

All-Party Parliamentary Group on Human Trafficking and Modern Slavery

17th January 2017, 5pm, Lords Committee 4

Minutes

1. Welcome by the Baroness Butler-Sloss (Chair)

2. Louise Howard, King's College London: overview of DH Policy Research Programme funded PROTECT Research

Please see presentation attached.

Recommendations from research included:

1. Invite people with lived experience of trafficking with appropriate measures in place to support effective input
2. Consider the impact of policy decisions on the health of trafficked people regarding equality, and health inequalities and equity impact assessments
3. Ensure that people referred into the NRM are provided with user-friendly information about NHS services, registration with GP services, and confidentiality and how it is defined
4. Amend NRM decision letters issued following positive decisions to state specifically that as a potential/identified trafficked person the person is exempt from charges for primary and secondary NHS care
5. Include human trafficking/modern slavery within adult safeguarding policies

3. Rachel Witkin, Professor Cornelius Katona and Dr Jane Hunt, Helen Bamber Foundation: overview of support for victims of modern slavery

Professor Katona and Dr Hunt provided an overview of the many serious healthcare concerns, both physical and psychological, seen in victims of modern slavery.

Physical healthcare concerns include: injuries from beatings, rape, head injuries, sexually transmitted infections and other gynaecological complications, the physical effects of captivity, poor hygiene and exploitative working conditions as well as the effects of chronic neglect on health. Dr Hunt explained that physical and psychological conditions are deeply entwined, and should be addressed simultaneously.

Due to the complexity of their health issues, victims of modern slavery require time to disclose their story and their problems to a doctor. This requires a therapeutic environment with an appropriate

interpreter (if needed). Due to the specific vulnerability of this client group, victims face barriers to accessing NHS healthcare services as well as other statutory services. Even when HBF's specialist staff are involved, bridging this gap is challenging as well as time and resource intensive.

Professor Katona explained the complex psychological responses to repeated and prolonged trauma suffered by victims of modern slavery. Common psychiatric conditions include Post-Traumatic Stress Disorder (PTSD), depression, anxiety and psychoses. As a result of their traumatic experiences victims remain vulnerable to further harm, exploitation or re-trafficking. They often suffer a loss of agency (the ability to make independent decisions) and have difficulty establishing trusting relationships, even with people who are trying to help them. They are likely to have difficulty in giving a clear account of their history because of the impact of trauma on memory and because of their mental health difficulties. Administrative detention, uncertain legal status and difficulties accessing appropriate care and support all worsen mental health.

Rachel Witkin provided an example of a young woman who is a survivor of trafficking and has been a client of the Helen Bamber Foundation since 2013. Ms. Witkin explained the serious difficulties encountered due both to the individual's trauma and mental health needs, and the serious difficulties she faced in accessing appropriate care. Despite HBF's specialist staff advocating for her needs, she was unable to obtain the appropriate NHS healthcare services, housing and other statutory services necessary to keep her safe from harm and further trafficking.

Ms. Witkin explained that in slavery situations people become used to 'operating in survival mode', and concealing, or not acknowledging, mental and physical injury. As well as problems with agency and autonomy, victims often suffer from profound lack of self-esteem and difficulty in asserting their needs. Victims learn to fear the consequences of talking about what has happened to them, or showing their vulnerability and weakness to others. They may be afraid of suffering bodily reactions to re-traumatisation in front of others and they suffer shame and self-consciousness about their injuries.

They explained consequences of failure to provide sustained recovery for victims:

- Finite duration of care puts victims back 'into circulation'.
- Resources expended at the urgent end of healthcare, police and other services are significantly more costly and time consuming overall than support provided regularly over a long term programme of care.
- Vital witness evidence from trafficking victims (the only real experts on how this crime operates) is lost.
- Former slaves are subjected to irregular survival, further crimes against them, and the threat of criminalisation for actions they have taken to survive.
- Generational cycles of harm affect the children of victims, including those who are not yet born.

HBF provided recommendations for actions to be taken forward from the meeting:

- A statutory duty of care and support within the Modern Slavery Act, in line with equivalent legislation in Scotland and Northern Ireland
- The Statutory Guidance accompanying the Act should incorporate the Trafficking Survivor Care Standards.
- The Statutory Guidance should be drafted in collaboration with expert clinicians who work with victims of modern slavery.

Baroness Butler-Sloss thanked the speakers and welcomed their recommendations, in particular that there should be a statutory duty of care.

Q&A

Baroness Butler-Sloss asked about the difficulties encountered in identifying victims in hospital. Dr Hunt explained that this is a problem which they encounter regularly. TJ Birdi (HBF) explained that at every point HBF has to advocate strongly for access to statutory support services. Professor Katona said that training is hugely important for NHS staff.

Baroness Butler-Sloss asked if government departments had responded to the King's College London research. Louise Howard explained that it has been a struggle to make their voice heard in some departments, eg the Home Office regarding entitlement to care being clearly stated on decision letters.

Kate Roberts (Human Trafficking Foundation) asked about the capacity required to provide support and any recommendations to ensure wider support. Professor Katona stated the importance of improved training in order to identify victims at an earlier stage, which is likely to be cost-saving. TJ Birdi stated that too much of the burden is being carried by NGOs. Statutory services need to be involved and fulfil their obligations.

Anna Miller (Doctors of the World) asked about the impact of NHS charges on victims of trafficking. Louise Howard said that it is common for people who are entitled to free care to believe that they have to pay, and that staff are also very confused about this. Greater clarity is therefore required.

Baroness Butler-Sloss recommended that the Conclusive Grounds decision should outline all that person's rights, ideally, to housing, leave to remain, access to benefits, lack of NHS charges etc.

Earl of Sandwich asked if there are instances of prejudice against victims from certain countries. Professor Katona stated that, from work with asylum seekers, there exists a culture of disbelief which can have a destructive impact on their mental health.

Baroness Butler-Sloss thanked the speakers for their time.

Meeting Closes 6pm