

Community Safety Scrutiny Commission

Tuesday 5 February 2019

7.00 pm

Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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Item No.	Title	Page No.
4.	Minutes To approve as a correct record the Minutes of the open section of the meeting on 29 October 2018. Draft minutes are attached, along with a presentation on sexual health given at the meeting and follow up information on IRIS and a map of premises that have signed up to the Women's Safety Charter.	1 - 43
6.	Child trafficking and Modern Slavery The following outside experts be presenting : <ul style="list-style-type: none">• Tamara Barnett: Human Trafficking Foundation (see enclosed information)• Catherine Baker Senior Research, Policy and Campaigns Officer, ECPAT UK The police will be inputting and relevant council officers.	44 - 91

Contact

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Date: 31 January 2019

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7.	Workplan	92 - 93
	The scrutiny review into Violence and Women and Girls (VAWG) scoping document is enclosed.	
	A letter to schools and with a link to a survey: (https://consultations.southwark.gov.uk/corporate-strategy/87d5dc83) is enclosed.	



COMMUNITY SAFETY SCRUTINY COMMISSION

MINUTES of the Community Safety Scrutiny Commission held on Monday 29 October 2018 at 7.00 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Leanne Werner (Chair)
Councillor William Hougbo (Vice-Chair)
Councillor Karl Eastham
Councillor Richard Leeming
Councillor Alice Macdonald
Councillor Michael Situ
Councillor David Noakes

**OTHER MEMBERS
PRESENT:**

**OFFICER
SUPPORT:** Sharon Ogden, Safer Communities Team Manager
Kate Moriarty-Baker, Director of Quality & Chief Nurse, NHS
Southwark CCG
Kirsten Watters, Public Health
Nina Dohel, Director of Education

1. APOLOGIES

Cllr Nick Johnson sent apologies, with Cllr David Noakes present as a substitute.

The co-opted education representatives, Lynette Murphy-O'Dwyer and Martin Brecknell, sent apologies.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There was none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Cllr Alice Macdonald declared that she is a trustee of Glitch, which works to tackle VAWG.

Cllr David Noakes said he works for a council as a Community Safety officer, however he advised this is not a conflict.

4. WORKPLAN

The chair explained that tackling Violence Against Women and Girls was her recommended focus for the Commission's work this year and drew members' attention to statistics outlining the high rates of rape, domestic abuse and violence that men perpetrate.

A member commented that gay people are also victimised, and experience high rates of domestic abuse. Officers commented that this view had been discussed and there was a widespread view that looking at gender based violence would be helpful. Members queried if this would dilute the focus on women and girls, who are overwhelming the sex most likely to be targeted. Officers agreed, however they pointed out that males are more likely to experience servitude. Members discussed looking at Modern Slavery and Child Trafficking in more detail, as well as social and digital media.

5. OFFICER PRESENTATION ON VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

The chair invited Sharon Ogden, Safer Communities Team Manager, Southwark Council, to present the report on VAWG circulated with the agenda. Kate Moriarty-Baker, Director of Quality & Chief Nurse, NHS Southwark CCG imputed.

The following points were made in the Commissions subsequent discussions with officers:

Is the impact of the Women's Safety Charter being assessed? Members suggested this could be worthwhile, with a follow up survey of women and premises. This follow up would also be an opportunity to bring the charter to the attention of premises once again, as the original staff who signed it may have moved on. Members asked if signing up to the charter could be a licencing condition.

There was a discussion on rolling this out to other councils. Officers said that there have been other initiatives; such as 'Ask Angela' and a wave project. MOPAC also have a night safety charter. Evaluation

would establish whether this was an impactful initiative and if promotion more widely could be justified. A map would be useful to see coverage to date.

Officers explained that there were not plans to evaluate this in the work programme and this would incur significant officer time. As such it would need to be planned for; this could be a Commission recommendation.

A map would be useful to see coverage to date.

Kirsten Watters, Public Health consultant, presented on the preventative strand of Southwark's sexual and reproductive health strategy; Healthy and Fulfilling Relationships – enclosed with the minutes.

There was a discussion on defining what a healthy relationship was and the different cultural views; it is important to acknowledge these differ. Stigma is an issue preventing people accessing timely treatment. Officers were asked how to combat this and they responded that research and targeted communication can help.

Officers were asked what outcomes they were looking for and they highlighted a focus on prevention and promoting healthy relationships. The approach is to have a more integrated system strategy.

Officers were asked on their views on the present government consultation on Sexual Health teaching – Public Health has provided a professional submission.

A member highlighted the success of the 'Ask Frank' drugs information portal and asked if something similar had been considered for sexual health. Officers said that this is not presentably being considered, however the London online testing service is considering a user generated online forum with questions.

Members asked if there was specific Southwark PSHE guidance. Offices said they do suggest toolkits. There is a RE Southwark specific syllabus. Members said it is worth bearing in mind that Academies are exempt from the requirement to teach sex and relationship education. Trusts and standalone schools are more likely to approach the local authority for resources; where as large academy chains may have in-house resources. A recent Southwark sexual health event saw high attendance from teachers.

Nina Dohel, Director of Education, presented on changes to the delivery of sex education and safeguarding in schools.

Members asked if there was a duty to report back to the local authority. The Director said abuse must be recorded and schools will then consider whether they need to make a report to the safeguarding hub (MASH), the police, or both. A member asked how much reliance can be placed on teachers given their primary focus is on teaching. The Director agreed that schools cannot be the only place for reporting and there is an increasing emphasis on a multi-agency approach by Ofsted which would encompass the school nurse, social workers etc., Ofsted will also look at if children feel able to report concerns, this is often a result of good relationships. Teachers do have an important role, as do governing bodies in reviewing how safeguarding is working. A member commented that he is somewhat concerned that nobody has to report to the council. The Director responded that Ofsted will look to see if schools are making appropriate action on safeguarding issues. Ofsted and the council will also pick up local intelligence. There have been concerns about a couple of schools becoming closed off; good working relationships are important.

All schools want to be able to concentrate on the job of teaching, and there are concerns about social issues such as the impact of social media and the rates of youth violence. There are good local networks and process around safeguarding, and good engagement with 60 teachers attending a recent meeting on healthy relationships.

A member asked what is not working so well and the Director said that warning signs are high turnover of staff. The local authority said that they also link with CEO of local Trusts which are growing.

There was a discussion about using online apps to report abuse. Officers said multiple channels are important; and most important are trusted adults in children and young people lives.

Officers were asked if Southwark has high rates of sexual harassment. The community safety lead said one of the issues was young women framing sexual harassment as abuse as increasingly exploitative behaviour has become normalised. Members raised concerns about this. The officer said she had been to a recent conference on Pornography and how this impacts on notions of consent.

Members asked about statistical rates. Officer reported that Harassment is high, others are lower. It also depends on how crimes are recorded. Domestic Abuse is well recorded and officers

are satisfied that the data on this is reliable. However for other criminal and harmful practices we can be less sure; part of the VAWG strategy will be to cover this. Members asked if there is consultation with community groups to sense check the data and look for under reporting trends.

The recent domestic abuse campaign has been focused on raised awareness; and there has been a 62% increase in referrals. This could be in large part a result of raised awareness and improved communications – however there has also been a national trend upwards. Members commented on the huge increase and asked what could be done. Officers said that they are recommissioning a wide range of services and considering adding more capacity. Scrutiny could influence this re-commissioning process, as could the emerging VAWG strategy; however the challenge is the financial envelope remains the same.

A member asked about child abuse and referral .There is a national IRIS programme and GPs will refer from there to specialised domestic abuse services. Members asked for more information on this.

RESOLVED

A map from licencing listing all the premises that have adopted the Women Safety Charter will be requested.

A refresh and impact assessment of the Women's Safety Charter would be timely; and could be a recommendation for cabinet to agree in the VAWG review report.

Data on the IRIS programme will be supplied by officers on the number of GP practices trained in recognising Domestic Abuse and also the referrals made.

6. VAWG PROPOSED REVIEW

The Commission discussed how to take the review forward, in light of the previous officer presentations and subsequent discussions.

RESOLVED

Field work will be done by conducting focus groups on the issues outlined in the scoping document. These will be done in junction with secondary schools and with youth & community networks, particularly ones those that members have links with.

Social media will be considered.

Primary and secondary school governing bodies, headteachers and safeguarding leads and networks will be contacted with a survey and through direct contacts, where there are relationships

Trafficking and modern slavery will be addressed in a future meeting.

LSL Sexual Health Strategy 2018-2023

Draft consultation event

27 September 2018

Lambeth, Southwark, and Lewisham Public Health



AGENDA

- 13:00** **Welcome**
Jennifer Reiter
- 13:10** **Introduction to the 2018-23 strategy**
Kirsten Watters
- 13:15** **Overview of epidemiology**
Nora Cooke O'Dowd
- 13:25** **Healthy and fulfilling sexual relationships**
Talia Boshari
- 13:30** **Good reproductive health**
Talia Boshari
- 13:35** **High-quality and innovative STI testing and treatment**
Kirsten Watters
- 13:40** **Living well with HIV**
Rachel Scantlebury
- 13:55** **Comfort break**
- 14:15** **Flipchart station feedback**
- 15:30** **Whole group feedback**
- 15:45** **Next steps**
Jennifer Reiter
- 16:00** **Event close**

Introduction to 2018-23 LSL strategy

Kirsten Watters
Consultant in Public Health, Southwark Council

What have we been doing since December?

2018-23 STRATEGY DEVELOPMENT

Since we last consulted in December, we have:

- Conducted evidence reviews and epidemiological reviews
- Developed logic models
- Held co-creation workshops with women
- Remembered what we don't know and what we need to know more about
- Reaffirmed our commitment to working together across Lambeth, Southwark, and Lewisham
- Acknowledged our need to localise some work to make the most of partnerships
- Had lots and lots of meetings...

Why do LSL work in partnership to improve sexual and reproductive health?

- We want to align action across the system and to do this we need a shared and clear strategic direction for action

The vision of our 2014-17 strategy recap remains relevant today

2014-17 RECAP

To improve sexual health in LSL by building effective, responsive and high quality sexual health services, which effectively meet the needs of our local communities

What have we been doing since December?

2018-23 STRATEGY DEVELOPMENT

The most common critique of strategies is that they are overly descriptive, somewhat vague, light on action...

The best strategies are directions not plans.

- No surprises
- Building on what we have achieved to date
- Align action across the system – in a way which supports our 125 GP practices, 3 clinical commissioning groups, 3 local authorities, 3 acute trust providers, 15 voluntary sector partners to have a shared understanding

What have we been doing since December?

2018-23 STRATEGY DEVELOPMENT



Our 2018-23 Strategic Priorities

Healthy and fulfilling sexual relationships

- **VISION:** People have healthy, safe and fulfilling sexual relationships

Good reproductive health across the life course

- **VISION:** People effectively manage their fertility and reproductive health, understand what impacts on it, and have knowledge of and access to contraceptives

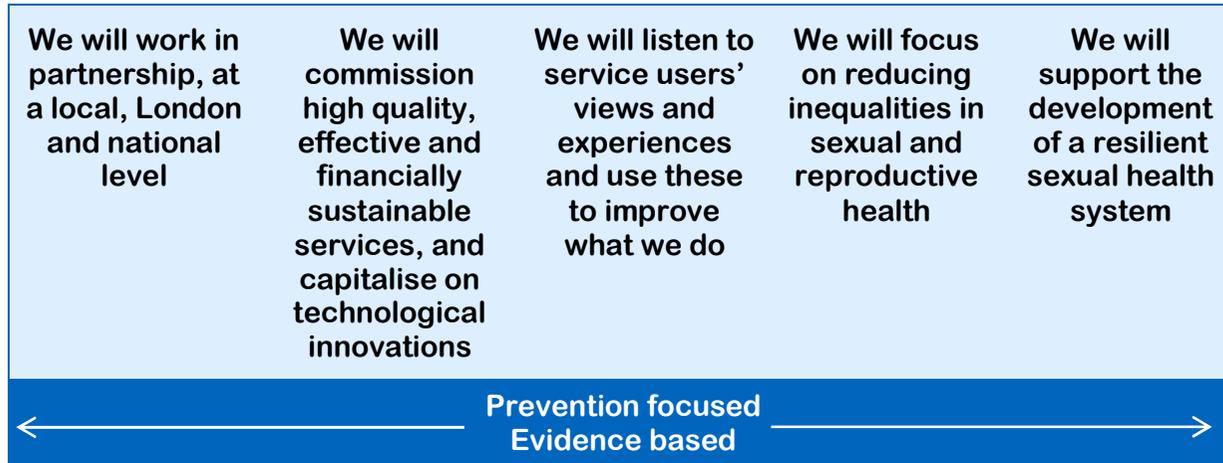
High quality and innovative STI testing and treatment

- **VISION:** The local burden of STIs is reduced, in particular among those who are disproportionately affected

Living well with HIV

- **VISION:** We move towards achievement of 0-0-0: zero HIV-related stigma, zero HIV transmissions, and zero HIV-related deaths

Our 2018-23 Strategic Principles



- We will continue our history of strong partnerships both locally and at London level
- We recognise the need to strong national partnerships in light of PrEP
- We are committed to our shared commissioning model and repository of expertise we have locally
- We recognise the challenges we're facing as a system
- We recognise the diversity of need within our populations and we will listen and use to improve what we do
- We acknowledge the we can't reduce health inequalities without improving sexual health
- As organisations and commissioners, we will support a resilient sexual health system

What will happen next?

