establish the circumstances and situation of a patient presenting to them. Health professionals are adept at ensuring patients feels safe and will seek to build a trusting relationship. This is vital if the patient is also a potential victim who may be untrusting or scared of authorities and therefore unlikely to divulge their situation to an unfamiliar face. Communication is vital. Victims may struggle to disclose information to healthcare workers through fear, shame or the lack of opportunity to do so.

Language barriers therefore present a major problem. Nearly all the calls to the Helpline from health professionals, where a potential victim was involved, reported that English was not their first language. NHS workers also report that within healthcare settings there is often a significant time delay in accessing an interpreter. This may lead to staff using an accompanying individual as the translator. This could increase the risk to the potential victim or might mean the potential victim cannot divulge important information that may identify them as a potential victim.

Providing the right environment and understanding the indicators of modern slavery are vital. These two factors could mean that a health professional is able to elicit information and identify a potential victim to help them to leave their situation of exploitation, or help them to access the services they need. The table below shows the indicators reported by health professionals to the helpline and further indicators that may be relevant when a patient presents themselves for treatment at a health care setting.

Indicators

Category	Indicators of modern slavery reported to the helpline from health professionals*	Further indicators of modern slavery that may present to health care services.
General	<ul style="list-style-type: none"> • Accompanied by someone who appears controlling, who insists on giving information and coming to see the health care worker. • Struggles to speak English. • Appears to be moving location frequently. • No official means of identification or has suspicious documents. • Reports of overcrowded accommodation. • Different men being seen in patient's home. • Reports of poor living/working conditions. • Patient reporting long working hours/little or no pay. • Not registered with a GP. 	<ul style="list-style-type: none"> • Vague and inconsistent information, is reluctant to explain how the injury occurred or give medical history. • Vague information of where they live, their employment or schooling. • Experience of being moved locally, regionally, nationally or internationally. • May only have English vocabulary that relates to their exploitation. • Reluctance to give immigration status. • May not recognise themselves as being trafficked.
Physical	<ul style="list-style-type: none"> • Long term multiple injuries. • Physical trauma. • Dental pain. • Vague symptoms including gastrological (abdominal pain), musculoskeletal (back ache), neurological (head ache). • Fatigue. 	<ul style="list-style-type: none"> • Old or serious injuries left untreated • Injuries of assault or controlling measures. • Further neurological symptoms such as dizzy spells and memory loss. • Cardiovascular symptoms. • Tattoos or other marks on the body that could indicate ownership.
Sexual	<ul style="list-style-type: none"> • Sexually transmitted diseases. • Pregnancy (late booking). unwanted pregnancies. • Sexual abuse and trauma. 	<ul style="list-style-type: none"> • Gynaecological symptoms including urinary tract and vaginal infection (could also be recurrent), pelvic inflammation, pain, excessive vaginal bleeding and irregular bleeding.
Psychological	<ul style="list-style-type: none"> • Post-traumatic stress, • Substance misuse. 	<ul style="list-style-type: none"> • Withdrawn and submissive, seems afraid. • Suicidal ideation, isolation, poor self-esteem, self-worth and loss of control.

*The indicators contained in the table above have been reported by health professionals in calls to the Modern Slavery Helpline.

Across the UK the NHS employs more than 1.5 million people, putting it in the top five of the world's largest workforces. NHS England employs over 700,000 clinically qualified staff. The NHS in Scotland, Wales and Northern Ireland employs 161,000, 84,000 and 66,000 people respectively. If the one in eight theory (of NHS workers in contact with a potential victim) is correct, this indicates a possible 125,000 plus

encounters between an NHS worker and a potential victim. One patient could see several NHS workers and, conversely, some patients may only see one member of staff, such as in sexual health/family planning. If each potential victim was seen by up to five workers this would equate to an estimate of 25,000 potential victims, significantly more than the 13,000 potential victims indicated by the Home Office in 2014. This suggests the Home Office figure of 13,000 is very conservative as it is unlikely that every potential victim of modern slavery, at any one time in the UK, has been in contact with at least five NHS professionals.