NEXT STEPS

To accompany and in follow-up to the 2018-23 Strategy, we will work to develop and publish the following:

- Suite of Joint Strategic Needs Assessment Documents, evidence review and logic models published alongside the Strategy
- Action plans
- Commissioning intentions



Sexual health epidemiology overview

Nora Cooke O'Dowd
Public Health Analyst, Southwark Council

LSL is a diverse area of inner South-East London, but is not a demographically homogenous area

DEMOGRAPHICS

The population of Lambeth and Southwark is younger than Lewisham.

- Southwark and Lambeth have a slightly younger profile than Lewisham and London, with a median age of 33 compared to 35 in Lewisham
- This stems from a much larger proportion of the population aged 25-34

A higher proportion of Lambeth and Southwark residents identify as gay, lesbian or bisexual.

- In Lambeth and Southwark, 6% of adults identify as gay, lesbian or bisexual, compared to 3% in London
- Figures on sexual orientation are not available for Lewisham due to a very small sample size and thus we can assume figures are smaller

There is a similar ethnic population mix across LSL with a higher proportion of people from Black ethnic groups.

- As in London, 55% of the LSL population are from White ethnic groups
- A quarter of the LSL population are from Black ethnic groups – this differs from the rest of London where people from Black ethnic groups account for only 14% of the population of greater London

Healthy and fulfilling sexual relationships forms a preventative chapter of the strategy

HEALTHY AND FULFILLING SEXUAL RELATIONSHIPS

Enabling people to navigate sexual experiences and to identify unhealthy relationship behaviours is hugely important, but there are limited data.

- SHEU survey captures some knowledge of sex and relationships among young people - fewer children in Lewisham learned about sex in school
- There are other proxy measures which are available e.g. domestic abuse, sexual violence crime statistics
- Broadly, we acknowledge there is insufficient data to describe healthy and fulfilling sexual relationships in the way we would like to

Reliance on user dependent methods of contraception may contribute to high rates of EHC and abortion in LSL

GOOD REPRODUCTIVE HEALTH

User dependent contraceptive methods (e.g. condoms, or the pill) are the most common form of contraception used in LSL with high use of EHC, particularly in Southwark.

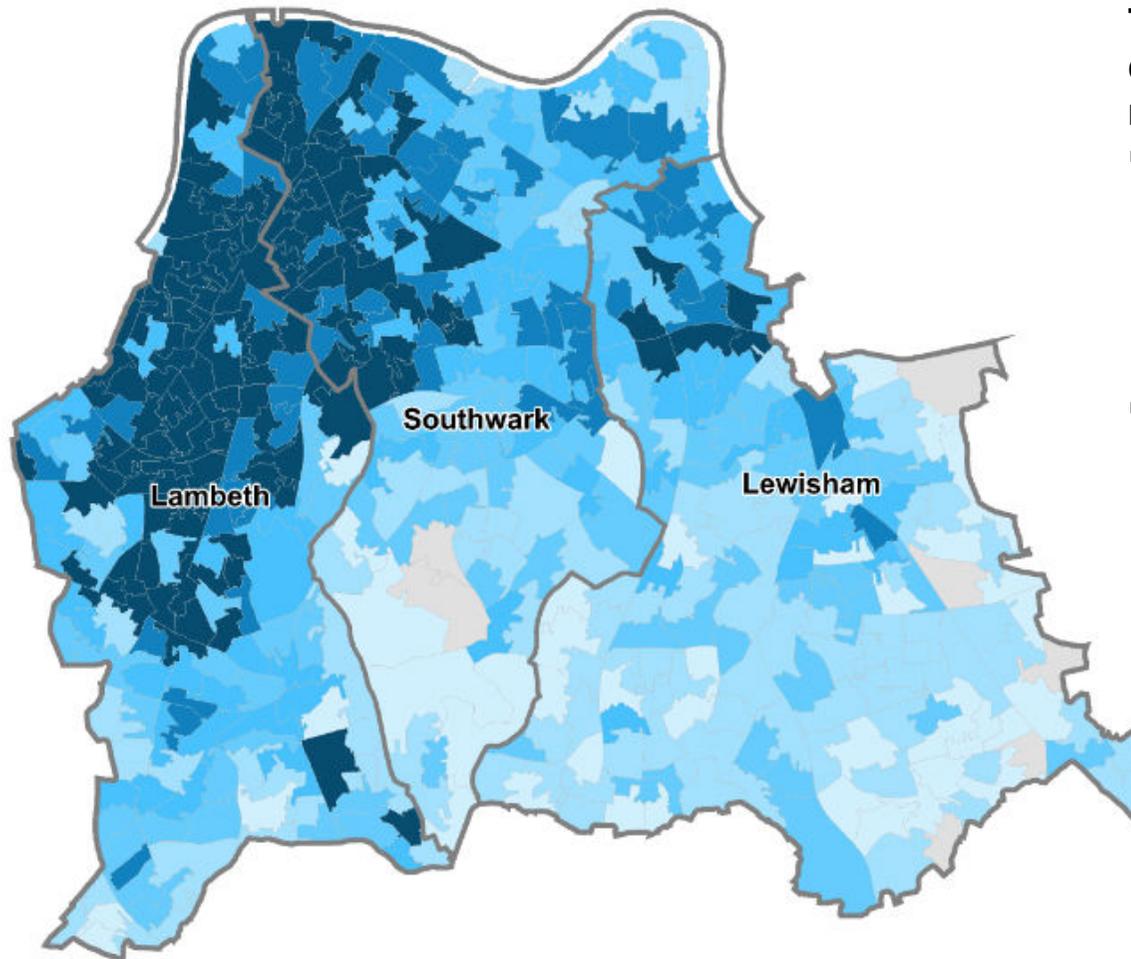
- Two-thirds of women in LSL reported user dependent methods as their main method of contraception
- LARC does not rely on daily compliance. Prescribing rates of LARC across LSL are lower than England, but higher than London. Southwark has the lowest total LARC prescribing in LSL
- Use of EHC is high, particularly in Southwark. Repeat use of EHC is also high with 60% of women self-declared previous users within the last 6 months

Rates of pelvic inflammatory disease admissions are highest in Lewisham, but are decreasing.

- Across LSL in 2016/17, there were just over 500 cases of pelvic inflammatory disease
- Lewisham has had the highest rates of pelvic inflammatory disease and ectopic pregnancies, however this has converged with the rest of LSL over time

There is substantial variation in the diagnosis rate of new STIs across the region

STI TESTING AND TREATMENT



There is substantial variation in the diagnosis rate of new STIs across the region.

- New diagnoses of STIs are not evenly distributed across LSL, with rates particularly high in northern and central Lambeth, north-west Southwark and north Lewisham
- However the picture is complex. Lower diagnosis rates in some communities may reflect lower levels of access / attendance rather than lower levels of need

Diagnosis rate of new sexually transmitted infections across LSL, 2017

References

1. GUMCADv2
2. © Crown copyright and database right 2018, Ordnance Survey (0) 100019252

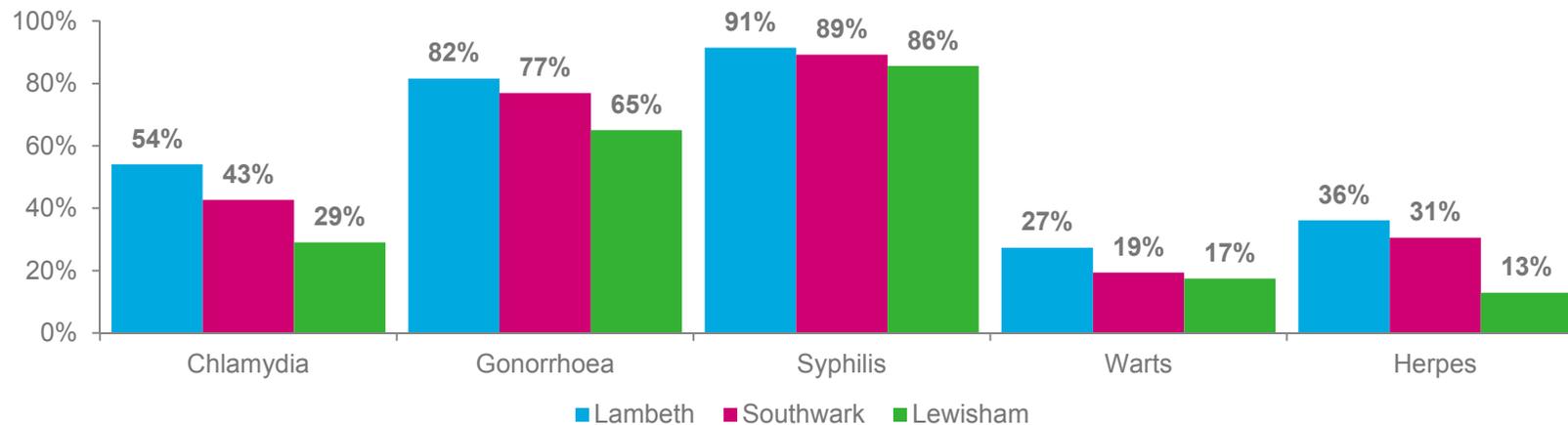
The demographic patterns of the most common STIs are similar across LSL, with some local variation

STI TESTING AND TREATMENT

Lambeth and Southwark have consistently higher rates of STIs than Lewisham.

- While rates of chlamydia, gonorrhoea, syphilis, genital warts and herpes are similar in Lewisham to London, rates are considerably higher in Lambeth and Southwark
- Lewisham has considerably higher rates of STI re-infection within 12 months for people aged 15-19 years than Lambeth or Southwark
- Some of the demographic differences seen across the three boroughs are reflected in the distribution of STIs

The proportion of men diagnosed with each of the five most common STIs who identified as gay



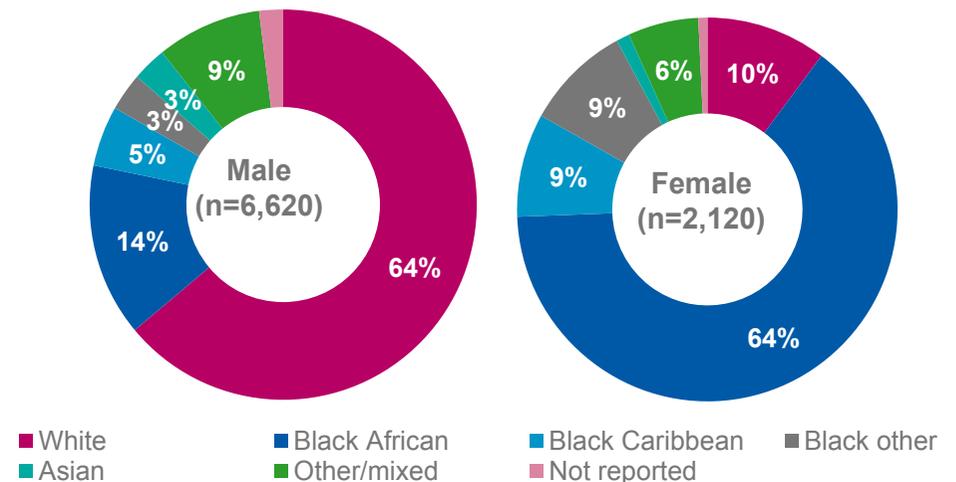
Highest HIV diagnosis seen in those aged 35-64, men of White ethnicity and women of Black African ethnicity

LIVING WELL WITH HIV

The ethnic breakdown of people with HIV across LSL is very different among men and women.

- Just over 8,700 people in LSL are living with a HIV diagnosis
- The majority (76%) of HIV diagnoses are in men
- Of all men diagnosed with HIV, 64% were White, and of all women diagnosed with HIV, 64% were Black African
- The lowest proportion of cases came from Black Caribbean, Asian and Other/Mixed ethnicities
- Just under 500 new cases of HIV were diagnosed in LSL in 2016 – a 26% decrease in the number of cases compared to 2012

Proportion of all diagnosed HIV cases seen for care by sex and ethnicity in LSL, 2016



Sexual health strategy chapter overviews

Talia Boshari
Public Health Policy Officer, Southwark Council

Kirsten Watters
Consultant in Public Health, Southwark Council

Rachel Scantlebury
Public Health Registrar, Lambeth Council

Empowering people to make their sexual relationships healthy and fulfilling is integral to a holistic SRH strategy

HEALTHY AND FULFILLING SEXUAL RELATIONSHIPS

Why healthy and fulfilling sexual relationships?

A large part of improving sexual and reproductive health outcomes is supporting people to develop the skills to negotiate the sex (and sexual relationships) that they want to have.

- Knowledge and guidance is an important resource in enabling people to navigate sexual experiences and to identify unhealthy relationship behaviours
- Public Health has a role in supporting sex and relationships education (SRE)
- We can promote and encourage partner organisations to champion healthy relationships

Mirroring strategic directions

- The Department for Education has legislated statutory SRE across the UK as of September 2020
- NHSE set out the five-year strategic direction for sexual assault and abuse services and emphasises prevention

Empowering people to make their sexual relationships healthy and fulfilling is integral to a holistic SRH strategy

HEALTHY AND FULFILLING SEXUAL RELATIONSHIPS

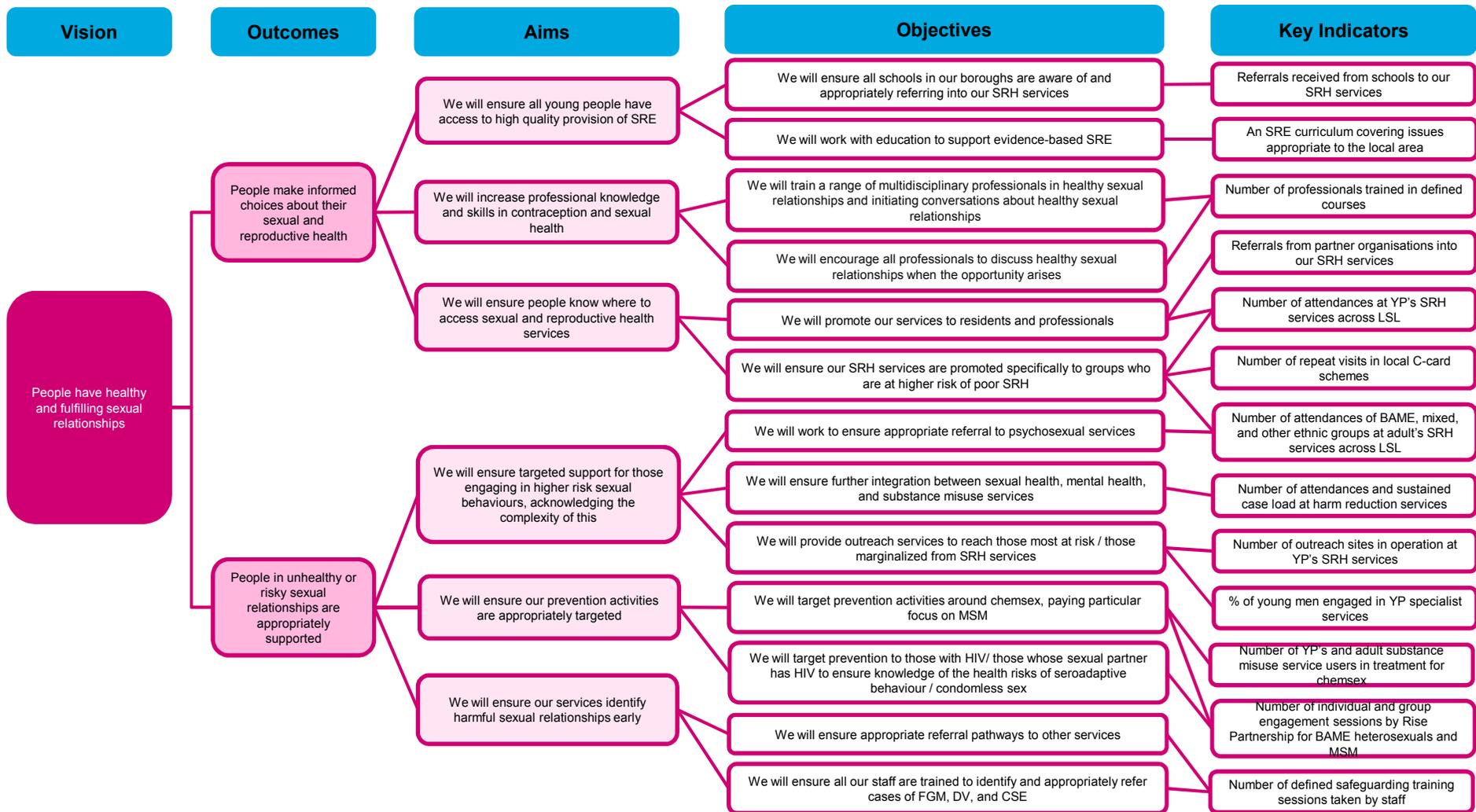
Our vision is for all people in our boroughs to be informed and empowered to make their sexual relationships healthy and fulfilling

- SRE sufficiently inclusive of all levels of disability, sexual orientation, and life circumstances
- Accessible contraception services
- Support for people in unhealthy or risky sexual relationships

In looking to achieve this vision, we are faced with ongoing and emerging challenges:

- Insufficient data to describe and quantify inequalities in achieving healthy relationships
- Serious youth violence and women and girls as invisible victims
- Online relationships and safety

This chapter serves as the preventative strand of our strategy.



Reproductive health is a core component of overall health and wellbeing across the life course

GOOD REPRODUCTIVE HEALTH

Consequences of poor reproductive health exacerbate inequalities in health, education, and socio-economic status and conversely, these factors also impact on reproductive health.

For many people, good reproductive health includes the capability to have children and the freedom to decide if and when to do so.

- This strategy does not focus on conception support but rather the wider factors affecting reproductive health

STIs have often dominated the conversation around sexual health and local and regional strategies. We want to redress this balance and focus on improving reproductive wellbeing.

- The recent (June 2018) report from Public Health England sets out a five-year framework for reproductive health improvement
- We have captured the results of their engagement with women and professionals - and our own - in this strategy

Reproductive health is a core component of overall health and wellbeing across the life course

GOOD REPRODUCTIVE HEALTH

Our ambition is for all people – but especially women and people with uteri – in our boroughs to have the skills, knowledge, and access to services that allow them to effectively manage their fertility and reproductive health

- A reduction in reproductive health inequalities
- The full range of contraceptive methods are available in a variety of settings
- Knowledge and understanding of reproductive health and fertility are increased among professionals and residents

Inequalities persist in good reproductive health but we continue to innovate to improve access to contraception and work with local women to co-design services and programmes.

Supporting and fostering cross-section innovation to ensure financial stability and a reduction in STIs

STI TESTING & TREATMENT

STIs are a significant contributor to and result of health inequalities but early access to comprehensive, high-quality testing and treatment can help to reduce these.

Our sexual health services has a history of innovation.

- From the integration of sexual and reproductive health provision...
- ...to online services
- However, we want to do more to ensure quality across the totality of our system

Despite advancements and improvements in STI testing and treatment, some groups remain disproportionately affected by STIs.

- Young people, MSM, and Black and minority ethnic groups are at higher risk of poor sexual health
- LSL have a large population of these groups and there must be a balance between accessible, open-access services and targeted, proactive testing for those most at risk

Supporting and fostering cross-section innovation to ensure financial stability and a reduction in STIs

STI TESTING & TREATMENT

Our vision is for LSL to see a reduction in the burden of STIs, in particular among those who are disproportionately affected

- Ensure the effective and efficient use of services
- Tackle the stigma associated with using SRH services
- Maintain high testing rates while focusing on increasing testing among those disproportionately affected
- Maximise the opportunities for condom distribution
- Maximise the input of SRE by linking education, prevention, and promotion to SRH services
- Increase the effectiveness of partner notification

These outcomes must be considered within the context of emerging trends in SRH, including increasing use of HIV PrEP and rising incidence of multi-drug resistant STIs.

Providing our populations with the support and services to enable them to live and age well with HIV

LIVING WELL WITH HIV

Widespread use of ART has meant that HIV is, for many, a long-term condition, rather than a life-threatening illness.

- This relies on early diagnosis, timely treatment, and retention in care. HIV is still frequently stigmatising, which can affect outcomes at each stage
- The greatest proportion of diagnosed HIV cases are in White males and Black African females
- Late diagnoses are more common among those aged 50-64, Black African and Other ethnicities, women, and exposure through heterosexual contacts

To ensure that people live and age well with HIV, we need to focus on a holistic care approach that manages HIV together with other chronic health conditions.

- We aim to better understand and manage the social aspects of HIV and the wellbeing of PLHIV

Providing our populations with the support and services to enable them to live and age well with HIV

LIVING WELL WITH HIV

**Our vision is to move towards 0-0-0:
0 HIV stigma, 0 HIV transmissions, and 0 deaths from HIV/AIDS**

- Maximise testing
- Reduce late diagnoses, addressing inequalities
- Continue to host and run the London HIV prevention programme
- Ensure care and support services are fit for purpose
- Commissioning HIV prevention and promotion services for the most at-risk
- Work to ensure mainstream services are relevant for PLHIV
- Support evidence-based SRE

Table discussions and feedback

2018-23 Strategy

QUESTIONS

1. Do you agree with each chapter's vision, aims, outcomes and objectives?
2. What do you want us to prioritise within each priority area within the next two years and why?
3. Are there any notable omissions?

Next steps...



LSL Sexual Health Strategy 2018-2023

Draft consultation event

Thank you

Lambeth, Southwark, and Lewisham Public Health

27 September 2018



Southwark IRIS Project

January 2019

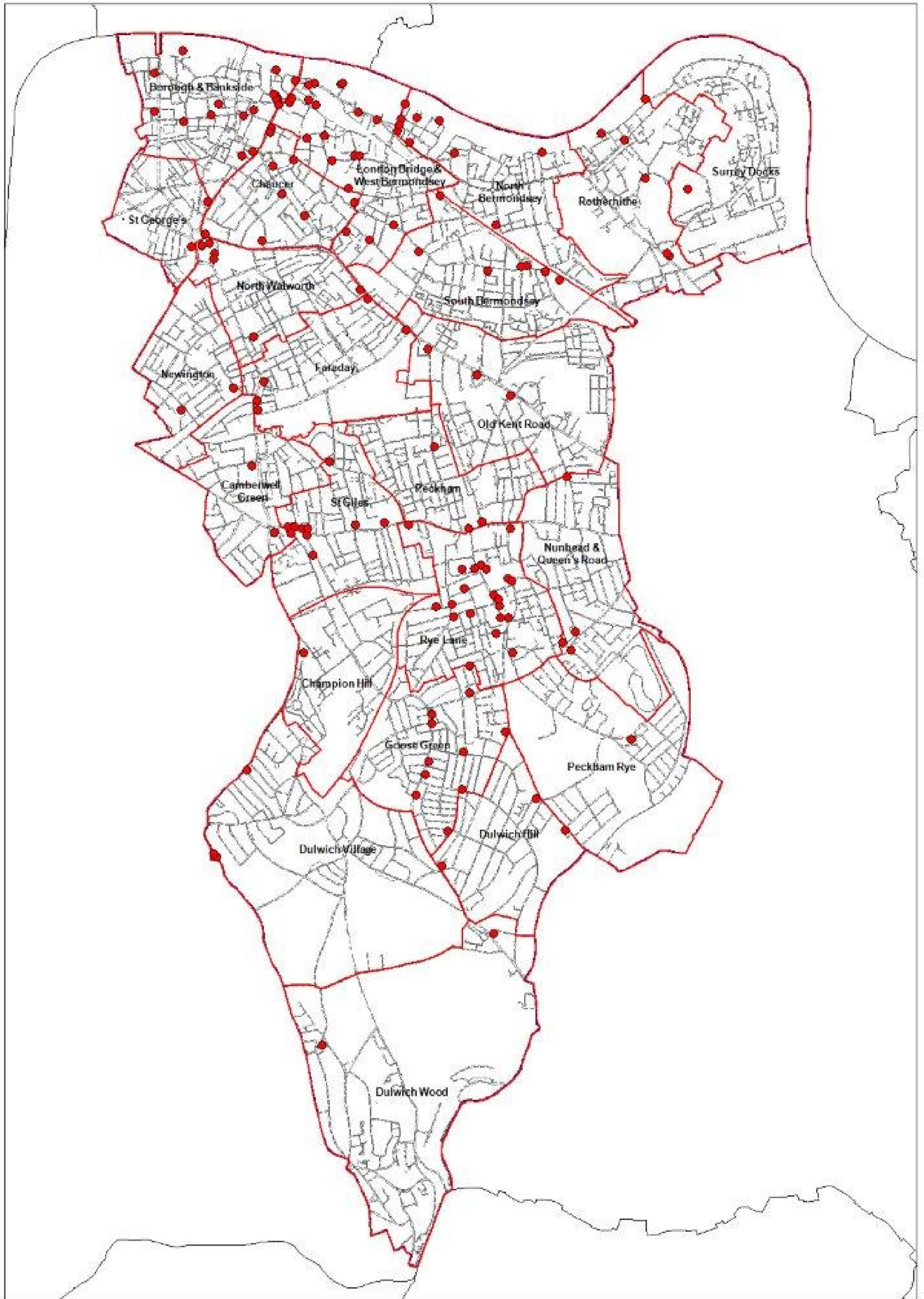
The IRIS Programme (Identification and Referral to Increase Safety), is a domestic abuse programme for primary care. In Southwark, IRIS has been jointly commissioned and funded by the Council and the CCG with the IRIS Project worker, the IRIS AE (Advocate Educator), based at Solace, the specialist domestic violence service for Southwark. The IRIS programme consists of three parts:

1. Training: Training around domestic violence, its impact on health, as well as dealing with disclosures, is provided to all participating GP surgeries. The free training is run by the IRIS AE, who is a Solace officer and the IRIS Clinical Lead and is available for both clinical and non-clinical staff.
2. Referral: Once trained, clinicians are able to refer patients directly to the IRIS AE based at Solace, who is able to offer support to the patient straight away, as well as providing feedback to the clinician as long as the patient is receiving support from her. All patients over 16, of any gender, can be referred.
3. Support: All patients who have been referred are then able to receive support from the IRIS AE for up to 9 months. This might include practical support such as safety planning and reducing the current risk, exploring safe options to leave, or support around housing, social services, immigration and benefits. It might also include emotional support, and further referrals such as for Solace's counselling service.