Our preliminary findings, based on calls to the Helpline, suggest that NHS staff do not have the basic knowledge or awareness to identify potential victims, given that up to five NHS workers may have encountered them.

Recommendations

Although the number of calls to the Helpline by NHS professionals is relatively low (40), compared to the total number of calls received (1,047), we can still extract useful information to indicate the level of awareness and understanding.



The Helpline employs individuals on a part-time basis who are also current NHS England employees. This gives the Helpline a good understanding of the challenges faced by those working in the NHS. From the Helpline cases we have logged so far, we have identified a number of recommendations that could improve the response of health workers to potential instances of modern slavery:

- 1) all NHS staff should receive basic mandatory modern slavery training as part of their safeguarding training, including relevant modern slavery indicators and the options available to safeguard and offer support;
- 2) all front-line NHS professionals should undertake in-depth training, ideally on a multi-agency basis, focused on modern slavery and human trafficking to help improve assessment of potential victims and increase knowledge of how to support and empower victims;
- 3) improved collaboration in partner agencies to support effective identification of, and support for victims e.g. between health, law enforcement and local authorities;
- 4) the Home Office should consider extending the duty to notify requirement to all NHS accountable professionals to raise awareness, and to increase our understanding of modern slavery in the UK;
- 5) the NHS should identify faster routes to relevant interpreter services to ensure that potential victims can communicate effectively. NHS workers should avoid using accompanying individuals to interpret for them;

- 6) a health worker in contact with a potential victim should try and speak with them alone, to give them an opportunity to speak openly about their experiences; and
- 7) Health professionals should contact the Modern Slavery Helpline whenever they wish to discuss a situation or seek advice.

Conclusions

The Helpline is a valuable tool for those on the front-line, providing access to information, advice and guidance on all aspects of modern slavery. Although the helpline has only received 40 calls from health professionals during the first six months, the range of roles and diverse settings highlight the importance of raising awareness among health professionals to improve identification.

A solid understanding of how potential victims may present themselves in health settings will help to ensure that indicators are recognised and appropriate safeguarding procedures are followed.

To improve the identification of potential victims further it is important that all health professionals know who they can contact if they need advice or support. The Helpline has not received any calls from health professionals in Wales, Scotland or Northern Ireland. This may indicate: a lack of knowledge among health professionals about the Helpline as a UK-wide resource; they do not recognise the signs of modern slavery; or they do not require external help and guidance to identify potential victims. Given the limited number of potential victims identified and referred into the National Referral Mechanism, it is unlikely that health professionals working across the UK do not need any help, guidance or training to identify and support potential victims. The Helpline will therefore continue to raise awareness of health professionals across the UK to ensure that potential victims can be identified and given the help and support they need through the Helpline, where appropriate.

Many research papers, highlight the importance of the health system understanding modern slavery and the need for training tools to support health professionals in identifying and providing support for victims.^{3 4 5} Given the international dimension of modern slavery easy access to an interpreter service would greatly benefit identification and support potential victims to come forward. Modern day slavery is a

³ Oram, S., Khondoker, M., Abas, M., Broadbent, M. and Howard, L.M., 2015. *Characteristics of trafficked adults and children with severe mental illness: a historical cohort study. The Lancet Psychiatry*, 2(12), pp.1084-1091.

⁴ Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L.M., Stanley, N., Zimmerman, C. and Oram, S., 2016. *Responding to the health needs of survivors of human trafficking: a systematic review. BMC health services research*, 16(1), p.320.

⁵ Domoney, J., Howard, L.M., Abas, M., Broadbent, M. and Oram, S., 2015. *Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care. BMC psychiatry*, 15(1), p.289.

real modern day problem and should be introduced to all health workers as part of their education to gain health qualifications as well as forming part of annual mandatory safeguarding training.

The Modern Slavery Helpline is committed to informing and sharing its experiences with partner agencies, such as the NHS, to reduce vulnerability, improve identification of potential victims, and support prevention activities.