IRIS achievements to date

Since the IRIS inception in July 2015 the following outcomes have been achieved:-

Activity	Number
Number of practices fully trained	20
Numbers of practice staff trained	329
GP Referrals to DA Service	270



Licensed premises signed up to the Women's Safety Charter

name	address
The Printworks	1 Surrey Quays Road, London, SE16 7ND
SOUTH LONDON GALLERY	65-67 Peckham Road, London, SE5 8UH
PECKHAMPLEX	95A Rye Lane, London, SE15 4ST
Canavans Peckham Pool Club	188 Rye Lane, London, SE15 4NF
Southbank nightclub	57-59 Camberwell Road, London, SE5 0EZ
K-CHE VIP Latin Club	First Floor, 512-516 Old Kent Road, London, SE1 5BA
MINISTRY OF SOUND	103 Gaunt Street, London, SE1 6DP
Colab Theatre	Basement To First Floors, 74-84 Long Lane, London, SE1 4AU
The CLF Art Cafe	Unit A1, A2, A3, AG1 & Bsmt A, 133 Copeland Road,, Bussey Building, SE15 3SN
Brick Brewery	Railway Arch 209, Blenheim Grove, London, SE15 4QL
Canopy Beer Company	Arch Unit 1127, Bath Factory E, 41 Norwood Road, London, SE24 9AJ
Gosnells Beverages Ltd	Unit 2, Print Village, 58 Chadwick Road, London, SE15 4PU
Moor Beer Company	Railway Arch 71, Enid Street, London, SE16 3RA
COSTCUTTER	134 Tooley Street, London, SE1 2TU
Franklins Farm Shop Ltd	155 Lordship Lane, London, SE22 8HX
Mamuska Restaurants Limited	Unit 214, Elephant And Castle, Shopping Centre, SE1 6TE
Grange Road off licence	170-176 Grange Road, London, SE1 3BN
ANCIENT FORESTERS	282 Southwark Park Road, London, SE16 2HB
OLD KINGS HEAD	45 Borough High Street, London, SE1 1NA
THE ROEBUCK	50 Great Dover Street, London, SE1 4YG
THE OLDE APPLE TREE	107 Sumner Road, London, SE15 6JU
THE NAGS HEAD	231-235 Rye Lane, London, SE15 4TP
HERMITS CAVE	28 Camberwell Church Street, London, SE5 8QU
THE VICTORIA	68-70 Pages Walk, London, SE1 4HL
RISING SUN	98 Harper Road, London, SE1 6AQ
ROYAL OAK	44 Tabard Street, London, SE1 4JU
The Gowlett Arms	The Gowlett, 62 Gowlett Road, London, SE15 4HY
THE HAND AND MARIGOLD	244 Bermondsey Street, London, SE1 3UH
THE SHIP AGROUND PUBLIC HOUSE	33 Wolseley Street, London, SE1 2BP
SIR ROBERT PEEL	7 Langdale Close, London, SE17 3UF
ALL BAR ONE	34 Shad Thames, London, SE1 2YG
THE HOPE	66 Rye Lane, London, SE15 5BY
Man of Kent	2-4 Nunhead Green, London, SE15 3QF
The Angel at Rotherhithe	101 Bermondsey Wall East, London, SE16 4NB
Barcelona Tapas Bar Restaurant	481 Lordship Lane, London, SE22 8JY
Pommeler's Rest	196-198 Tower Bridge Road, London, SE1 2UN
THE MAYFLOWER	117 Rotherhithe Street, London, SE16 4NF
THE MONTPELIER	43 Choumert Road, London, SE15 4AR
Simon The Tanner	231 Long Lane, London, SE1 4PR
QUEEN VICTORIA	148 Southwark Park Road, London, SE16 3RP
MILLER OF MANSFIELD	96 Snowsfields, London, SE1 3SS
Stormbird	25 Camberwell Church Street, London, SE5 8TR
ROSE & CROWN	Rose And Crown, 65-67 Union Street, London, SE1 1SG
The Vault	The Horace Jones Vault, Shad Thames, London, SE1 2UP
House Of Tippler	123 Lordship Lane, London, SE22 8HZ
THE LORD NELSON	Lord Nelson, 386 Old Kent Road, London, SE1 5AA

The Good Intent Public House	Good Intent Public House, 24-26 East Street, London, SE17 2DN
THE BRIDGE HOUSE	218 Tower Bridge Road, London, SE1 2UP
CANTERBURY ARMS	2-4 Maddock Way, London, SE17 3NH
THE KENTISH DROVERS	71-79 Peckham High Street, London, SE15 5RS
CHINA HALL	141 Lower Road, London, SE16 2XL
Kings Arms	Kings Arms, 251 Tooley Street, London, SE1 2JX
The Rose	The Rose, 123 Snowfields, London, SE1 3ST
Pyrotechnist Arms	39 Nunhead Green, London, SE15 3QF
Black Horse	254 Tabard Street, London, SE1 4UN
THE LEATHER EXCHANGE	15 Leathermarket Street, London, SE1 3HN
THE WHEATSHEAF	6 Stoney Street, London, SE1 9AA
The Union Jack Nolia Gallery	Union Jack, 225 Union Street, London, SE1 0LR
The Grange	The Grange, 103 Grange Road, London, SE1 3BW
ALLEYNS HEAD	Alleyns Head, Park Hall Road, London, SE21 8BW
THE MUG HOUSE	1-3 Tooley Street, London, SE1 2PF
THE GLADSTONE	64 Lant Street, London, SE1 1QN
THE BLUE ANCHOR P H	251 Southwark Park Road, London, SE16 3TS
The Salt Quay	163 Rotherhithe Street, London, SE16 5QU
The Rye	31 Peckham Rye, London, SE15 3NX
Prince Albert	Prince Albert, 111 Bellenden Road, London, SE15 4QY
The Great Exhibition	193 Crystal Palace Road, London, SE22 9EP
FOUNDERS ARMS	52 Hopton Street, London, SE1 9JH
The Herne tavern	Herne Hill Tavern, 2 Forest Hill Road, London, SE22 0RR
THE GREYHOUND	109 Peckham High Street, London, SE15 5SE
Belushis & St Christophers Village	161-165 Borough High Street, London, SE1 1HR
East Dulwich Tavern	1 Lordship Lane, London, SE22 8EW
THE BOOT & FLOGGER	10-20 Redcross Way, London, SE1 1TA
THE FOX ON THE HILL	149 Denmark Hill, London, SE5 8EH
ASYLUM TAVERN	40-42 Asylum Road, London, SE15 2RL
The Lordship	The Lordship Pub, 211 Lordship Lane, London, SE22 8HA
THE SOUTHWARK TAVERN	22 Southwark Street, London, SE1 1TU
St James of Bermondsey	72 St Jamess Road, London, SE16 4QZ
THE HORNIMAN AT HAYS	Unit 26, Hays Galleria, Tooley Street, London, SE1 2HD
Old Nuns Head	The Old Nuns Head, 15 Nunhead Green, London, SE15 3QQ
JACKS	Railway Arch 96, Joan Street, London, SE1 8DA
Bermondsey Social Club	Railway Arch 19, Almond Road, London, SE16 3LR
John The Unicorn	157-159 Rye Lane, London, SE15 4TL
TRINITY	202-206 Borough High Street, London, SE1 1JX
Watson's General Telegraph	108 Forest Hill Road, London, SE22 0RS
THE WHITE HORSE	20 Peckham Rye, London, SE15 4JR
The Tiger	Living Accommodation, 18 Camberwell Green, London, SE5 7AA
The Brunel	The Brunel, 47 Swan Road, London, SE16 4JN
THE CHARLIE CHAPLIN	26 New Kent Road, London, SE1 6TJ
THE CLOCKHOUSE	196A Peckham Rye, London, SE22 9QA
The Ivy House	40 Stuart Road, London, SE15 3BE
The Mad Hatter Hotel	3-7 Stamford Street, London, SE1 9NY
CASTLE PUBLIC HOUSE	280 Crystal Palace Road, London, SE22 9JJ
THE BISHOP	27 Lordship Lane, London, SE22 8EW
Dean Swift	10 Gainsford Street, London, SE1 2LX

Elephant and Castle PH	Elephant And Castle Public Hou, 121 Newington Causeway, London, SE1 6B
Balls Brothers	Unit 22, Hays Galleria, Tooley Street, London, SE1 2HD
THE GEORGE	40 Tower Bridge Road, London, SE1 4TR
OLD THAMESIDE INN	Old Thameside Inn Pickfords Wh, Clink Street, SE1 9DG
Draft House	206-208 Tower Bridge Road, London, SE1 2UP
The Wheatsheaf	The Wheatsheaf, The Hop Exchan, 24 Southwark Street, London, SE1 1TY
Blue Eyed Maid	Blue Eyed Maid, 173 Borough High Street, London, SE1 1HR
The Actress	90 Crystal Palace Road, London, SE22 9EY
Bunch of Grapes	2 St Thomas Street, London, SE1 9RS
The Woolpack	Woolpack, 98 Bermondsey Street, London, SE1 3UB
SLUG AND LETTUCE	32-34 Borough High Street, London, SE1 1XU
SURREY DOCKS	185 Lower Road, London, SE16 2LW
THE PLOUGH	381 Lordship Lane, London, SE22 8JJ
Rock Island	Thomas A Becket, 320-322 Old Kent Road, London, SE1 5UE
The Garrison Public House	99-101 Bermondsey Street, London, SE1 3XB
BARROW BOY & BANKER	8 Borough High Street, London, SE1 9QQ
Grove	26 Camberwell Grove, London, SE5 8RE
ALL BAR ONE	Basement, Mezzanine, G.Floor, 28-42 London Bridge Street, 21-27 St Tho
PRESIDENTIAL RESTAURANT	162-164 Old Kent Road, London, SE1 5TY
THE BRIDGE LOUNGE AND DINING ROOM	186 Tooley Street, London, SE1 2TZ
Dee Dees	77 Herne Hill, London, SE24 9NE
Forza Win Limited	Unit 4.1 Copeland Industrial P, 133 Copeland Road, London, SE15 3SN
Caravaggio	47 Camberwell Church Street, London, SE5 8TR
ZERET KITCHEN	216 Camberwell Road, London, SE5 0ED
The Old Bank	239-241 Southwark Park Road, London, SE16 3TT
Wuli Wuli	15 Camberwell Church Street, London, SE5 8TR
Hutong	Floor 33, Unit 5, 32 London Bridge Street, London, SE1 9SY
Aqua	Floor 31, Units 1 & 2, 32 London Bridge Street, London, SE1 9SY
Communion Bar	Basement Of Angels & Gypsies R, 29-33 Camberwell Church Street, London
The Peckham Pelican	Pelican House, 92 Peckham Road, London, SE15 5PY
Fab Restaurant & Bar	75 Norwood Road, London, SE24 9AA
THE VINEYARD	3 Camberwell Grove, London, SE5 8JA
Six Yard Box	Unit 6,The art work, Elephant Road, London, SE17 1LB
Theo's	2-4 Grove Lane, London, SE5 8SY
CASTLE BRASSERIE	203 Shopping Centre, Elephant And Castle, London, SE1 6TE
Cool And Cozy Restaurant	Ground Floor and Basement, 101 Southampton Way, London, SE5 7SX
IBBS Restaurant	6 Arnside Street, London, SE17 2AP
Union Viet Cafe & Restaurant	120-128 Union Street, London, SE1 0NW
Luxford Bar Limited	610 Old Kent Road, London, SE15 1JB
The Frenchie Bistro	The Artworks, Unit 8, Elephant Road, London, SE17 1AY
Too Many Cooks	To Many Cooks, Great Guildford, 30 Great Guildford Street, London, SE1
Oblix	The Shard, 32 St Thomas Street, London, SE1 9RY
Market Taverns	8 Stoney Street, London, SE1 9AA
Brewbird Cafe	29 Peckham Road, London, SE5 8UA
Red Sea	85 Camberwell Road, London, SE5 0EZ
The Pigeon Hole Cafe Bar	2 Datchelor Place, London, SE5 7AP
The Victorian Inn	77-79 Choumert Road, London, SE15 4AR
Tropical	186-188 Old Kent Road, London, SE1 5TY
Four Quarters	187 Rye Lane, London, SE15 4TP

DISTRIANDINA	Unit 6, Farrell Court, Elephant Road, London, SE17 1LB
The Prince of Peckham	1 Clayton Road, London, SE15 5JA
Leadbelly's Bar & Kitchen	Unit C, Montreal House, Surrey Quays Road, London, SE16 7AQ
Aneto	58-60 East Dulwich Road, London, SE22 9AX
Londoner Kebabs	23 Duke Street Hill, London, SE1 2SW
Crust Conductor	133 Copeland Road, London, SE15 3SN
Peckham Liberal Club	24 Elm Grove, London, SE15 5DE
The View from The Shard	32 London Bridge Street, London
Shangri-La Hotel The Shard	The Shard, 31 St Thomas Street, London, SE1 9QU
Peckham levels Ltd	Basement To Level 6, 95a Multi Storey Car Park, Moncriess Street, Lon
Peckham Palms	Unit 1-14, Bournemouth Close, London, SE15 4PB
Darkroom Student's Union Bar	University of Arts Student Uni, London College of Communicatio, Elepha

ADULT MODERN SLAVERY PROTOCOL FOR LOCAL AUTHORITIES



The NRM and a local authority's statutory duties to identify and support victims of human trafficking and modern slavery

Statutory Duties and Powers

THIS GUIDANCE HELPS YOU TO:



A REFERRAL PROCESS

NATIONAL REFERRAL MECHANISM

The National Referral Mechanism (NRM) is the current process in place in the UK for victim identification and support. This came into effect in the UK on 1st April 2009. It is also the mechanism through which the NCA collects [data](#)¹ about victims to build a clearer picture on human trafficking and slavery in the UK. It was introduced to allow the UK to meet its obligations under the Council of European Convention on Action against Trafficking in Human Beings.

Your Council is a first responder (FR) into the NRM process and has a duty to notify the Home Office if anyone working within the council identifies a person with indicators suggesting they may be trafficked/enslaved.

If the potential victim of slavery/trafficking (PV)² consents to go into the NRM, then an NRM referral form must be sent. If the person is an adult and does not give their consent, then you should use a different form, the Duty to Notify form, which should not include identifying details for that individual.

The NRM provides adults who are potential victims of slavery or trafficking (PV) with:

➤ **Identification:** It is responsible for identifying PVs in a two stage process: Reasonable and Conclusive Grounds decisions.

➤ **Short term support:** Provides PVs, who receive a reasonable grounds decision, with short-term protection, safeguarding and support including accommodation in a safe house and case work support, regardless of their form of exploitation or current immigration status. Recognition as a PV also entitles an individual to legal aid and to exemption from health care charges.

¹ <http://www.nationalcrimeagency.gov.uk/publications/national-referral-mechanism-statistics>

² We respect the dignity of all victims of slavery and human trafficking and recognise that each survivor is an individual who requires humanity and a response tailored to their individual needs. However for the sake of brevity we will use the shorthand PV in reference to this cohort.

IDENTIFICATION

FIRST RESPONDERS



First Responders are responsible for identifying and interviewing PVs. All those working in local authorities, alongside Police, UK Border Force, Gangmasters Labour Abuse Authority and several NGOs, including the Salvation Army, Medaille Trust, Unseen and Kalayaan are *first responders*.³

CONSENT



To refer an adult victim into the NRM their written consent is needed. This consent must be informed, i.e. the NRM must have been explained in order that they can understand what they are agreeing to and potential implications. If the PV is under 18 consent is not required.

NON-CONSENT & DUTY TO NOTIFY



If a victim does not wish to enter the NRM, Section 52 of the Act still makes it a duty for public authorities to notify the Secretary of State if they have reasonable grounds to believe that a person may be a PV. This is done by completing an anonymous 'Duty to Notify' form. A copy of the form can be found at the following link: [Duty to Notify](#).⁴ The completed duty to notify form is to be e-mailed to: dutytonotify@homeoffice.gsi.gov.uk

COMPETENT AUTHORITIES (CA)



Only identified First Responders can make referrals to the NRM and to do this the first responder must complete a [referral form](#)⁵ to pass the case onto the UK's Competent Authority - via the e-mail nrm@nca.x.gsi.gov.uk or by fax to 0870 496 5534.

³ Note that the NHS is currently not a first responder.

⁴ <https://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery>

⁵ <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms>

DECISION MAKING PROCESS



To establish whether a person is a victim of any form of modern slavery (including trafficking), two decisions by the CA are made:

1

A reasonable grounds (RG) decision to establish whether someone is a potential victim.

The threshold at this 'reasonable grounds' stage is low and defined by the principle 'I suspect but cannot prove' that the individual is a potential victim. A reasonable grounds (RG) decision should take up to 5 working days⁶. If the RG decision is positive, they are entitled to support, including the option of gender specific Government-funded safe house accommodation if required, and a 45-day⁷ period of *reflection and recovery* is granted. This is meant to allow the victim to begin to recover from their ordeal and to reflect on what they want to do next, for example, co-operate with police etc.

2

A conclusive grounds (CG) decision on whether they are in fact a victim.

During the *reflection and recovery* period, a conclusive grounds decision will be made based on the evidence gathered. The standard of proof is on the balance of probability that a victim is more likely a victim than not. See the NRM Process Guide, Steps 10-12,⁸ for post NRM signposting.

⁶ In practice this may take on average 14 days

⁷ In practice this is on average 150 days

⁸ <http://www.humantraffickingfoundation.org/supporting-london-boroughs-response-modern-slavery>

GOVERNMENT-FUNDED SHORT-TERM SUPPORT (POST RG):

- If a PV receives a Positive Reasonable Grounds (RG) decision, they can enter the NRM.⁹
- The NRM offers access to a range of services for a minimum period of 45 days (the refectation period).
- The support includes safe house accommodation, interpretation/translation services, material assistance, outreach support, legal advice, and access to medical, psychological and counselling treatments.
- PVs can choose to only access part of this support – for example, they may choose to stay in their own or local authority or asylum accommodation and just receive the NRM’s outreach support
- PVs should receive a tailored support plan from the safe house.
- The NRM can also help and provide funds to non-UK PVs, via the Home Office voluntary returns scheme, to go back to their country of origin if they wish to and it is safe for them to do so.
- The NRM can also facilitate access to legal aid solicitors who can provide advice on civil compensation, immigration and/or any other additional legal needs PVs may have.
- Subject to availability, PVs referred into the NRM will be provided with safe house accommodation away from the area(s) of exploitation, however there may also be support available more locally if the victim does not wish to leave the area. This should be requested if needed, giving reasons.
- After a PV leaves the NRM,¹⁰ whether they receive a positive or negative CG decision, they are still likely to have ongoing support and legal needs and potential risk factors that need to be assessed and planned for.
- In assessing long-term needs, please refer to Steps 8 and 11 of the NRM Process Guide.¹¹

⁹. Proposals have been announced that if you identify a PV they will be entitled to three days support prior to deciding if they consent to enter the NRM or an RG decision. However the nature of this support and the date for implementation are yet to be clarified.

¹⁰. Proposals have been announced that there will be 45 days support provided once a conclusive grounds decision is made and up to six months of ‘drop-in’ services support. However the nature of this support and the date for implementation are yet to be clarified.

¹¹. <http://www.humantraffickingfoundation.org/supporting-london-boroughs-response-modern-slavery>

B**STATUTORY DUTIES AND POWERS****1**

The ‘duty to notify’ provision for specified public authorities, including local authorities, is set out in the Modern Slavery Act. Since 1 November 2015, local authorities have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a possible victim of slavery or human trafficking.

A range of government [resources](#)¹² explain the meaning of ‘duty to notify’ and what you need to do if you think someone has been a victim of modern slavery. The information that must be provided is set out in the Modern Slavery Act 2015 (Duty to Notify) [Regulations](#) 2015.¹³ This information can be provided by completing a National Referral Mechanism (NRM) form or, if the victim doesn’t consent, an MS1 (Notification of a Potential Victim of Modern Slavery) form where the PV remains anonymous.

**TRAINING**

All local authorities working in the UK should, by implication, provide frontline staff and their supervisors with training and awareness-raising on modern slavery, to ensure that they can fulfil this duty to identify a potential victim of trafficking or modern slavery and know what to do once they have identified a PV.

¹². <https://www.gov.uk/government/publications/modern-slavery-duty-to-notify>

¹³. http://www.legislation.gov.uk/uksi/2015/1743/pdfs/ukxi_20151743_en.pdf



WHY THE NRM AND MODERN SLAVERY ACT IS USEFUL FOR LOCAL AUTHORITIES, POLICE AND VULNERABLE ADULTS

Knowing how to recognise slavery is now a statutory duty. However, identifying a case as a possible slavery case provides **multiple benefits** for local authorities, police and the potential victims.

THE NRM AND PROVISIONS CONTAINED WITHIN THE MODERN SLAVERY ACT 2015 INCLUDE:

- The creation of a new statutory defence for slavery or trafficking victims who were or are compelled to commit criminal offences on behalf of their exploiter.
- The introduction of two new civil orders to enable the courts to place restrictions on those convicted of modern slavery offences, or those involved in such offences but not yet convicted.
- The provision of short term Government-funded support (accommodation, material assistance, medical treatment, counselling, advice etc.) for a minimum of 45 days if the victim is an adult and agrees to go into the National Referral Mechanism.¹⁴
- The potential provision of legal aid to victims of human trafficking and slavery for a variety of claims.
- The provision of mechanisms for seizing traffickers' assets and channelling some of that money towards victims for compensation payments.
- The provision of child trafficking advocates for all child victims of trafficking.¹⁵

¹⁴. Proposals have been announced that there will be 3 days support offered prior to entering the NRM and 45 days support provided once a conclusive grounds decision is made and up to six months of 'drop-in' services support. However the nature of this support and the date for implementation are yet to be confirmed.

¹⁵. Yet to be fully rolled out across England.

2

ECAT, the EU Directive, the ECHR, Care Act, Localism Act and Housing Act all provide local authorities with duties or powers to provide support to victims of trafficking and slavery, outside of the Government support provided by the NRM.

Information summarised from Hope for Justice's Overview of local authority duties towards support for adult victims of modern slavery.

INTERNATIONAL LAW

There are specific pieces of international legislation governing the duties, protection and support afforded to victims of modern slavery. This includes the following:

- The Council of Europe Convention on Action Against Trafficking in Human Beings 2005 CETS 197 ("**ECAT**")
- The EU Directive on Preventing and Combating Trafficking in Human Beings and Protecting its Victims Directive 2011/36/EU ("**Anti-Trafficking Directive**")
- The European Convention on Human Rights ("**ECHR**")



COUNCIL OF EUROPE'S ANTI-TRAFFICKING CONVENTION (ECAT)

Article 13 sets out that victims of human trafficking should be provided assistance and no maximum period of support is specified.

There is a strong and well-established presumption that the state should act in accordance with its international obligations under ECAT. This can go so far as the courts changing domestic law if it stops a victim enjoying the protection of ECAT. This was confirmed by the Supreme Court in the case of *Hounga v Allen* [2014] UKSC 47.



ANTI-TRAFFICKING EU DIRECTIVE

The Anti-Trafficking Directive sets out detailed requirements, including those for the identification, assistance and support to victims of human trafficking regardless of cooperation with a police investigation (see, in particular, Article 11). The Directive has 'direct effect', that is, providing the provision is clear, precise and unconditional and the deadline has passed, it directly applies in national law.



THE EUROPEAN CONVENTION ON HUMAN RIGHTS (“ECHR”)

The rights in the Convention (ECHR) can be applied in national courts in the UK by virtue of the Human Rights Act 1998 (HRA). The HRA imposes positive obligations on public authorities to act in a way which is compatible with the Convention. Not to do so would be considered unlawful (see Section 6 HRA). Invariably this includes obligations set out in the ECHR Article 3 (prohibition on torture including degrading and inhumane treatment) and Article 4 (prohibition on slavery and forced labour). Failure of the state, which includes a local authority, to identify and protect victims, including from re-trafficking in the UK or return to another country, can result in a breach of these rights (see *Ranstev v Cyprus* (2010) 51 EHRR 1).

In the recent case of *Chowdury v Greece* [2017] ECHR 300, the court examined how the positive obligations under Article 4 included an appropriate legal and regulatory framework to identify victims and to assist in their physical, psychological and social recovery.

These principles, coupled with the requirements pursuant to the Anti-Trafficking Directive and Convention, are being applied in domestic cases. In the case of *R (AK) v Bristol City Council* (CO/1574/2015), Bristol City Council consented to a High Court judgement ensuring that an EEA National victim of human trafficking was provided with accommodation and subsistence to avoid a breach of Article 3 and 4 ECHR, and/or comply with Article 11 of the Directive. Bristol City Council conceded that as a local authority, it is not prevented by section 2 of the Localism Act 2011, nor by Schedule 3 of the Nationality Immigration and Asylum Act 2002, from providing this support.



COUNCIL OF EUROPE CONVENTION ON VIOLENCE AGAINST WOMEN AND DOMESTIC VIOLENCE (CAHVIO)

CAHVIO is sometimes referred to as the Istanbul Convention – and has been ratified by the UK government. It is a victim-centred piece of legislation and urges appropriate and proportionate investment in specialist and gender specific services.