References

- Domoney, J., Howard, L.M., Abas, M., Broadbent, M. and Oram, S., 2015. *Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care*. *BMC psychiatry*, 15(1), p.289.
- Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L.M., Stanley, N., Zimmerman, C. and Oram, S., 2016. *Responding to the health needs of survivors of human trafficking: a systematic review*. *BMC health services research*, 16(1), p.320.
- Oram, S., Khondoker, M., Abas, M., Broadbent, M. and Howard, L.M., 2015. *Characteristics of trafficked adults and children with severe mental illness: a historical cohort study*. *The Lancet Psychiatry*, 2(12), pp.1084-1091.
- Ross C, Dimitrova S, Howard LM, Dewey M, Zimmerman C, Oram S. *Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking*. *BMJ Open* 2015;5(8) e008682 (Open Access)

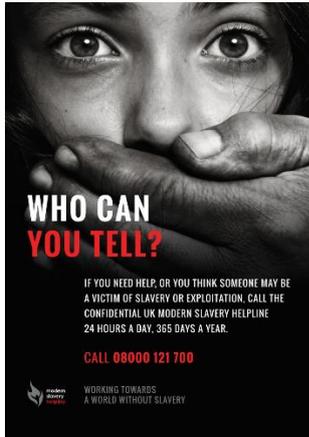
Bibliography.

- Domoney, J., Howard, L.M., Abas, M., Broadbent, M. and Oram, S., 2015. *Mental health service responses to human trafficking: a qualitative study of professionals' experiences of providing care*. *BMC psychiatry*, 15(1), p.289.
- Garratt, H., 2016. *We have the power to combat modern slavery: With the right knowledge, NHS staff should not be afraid to act when they encounter people living as slaves*. *Nursing Standard*, 31(14), pp.27-27.
- Hemmings, S., Jakobowitz, S., Abas, M., Bick, D., Howard, L.M., Stanley, N., Zimmerman, C. and Oram, S., 2016. *Responding to the health needs of survivors of human trafficking: a systematic review*. *BMC health services research*, 16(1), p.320.
- Oram, S., Khondoker, M., Abas, M., Broadbent, M. and Howard, L.M., 2015. *Characteristics of trafficked adults and children with severe mental illness: a historical cohort study*. *The Lancet Psychiatry*, 2(12), pp.1084-1091.
- Rezaeian, M., 2016. *The emerging epidemiology of human trafficking and modern slavery*. *Middle East J Bus*, 11(3), pp.32-6.
- Ross C, Dimitrova S, Howard LM, Dewey M, Zimmerman C, Oram S. *Human trafficking and health: a cross-sectional survey of NHS professionals' contact with victims of human trafficking*. *BMJ Open* 2015;5(8) e008682 (Open Access)
- Viergever RF, West H, Borland R, Zimmerman C. *Health care providers and human trafficking: what do they know, what do they need to know? Findings from the middle East, the Caribbean, and central America*. *Front Public Health* 2015; 3:6.
- Wong JC, Hong J, Leung P, Yin P, Stewart DE. *Human trafficking: an evaluation of Canadian medical students' awareness and attitudes*. *Educ Health (Abingdon)* 2011; 24:501.

Disclaimer: This document includes information from calls received into the UK-wide Modern Slavery Helpline and Resource Centre between 10 October 2016 and 31 March 2017. Data from calls is based on the information provided to the helpline at the time of the contact. The Helpline does not corroborate or seek to prove the information provided.

Additional resources

For information and awareness-raising materials please contact the Modern Slavery Helpline on 08000 121 700.



A4/A3 Poster*



Indicator cards



Keyrings



A5 Leaflet



ARE YOU SCARED, IN DEBT TO YOUR EMPLOYER, BEING THREATENED OR CONTROLLED, DON'T HAVE ACCESS TO YOUR MONEY OR IDENTITY DOCUMENTS?

In the UK, all workers have rights. If you think you are being abused or exploited call us for help and support.

Credit card-sized information card*

*Available in 15 different languages.