DOMESTIC LAW



CARE ACT 2014

Duties under the Care Act include but are not limited to:



A duty to promote well-being (Section 1), including a person's personal dignity, physical and mental health emotional well-being and their participation in work, education, training or recreation, and to have regard to the need to protect a person from abuse and neglect



General duty to provide services to prevent, or delay, the development of needs for care and support



Duty to assess regardless of the authorities' view of the level of an adult's need for care and support; and regardless of the level of the adult's financial resources (Section 9)



Regulation 5 of the Care Act Regulations notes that "A local authority must ensure that any person carrying out an assessment...is appropriately trained [and]...must consult a person who has expertise in relation to the...circumstances of the individual...being assessed [where required].



Providing eligibility criteria are met, a duty to meet the adult's needs for care and support (Section 18)



There is a duty under the eligibility criteria to provide care and support when the adult's needs arise from or are related to a physical or mental impairment or illness, and as a result of the adult's needs the adult is unable to achieve two or more specified outcomes. Outcomes of particular importance to PVs might include "being able to make use of the adult's home safely", "developing and maintaining family or other personal relationships" and "accessing and engaging in work, training, education or volunteering". These are all domains where a PV might face abuse or exploitation unless provided with appropriate care and support.



Providing a general discretion to meet needs for care and support, even if criteria under section 18 is not met (Section 19)



A duty to make enquiries and safeguard adults at risk of abuse or neglect (Section 42-47)



A duty to provide independent advocacy (Section 67-68 and Independent Advocacy Regulations 2014)

PVs are often initially targeted by exploiters due to being in a position of vulnerability – for example, having a mild learning disability, an addiction or a diagnosed or undiagnosed mental health condition. It is not uncommon to find that victims have not received a formal diagnosis in their country of origin which can make it difficult for their needs to be recognised in the UK. Many victims of modern slavery additionally have symptoms of mental health conditions related to their exploitation, including but not limited to Post Traumatic Stress Disorder and/or can have physical disabilities - e.g. back injuries as a result of extensive work and poor work conditions.



S. 42(1) states that a safeguarding enquiry should be carried out when a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

**A**

has needs for care and support (whether or not the authority is meeting any of those needs),

B

is experiencing, or is at risk of, abuse or neglect, and

C

as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

However victims of modern slavery do not always neatly meet the eligibility criteria pursuant to the Care and Support (Eligibility Criteria) Regulations 2015 to receive support under Section 18.

It should be noted that Section 19 of the Care Act **provides a power to meet needs for care and support in relation to which no duty arises** (within the limits stated in Sections 21-23; as well as Schedule 3 of the Nationality, Immigration and Asylum Act). This power should be considered in light of the international obligations towards victims as detailed above.

SEE ALSO THE CARE ACT [GUIDANCE](#).¹⁶

Paragraph 6.54 of the guidance clearly states:

“Where a person is at risk of abuse or neglect, it is important that local authorities act swiftly and put in place an effective response. When carrying out an assessment local authorities must consider the impact of the adult’s needs on their wellbeing. If it appears to local authorities that the person is experiencing, or at risk of, abuse or neglect, they must carry out a safeguarding enquiry and decide with the adult in question what action, if any, is necessary and by whom.”

Paragraphs 6.55 of the guidance clearly states:

*“The **decision to carry out a safeguarding enquiry does not depend on the person’s eligibility, but should be taken wherever there is reasonable cause to think that the person is experiencing, or is at risk of, abuse or neglect.** Where this is the case, a local authority must carry out (or request others to carry out) whatever enquiries it thinks are necessary in order to decide whether any further action is necessary.”*

Paragraph 14.6 of the guidance clearly states:

“Abuse and neglect can take many forms. Local authorities should not be constrained in their view of what constitutes abuse or neglect, and should always consider the circumstances of the individual case. Abuse includes:... Exploitation – either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain....Financial or material abuse – including theft, fraud, exploitation, coercion in relation to an adult’s financial affairs or arrangements...”

¹⁶. <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>



LOCALISM ACT 2011

The Localism Act, Section 1, gives local authorities a broad residual power to “do anything that individuals may generally do.” This includes for the benefit of persons resident or present in its area.

This may be of particular relevance where a PV does not meet the eligibility criteria under the Care Act. Best practice would be for a Human Rights Assessment to be undertaken with a view to providing the PV with support or assistance under this provision in order to avoid a breach of his or her human rights or, in the case of EEA nationals, EU rights. See [NRPf guidance](#).¹⁷ at paragraphs 5.1 and 5.3.

For instance in the case of *R (AK) v Bristol City Council* (CO/1574/2015), it was accepted by the local authority in a consent judgement that they were not prevented from providing assistance to victims of Modern Slavery under this provision. These principles are also reflected in a contested case of *R (GS) v Camden* [2016] EWHC 1762.



HOUSING ACT 1996

The Housing Act 1996 provides for local authorities to make enquiries of a person who is homeless or at risk of homelessness pursuant to Section 184 Housing Act 1996.

PVs experience many barriers to accessing accommodation under homelessness provisions. For example, PVs can be told that they are not considered to be in priority need. However when assessing priority need local authorities should consider the unique vulnerabilities of victims of modern slavery, especially the risk of further exploitation and trafficking noting Article 4 of the European Convention on Human Rights prohibits slavery. This should be taken into account by decision makers when considering whether they are significantly more vulnerable than an ordinary person facing homelessness.

PVs who are EEA Nationals are often told that they are not eligible as they are not considered to have a qualifying “right to reside”, either because they do not have worker status or retained worker status. This is often wrong as many victims of modern slavery who have been in exploitative conditions will still meet the definition of a worker. They may require legal support to demonstrate this if there is no clear paper trail of work.

There may be situations where EEA nationals in the case of labour, domestic or sex trafficking have entered the UK and worked in the UK and may meet eligibility criteria but are unable to easily demonstrate this with documentation - e.g. tenancy, utility bills, travel documentation, wage slips - because of the nature of their exploitation. There should be a flexible approach taken around this and a positive reasonable or conclusive grounds decision should be accepted as evidence that another agency has concluded that they have entered the UK and worked. Enquiries should also be made of other agencies that may hold details of a person's work history, e.g. HMRC, as some work conducted may be legal work. Additionally, in assessing housing criteria, including eligibility, the wider rights as detailed in the Trafficking Convention, Trafficking Directive and ECHR should be taken into account.

Under s206 of the Act, any accommodation provided must be 'suitable'. This can present particular difficulties for trafficking victims who may have very specific accommodation needs arising from their experiences including 'gender specific' issues. The public sector equality duty under s149 Equality Act 2010 requires public bodies to have due regard to the need to 'advance equality of opportunity' including to the need 'take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it'. See s149(3)(b). Hence they may need to be treated more favourably in terms of the provision of accommodation than other persons not suffering from this protected characteristic.

THE HOMELESSNESS CODE OF GUIDANCE FOR LOCAL AUTHORITIES 2018 (THE CODE) NOTES THAT:



25.20 There will be a number of accommodation options for victims of modern slavery. Housing authorities should consider which are most appropriate for each person on a case by case basis taking into account their specific circumstances and needs.



25.21 Account will need to be taken of any special considerations relating to the applicant and their household or their experiences that might affect the suitability of accommodation. Where there is no other option for applicants who have suffered modern slavery but to be accommodated in an emergency hostel or bed and breakfast accommodation, the accommodation may need to be gender-specific as well as have appropriate security measures depending on their needs and circumstances. Any risk of violence or racial harassment in a particular locality should also be taken into account, and housing authorities should be mindful that individuals who have left their traffickers remain at risk of being re-trafficked

THE CODE ALSO UNDERLINES THE NEED FOR TRAINING AND GETTING ADVICE, AND AN AWARENESS OF THE RISKS AROUND RE-TRAFFICKING AND POSSIBLE PRIORITY NEED:



In many cases involving modern slavery or trafficking, the applicant may be in considerable distress and officers would benefit from appropriate training to enable them to conduct such interviews. Applicants should be given the option of being interviewed by an officer of the same sex if they wish.' (para 25.15)



A person who has been a victim of trafficking or modern slavery may have a priority need for accommodation if they are assessed as being vulnerable according to section 189(1)(c) of the 1996 Act. In assessing whether they are vulnerable a housing authority should take into account advice from specialist agencies providing services to the applicant, such as their assigned support provider under the NRM.



Many victims of modern slavery suffer from poor mental health and often lack support structures in the area they are residing. If a victim of modern slavery is threatened with homelessness or is homeless this significantly increases their risk to being re-trafficked or exposed to further exploitation.' (25.17)

	<p>ATLEU ANTI TRAFFICKING AND LABOUR EXPLOITATION UNIT</p>	<p>BritishRedCross</p>
<p>Caritas Bakhita House</p>	 <p>CCCAT CROYDON COMMUNITY AGAINST TRAFFICKING</p>	
<p>City Gateway</p>	 <p>Every Child Protected Against Trafficking</p>	
	<p>FOCUS ON LABOUR EXPLOITATION</p>	<p>Helen Bamber Foundation working with survivors of human cruelty</p>
		 <p>HOPE FOR JUSTICE Change lives. End slavery.</p>
 <p>Housing for Women</p>	<p>Human Trafficking Foundation</p>	 <p>KALAYAAN justice for migrant domestic workers</p>
		 <p>LA WRs LATIN AMERICAN WOMEN'S RIGHTS SERVICE Servicio por los Derechos de la Mujer Latinoamericana</p>

LOVE146
END CHILD TRAFFICKING AND EXPLOITATION

MOPAC

MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME



NHS
England



olallo services

iramfel
Refugee and Migrant Forum of Essex & London



St Giles Trust

St Mungo's
Ending homelessness
Rebuilding lives



**The Anti Trafficking
Monitoring Group**



ADULT MODERN SLAVERY PROTOCOL FOR LOCAL AUTHORITIES



How to identify a victim of human trafficking or modern slavery

Definitions and Indicators

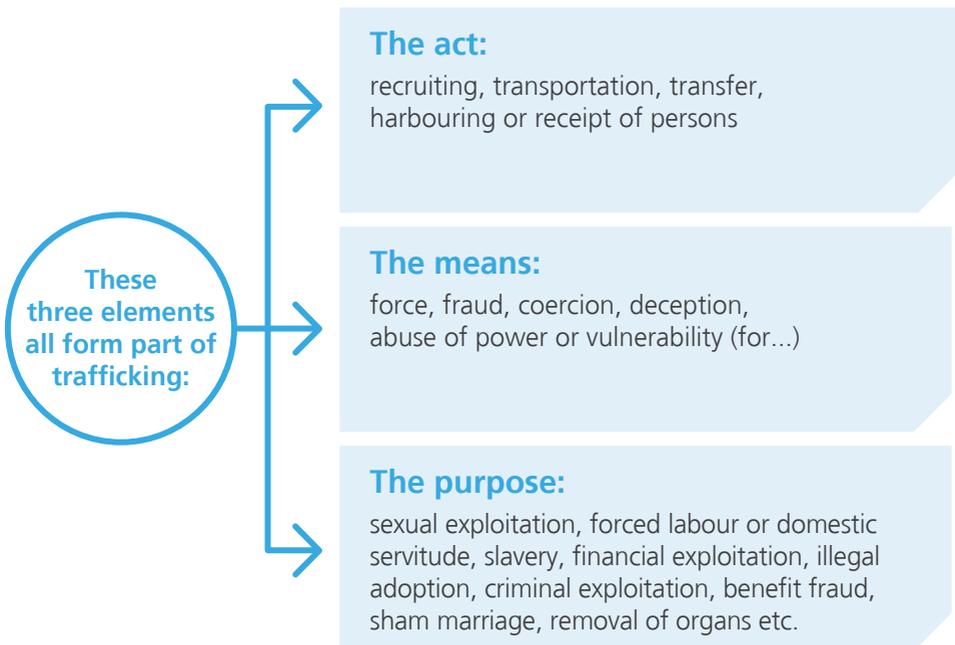
“Modern slavery is a serious and brutal crime in which people are treated as commodities and exploited for criminal gain. The true extent of modern slavery in the UK, and indeed globally, is unknown.”¹

WHAT IS HUMAN TRAFFICKING?

Human trafficking is the movement of a person from one place to another for the purposes of exploitation. The UN defined human trafficking in the 'Palermo Protocol' as the 'recruitment, transportation, transfer, harbouring or receipt of persons by means of threat, or use of force, coercion or deception...to achieve the consent of a person having control over another person, for the purpose of exploitation' (UN, 2000, Art. 3). According to this definition, trafficking includes sexual exploitation, forced and bonded labour, domestic servitude, any form of slavery and removal of organs. The definition of exploitation is not limited.

DEFINITION FORMULA

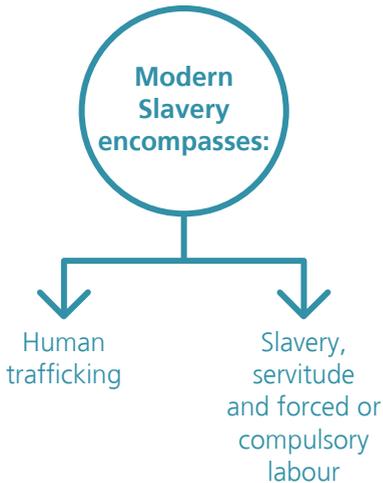
HUMAN TRAFFICKING = ACT + MEANS + PURPOSE



All three components must be present in an adult trafficking case. However, in a child trafficking case the 'means' component is not required as they are not able to give informed consent

THE MODERN SLAVERY ACT 2015 AND THE TERM MODERN SLAVERY

Modern Slavery legislation originates from the Modern Slavery Act 2015 (MSA). The MSA is designed to make provisions about the offences of slavery, servitude and forced or compulsory labour and about human trafficking, including provision for the protection of victims. It also details the statutory defences available to victims that have been forced to commit various crimes. The Act also states that a person commits an offence if they arrange or facilitate the travel of another person in order to exploit them. It is irrelevant whether the exploited person, adult or child, consents to the travel.



“Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.”

HM Government

These crimes include holding a person in a position of slavery, servitude, forced or compulsory labour, or facilitating their travel with the intention of exploiting them soon after.² The Modern Slavery Act consolidated trafficking offences into one place.

MODERN SLAVERY = MEANS + PURPOSE

It does not necessarily include the ‘Act’ element of the human trafficking process.

In practice, the terms modern slavery and human trafficking are often used interchangeably and a potential victim (PV)³ will refer to a PV of human trafficking or slavery in this document.

² National Crime Agency, <http://www.nationalcrimeagency.gov.uk/crime-threats/human-trafficking>

³ We respect the dignity of all victims of slavery and human trafficking and recognise that each survivor is an individual who requires humanity and a response tailored to their individual needs. However for the sake of brevity we will use the shorthand PV in reference to this cohort.

‘MEANS’ - TYPES OF COERCION AND CONTROL

The apparent consent of a victim to be controlled and exploited is irrelevant when one or more of the following has been used to obtain that consent.

Note that coercion does not need to include violence or the threat of violence.

- The threat or use of force (physical restraint, beating, rape, abuse against them or family members etc.)
- Withholding travel or immigration documentation
- Ritual oaths or use of fear based on a belief system (for example - use of Juju⁴).
- Fraud - control of a PV’s accounts or finances, attaching their name to debts, cars, illegal activity etc.
- Abduction
- Blackmail or intimidation
- The abuse of power or of a position of vulnerability (whether physical, psychological, emotional, family-related, social or economic. E.g. Illegality of the PV’s immigration status, economic dependence or fragile health.) A situation in which the person concerned has no real or acceptable alternative but to submit to the abuse involved.

² A spiritual belief system incorporating spells used in religious practice, as part of witchcraft in West Africa – used incorrectly as a form of control to reinforce contractual obligations in some human trafficking cases involving West African PVs which binds them to their trafficker, with fear of being struck down or their families dying etc., if they disobey.

- Debt bondage or peonage and depriving the individual of money - creating artificially high debts for travel or forcing someone to pay an excessive amount of money for substandard accommodation or making significant deductions from an individual's 'salary'.
- Deception e.g. employer provided false/inaccurate information about the employment, wages or working conditions etc.
- 'Stockholm syndrome' – where, due to unequal power, victims develop a false emotional or psychological attachment to their controller or may identify with the perpetrator as a survival or coping mechanism.
- Grooming – where vulnerable individuals are enticed over time to take part in activity in which they may not be entirely willing participants (e.g. the 'lover boy' method is common in sexual exploitation).
- Physical confinement or restriction of movement. Or confinement through threats/control. Unable to leave with no money, nowhere to go and no one to turn to. Also fear of consequences.
- Threat or the perceived threat to the PV's relationships with other family members or peer group.
- Social stigma (for example, using shame towards someone for working as a sex worker, or shaming them for losing control/failing to find suitable work.)

'PURPOSE' - TYPES OF EXPLOITATION

TYPES OF EXPLOITATION INCLUDE THE BELOW:

Please note however due to the crime's changing nature, this list is not exhaustive. Also PVs are likely to be exploited in multiple types of slavery.



Sexual exploitation:

Many PVs have been forced, coerced or deceived into this work, whilst others may have come willingly to work in this field but have been deceived about the nature or conditions of work on their arrival. Possibly with little or no pay, they will often be deprived of their freedom of movement and kept subjugated through the use of physical and/or psychological coercion such as bullying, threats to them or family members, debt bondage and violence.

Forms of sexual exploitation include organised prostitution in brothels or on the street, or in more informal networks among the exploiter's friends, associates or family. Forms can also include being exploited in pornography and lap dancing. In some cases forced marriage can lead to trafficking for sexual exploitation.



Labour exploitation and bonded labour:

Labour is the provision of any service, not just manual labour. The ILO states that, "*All work or service which is exacted from any person under the menace of any penalty and for which the person has not offered themselves voluntarily*" – the menace or penalty can be the confiscation of passports, non-payment of wages, placing a person in a situation of dependency, threats or risk of homelessness.

In most cases, PVs are coerced to carry out work on, for example, farms, factories, restaurants, nail bars, car washes or construction sites, or laying driveways, for little or no pay. If they are foreign nationals, their passports are often confiscated by their traffickers and they may be made to live in terrible conditions.

If they have a contract, they are unlikely to have a copy or have had an opportunity to read or understand anything they have signed, let alone know any means to enforce any agreed conditions of work which do not materialise.

Often a bond or perceived debt is used to keep the person in subjugation and there can be excessive wage deductions – such as for the cost of accommodation or food or the bonded debt can include costs such as for transport to the UK. Alongside physical or even sexual violence, control can take less obvious forms, such as threats to hurt their families or report victims to police or immigration if their employment status is illegal or is unknown or believed to be illegal.

PVs may also be exploited in other ways including being trafficked or abused for sex and the taboos around this can themselves be used as a form of control. They can be at risk of being subject to physical or sexual violence from other PVs as well.



Domestic servitude:

Domestic servitude involves people working in a household where they are: ill-treated, humiliated, subjected to exhausting working hours, denied privacy and forced to live and work in very poor conditions, for little or no pay. In some cases sexual abuse may take place as well.

The European Court of Human Rights (ECHR) reaffirmed in *Siliadin v France* that the ECHR prohibits a “*particularly serious form of denial of freedom,*” including “*in addition to the obligation to provide certain services for others...the obligation for the “serf” to live on another person’s property and the impossibility of altering his condition.*”⁵

It is often very difficult for domestic slaves or servants to leave their employers and seek help, and if they do they are frequently accused of theft, immigration offences or other relatively minor crimes. Abusive employers create physical and psychological obstacles by, for example, threatening them, or their relatives, with further abuse or deportation, debt owed for travel to the country of work or visa fees, or by withholding their passport. Wages are often withheld on the basis that they will be paid in the future with the aim of keeping the person working in the hope of eventually being paid.

Emotional blackmail is also common, for example saying that they 'are one of the family' and that is why they want them to look after the children with no day off as 'there is no day off from family' and that they cannot leave as the children love them so much. In some cases, a forced marriage can lead to domestic servitude.



Criminal exploitation:

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



Forced Fraud:

Traffickers will dishonestly apply for tax credits and other benefits using the PVs' details, sometimes unbeknownst to the PVs themselves. It is also common for PVs' identities to be used for other purposes such as taking out loans, or mobile telephones etc. Using their identities, they can run the PV into debt and use that as another form of control. The person involved may be exploited for other purposes as well. Abuse may be used against the individual in order to coerce them into these arrangements. However in many cases PVs are deceived rather than coerced. The trafficker claims that they will help them fill out benefits forms or crisis loans etc. when in reality they have no intention of allowing them to access these funds. Alternatively they may simply have been asked to sign documents which they could not read or understand.



Forced marriage, 'sham marriage' and surrogate mothers:

Forced marriage - where one or both people do not (or in cases of people with learning disabilities, are unable to) consent to the marriage, and pressure or abuse is used. This can be coupled with other forms of slavery and can be used to exploit individuals in various ways. Children or adults who are trafficked for sex may also then be sold into forced marriages. An adult who is forcibly married may then be trafficked for labour or sex by, and for the financial gain of, his or her spouse.

Surrogate mothers - Women may be forced to act as surrogates and made to give birth to children that are then taken away from them.

Sham marriages - There are also cases where marriages of British and European citizens may occur to procure regular immigration status for non-EU citizens, as a benefit that someone may receive that is not necessarily sexual or economic, though it is sometimes a combination. There is usually no subsisting relationship, dependency, or intent to live as husband and wife or as civil partners. The PV may be approached because they are in a position of vulnerability – possibly already being trafficked for other services and/or in debt bondage. Or the sham marriage may lead to further exploitation. They may be unaware that this form of marriage is a criminal offence. They may only be identified due to the ‘sham’ marriage being unveiled or due to domestic violence being uncovered, and are unlikely to self-identify as a victim of exploitation and trafficking.



Organ harvesting:

This type of trafficking involves trafficking people for the purpose of using their organs, tissue and cells, in particular, kidneys. Trafficking in organs occurs in various forms. Traffickers might force or deceive the victims into giving up an organ. Or victims formally or informally agree to sell an organ and are cheated because they are not paid for the organ or are paid less than the promised price. Alternatively, vulnerable persons are treated for an ailment, which may or may not exist and thereupon organs are removed without the victim's knowledge. Or a person can be tricked via the psychological control of traffickers so that the victim appears to consent. For example a person may be coerced to marry someone who requires an organ transplant, hence why the marriage took place. Organs may also be taken during illegal ritual practices.

POINTS OF NOTE



CONSENT IS IRRELEVANT TO EXPLOITATION

The Home Office circular guidance states that: *“An individual’s consent to the conduct alleged to amount to slavery, servitude or forced or compulsory labour does not prevent the offence being committed.”*⁶

As confirmed by the Palermo Protocol, the consent of a person to any intended exploitation is irrelevant where any of the means set out within the protocol have been used.



EXPLOITATION NEED NOT HAVE TAKEN PLACE YET TO CONSTITUTE SLAVERY/HUMAN TRAFFICKING

The Home Office frontline staff guidance states that: *“Under the Convention, a person is a ‘victim’ even if they haven’t been exploited yet, for example because a police raid takes place before the exploitation happens... So, it is the purpose which is key, rather than whether or not exploitation has actually occurred.”*

*Even if the UK authorities intervene and prevent exploitation taking place in the UK, victims may have experienced serious trauma in their home country or on the way to the UK and may still be in need of support.”*⁷



THE CRIME OF SLAVERY OR TRAFFICKING OVERRIDES ANY IRREGULAR IMMIGRATION OR OTHER MINOR OFFENCES

Karen Bradley, former Minister with the Slavery Portfolio: *“The intent of the offence of illegal working is clear; it is not aimed at the victims of modern slavery. Anyone who is a victim of modern slavery can at any time report their captors...”*⁸

The person exploiting an individual should be the focus of the primary law enforcement effort, while PVs should be treated as victims rather than perpetrators of crime or as irregular migrants. An accusation of theft or irregular migration should not take precedence. Rather there should be a presumption of non-criminalisation for offences arising in connection with a victim’s experience of trafficking.

⁶ S.1(5) and s.2(2) MSA 2015

⁷ <http://www.antislaverycommissioner.co.uk/media/1057/victims-of-modern-slavery-frontline-staff-guidance-v3.pdf>

⁸ <https://iasservices.org.uk/governments-immigration-bill-criticised-by-anti-slavery-campaigners/>



VICTIMS OF SLAVERY AND TRAFFICKING OFTEN DO NOT FIT A STEREOTYPE

PVs can come from a variety of backgrounds including being well-educated and from wealthy families.

Adult men and boys can be victims of trafficking in similar types of exploitation to women and girls, and many victims of slavery come from the UK as well as abroad.

Victims may be subjected to different forms of exploitation and at different times. Traffickers may also not fit an expected profile and may be very educated and appear to be outwardly respectable and likeable people.



PEOPLE RARELY SELF-IDENTIFY AS VICTIMS OF TRAFFICKING/SLAVERY OR EASILY REVEAL THEIR EXPERIENCES

The Home Office frontline staff guidance states that, *“The way in which different people describe their experiences means you must not rely on victims to self-identify in explicit or obvious ways.”* It is for frontline staff to know the indicators and ask the right questions to determine if a person is a potential victim of slavery.

Not only may PVs be unlikely to self-identify as a victim of human trafficking/slavery but they may also be unwilling to disclose their experiences to statutory authorities for fear of reprisals from their exploiters; or they may fear the UK authorities if they have had bad experiences with government agencies, who may be corrupt, in their own country. They may be ashamed at the way they have been treated and how the ‘great opportunity’ they were offered to come to the UK failed to materialise. They may also be unfamiliar with the concepts of trafficking or modern slavery and have normalised their treatment to the extent that they do not see that it would be relevant or of interest to disclose it.

Other reasons may be that they are in a situation of dependency, fear, stigma, have Stockholm syndrome, are unwilling to see themselves as ‘victims’ or blame themselves, or see their current situation as temporary and tolerate it because they see it as a ‘stepping stone’ to a better future. PVs may be unwilling to speak of abuse which they consider to be shameful or a taboo and exploiters may have played on this saying the abuse is the PV’s fault. PVs may have also emotionally blocked or buried memories of abuse in order to function and self-protect and so may not be able to disclose aspects of their treatment for some time and without substantial support.

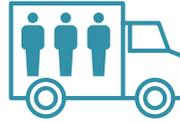
In these situations you must consider objective indicators such as the seizure of their documents or use of threats by the employer to identify if the person could be a victim of slavery. Also look objectively at who is in front of you – their demeanour: do they look scared, are there any signs of physical abuse, note their clothing, hygiene etc.? You can also ask to see indicators of decent employment such as evidence of regular payment, payslips, an individual leaving the workplace and knowing the surrounding area, having friends and acquaintances outside of the workplace (asking if neighbours ever saw them?) and having time off.



NOT ALL MIGRANTS WORKING ILLEGALLY ARE TRAFFICKED

While not all PVs will identify as victims of trafficking it is important to also recognise that not all migrants working in the UK, for example, for less than the minimum wage or in an illegal activity have been trafficked. Intelligence that there are simply foreign workers working in a brothel or a nail bar is not adequate evidence to signify human trafficking or warrant a human trafficking response.

Also note that some traffickers ensure the people they are exploiting work on legitimate visas, or in the case of EEA nationals are entitled to work, and so legitimacy in this sense does not mean exploitation is not taking place.



SMUGGLING IS NOT TRAFFICKING

Frontline staff must avoid confusing human trafficking with human smuggling. In smuggling cases, asylum seekers and immigrants pay people to help them enter the country irregularly. This is a crime against the state rather than a crime against an individual. Smugglers are providing an (illegal) service rather than treating a person as a commodity. It is also short-term rather long-term with a one-off payment rather than ongoing appropriation.

However it is important to note that trafficking victims may start out believing that they are being smuggled, and will be free on arrival but may have experienced abuse as part of that journey or end up in a potentially exploitative situation, where they are forced to work to pay off their 'debts', which may be increased over time to retain control over them.

It is also important to understand this distinction and be clear about definitions because if a first responder uses the term 'smuggling' while filling out an NRM form for a victim of trafficking this could wrongly be used to discount the claim of trafficking.

APPROACH FOR PRACTITIONERS TOWARDS POTENTIAL VICTIMS OF MODERN SLAVERY



SAFEGUARDING APPROACH:

Make every contact count.



HUMAN RIGHTS APPROACH:

Modern Slavery and Human Trafficking are human rights violations and all actions for victims should aim to restore those rights. Recognise that local authorities do provide services for those who fall outside other services in order to comply with international obligations such as the Human Rights Act.



TRAUMA INFORMED APPROACH:

Move away from a punitive approach to a trauma-informed and victim-centred safeguarding response. Tackle the culture of disbelief focused on immigration issues and/or criminal justice issues.



LONG-TERM APPROACH:

Understand that identification is the beginning of the process of protecting and safeguarding not the end. There is often a short-term focus, often on the immediate safety plans, that fails to look at the longer-term risk of going missing or being re-trafficked or re-exploited. There should be planning for the potential victim's rehabilitation and access to justice through compensation claims etc.

ADULT SLAVERY INDICATORS

Indicators signpost to concerns that should always lead to further investigation and consideration of an NRM referral. They may not necessarily be considered as evidence of trafficking or slavery but should lead to further work to gather more evidence as they may act as evidence that the person is at risk of exploitation if they are not supported to prevent this. A person may have also been abused before they became a victim of slavery or human trafficking

Frontline safeguarding staff are not expected to:

- Be able to prove human trafficking. If trafficking is suspected, but not conclusively proven, the individual should still be identified as a potential victim. This initial threshold is deliberately low in order to encourage referrals where there are any concerns.
- Evaluate indicators to a criminal standard of proof. The standard of proof for identifying a victim is much lower than the criminal standard of proof.

CONVERSATION



- Fearful, anxious and withdrawn
- Unable to speak local language
- Refuses or reluctant to talk to a person in authority or provide personal details
- Does not recognise themselves as having been trafficked or enslaved
- Tells their stories with obvious errors
- Has a prepared story, very similar to those that other adults have given
- Is unable or unwilling to give the name and address of the employer

BEHAVIOUR/APPEARANCE



- Appears to be missing for periods
- Is known to beg for money
- Having tattoos or other marks indicating 'ownership' by their exploiters
- Victims may experience post-traumatic stress disorder, which can result in the following symptoms: hostility, aggression, difficulty in recalling details or entire episodes, difficulty concentrating

WORK



- Wearing unsuitable clothing i.e. flip flops in winter; no helmet on a construction site
- Is required to earn a minimum amount of money every day
- Poor health & safety equipment, no health & safety notices and unhygienic, unsafe working conditions
- Excessive working hours, no days off and little spare time to get lunch etc.
- (Perception of) debt bondage
- No or limited access to earnings or labour contract
- Excessive wage reductions or financial penalties
- Movement of individuals between sites or working in alternate locations

FREEDOM OF MOVEMENT



- Is accompanied by a person who insists on remaining with them at all times
- Limited freedom of movement
- Limited or no social interaction and poorly integrated into the community
- Dependence on employer for a number of services - for example work, transport and accommodation
- Limited contact with family
- Never leaving the house without permission from an employer
- Only leaving the house as a group

HEALTH



- Shows signs of physical or sexual abuse and/or has contracted STIs or has an unwanted pregnancy
- Has not been registered with or attended a GP practice
- Appears to services (doctor/council) only in the final months of a pregnancy
- Bruises, cigarette burns and untreated injuries
- Broken bones that haven't healed properly
- Malnourished
- Learning difficulties or drug/alcohol dependent
- Dental problems and poor hygiene
- Neurological symptoms, headaches, dizzy spells, memory loss
- Gastrointestinal symptoms (symptoms relating to the stomach or intestines)
- Musculoskeletal symptoms (symptoms relating to the bones or muscles)
- Work related injuries often through poor health and safety measures
- Signs of mental health issues e.g. trauma, PTSD, panic attacks etc.

ACCOMMODATION



- Workers are required to pay for food or accommodation via deductions from pay
- Home delivery meal packaging
- Crammed/rough sleeping conditions inc. 'beds in sheds'
- Cars or minibuses picking up at unusual times
- Not eating with the rest of the family and no private sleeping place or sleeping in a shared space
- Frequent visitors to residential premises
- Lack of family photos and personal belongings,
- Post stacked up and discarded envelopes on floor
- A script by a telephone on making benefits claims
- Unable to show any autonomy over accommodation e.g. no tenancy, bills, or other paper trail including bank account in their own name

JOURNEY



- May have entered the country irregularly or their visa has run out (note that they may be from the UK or be a foreign national with legal status to be in the UK)
- Travel in a group, often with people who do not speak the same language
- May have had their journey (or visa) arranged by someone other than themselves
- Has to pay off exorbitant debt e.g. for travel costs, before having control over own earnings/documents

EMPLOYER



- Employer reports them as a missing person
- Employer accuses person of theft or other crimes related to their escape
- Employer speaking on their behalf
- Employer unable to produce documents required when employing migrant labour
- Difficult to establish/prove relationship between adult and child(ren)
- Single adult is contact for a large number of children / families / workers

DOCUMENTS/IMMIGRATION



- Has no passport or other means of identification
- Has false travel/identity documentation
- Is unable to confirm names and addresses of employer / contacts / home / workplace in UK
- Does not appear to have money but does have a mobile phone
- Is in possession of money and goods which are not accounted for
- Coerced to apply for asylum or warned not to apply for asylum
- Fear of revealing immigration status or lacks knowledge on current immigration status

DRIVERS

There are a variety of complex factors that can render individuals/communities vulnerable to slavery. They can either be pre-existing factors, such as poverty, addictions, mental health, previous criminal convictions, gender, or factors created by the exploiter such as their immigration status, employment status or isolation. Drivers might include any or several or none of the following:

Poverty or lack of economic opportunity

Illness and disability

Language barriers and lack of knowledge or access to rights

Inequality and discrimination

Mental health or learning disabilities

Fleeing domestic violence or other abuse

Emotional or familial or romantic relationships

Religious and cultural beliefs

Lack of legal/immigration status

Homelessness

Substance misuse issues

Gender-related issues – escaping FGM, forced marriage etc.

'BUSINESS AS USUAL'



As a frontline professional you may encounter a PV in any situation. The situations opposite provide some examples:

- Sexual offences, grooming, prostitution, forced marriage
- Anti-social behavior
- Planning breaches
- Multiple occupancy / Over-crowded dwellings
- Minimum wage / pay disputes
- Homelessness
- Vulnerability within a domestic setting / a 'domestic abuse' case
- Persistent missing persons
- Irregular immigration / immigration offences
- County lines, gangs, drug selling / cultivation
- Benefit fraud and sham marriages
- Illegal licensing

CASE EXAMPLE:

A situation where an Eastern European woman was beaten by her husband was handled and recorded as a case of domestic violence. Once in a refuge, several months later, the woman revealed she didn't know her husband's ethnicity. It became clear that she had been forcibly trafficked into a marriage. In light of the statutory duties in the Modern Slavery Act, the local authority/police should have identified this as a modern slavery case and notified the Competent Authority.

All those working in a local authority, whether in a housing or licensing team or in safeguarding, have a statutory duty to be able to identify trafficking or slavery in these cases and then report it.

GLOSSARY OF TERMS

This protocol and pathway guidance is made available for education and general information purposes only to help improve understanding on identifying and supporting potential victims of modern slavery and human trafficking.

CA - Competent Authority

To be referred to the NRM, potential victims of trafficking or modern slavery must first be referred to one of the UK's two competent authorities (CAs) - the Modern Slavery Human Trafficking Unit (MSHTU) and the UK Visa Immigration department (UKVI).

CG - Conclusive grounds

During the 45 day reflection and recovery period the Competent Authority gathers further information relating to the referral from the first responder and other agencies, before making a positive or negative CG decision.

DL(R) - Discretionary Leave to Remain:

DL is granted outside the Immigration Rules. It must not be granted where a person qualifies for asylum or humanitarian protection (HP) but is intended to cover exceptional and compassionate circumstances. While a grant of 30 months' leave is generally appropriate, leave may be granted for shorter or longer periods, including, in particularly compelling circumstances, indefinite leave to remain.

ECAT

Council of Europe's Anti-trafficking Convention.

EEA nationals

The EEA includes EU countries and Iceland. EEA nationals do not have the no recourse to public funds condition imposed on them. However they may be prevented from claiming welfare benefits, homelessness assistance or getting a housing allocation from the council when they do not meet the eligibility criteria for these services – these can be difficult to establish, particularly if the person has been trafficked.

ECHR

The European Convention on Human Rights Used in a case against Bristol Council to demonstrate that they should have provided a women who had been trafficked, with support.

FR - First responder

First Responders are responsible for identifying and interviewing potential victims of human trafficking. All those working in local authorities, alongside Police, UK Border Force, Gangmasters Labour Abuse Authority and several NGOs, including the Salvation Army, are first responders.

GLAA

The Gangmasters and Labour Abuse Authority Non Departmental Public Body (NDPB) who prevent worker exploitation and tackle unlicensed and criminal activity.

HT - Human Trafficking

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

LA

Local authority

MASH - Multi-Agency Safeguarding Hub (MASH)

Involves the police, Local Authorities and other agencies who work together to protect children, young people, and in some cases adults from harm.

MARAC - multi-agency risk assessment conference

Is a meeting where information is shared between representatives of local police, probation, health, child protection, housing practitioners, usually on high risk domestic abuse cases, sometimes on other safeguarding issues such as human trafficking.

MS - Modern slavery

Encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. A large number of active organised crime groups are involved in modern slavery. But it is also committed by individual opportunistic perpetrators.

MS1 Form

If a potential victim has not consented to enter the NRM, you must send an 'MS1: notification of a potential victim of modern slavery form' to the Home Office instead of an NRM referral form.

NCA - National Crime Agency

The National Crime Agency (NCA) is a national law enforcement agency.

NRM - National Referral Mechanism

Is a framework for identifying victims of human trafficking and ensuring they receive the appropriate protection and support.

PV

Potential victims of modern slavery or human trafficking.

NRPF – No recourse to public funds

A person with no recourse to public funds (NRPF) is only prohibited from accessing public funds, which are limited to certain welfare benefits and social housing. They are still possibly entitled to support under other EU, Council of Europe and UK legislation.

RG– Reasonable Grounds

The NRM team has a target date of 5 working days from receipt of referral in which to decide whether there are reasonable grounds to believe the individual is a potential victim of human trafficking or modern slavery.

SPoC

Modern slavery single point of contact - Allocated point of contact for cases of slavery and human trafficking, based in a local authority, police borough force or in the NHS.

TSA

The Salvation Army run the Government’s safe house provision for potential victims.

VRS – Voluntary Return Service

The Home Office provide a paid voluntary return service package for foreign national survivors wanting to return to their homeland.

Written by the Human Trafficking Foundation and Anti-Slavery London Working Group (LWG) contributors: Africans Unite Against Child Abuse (AFRUCA), Aire Centre, Anti Trafficking and Labour Exploitation Unit (ATLEU), Anti-Trafficking Monitoring Group (ATMG), Caritas Bakhita House, Croydon Community Against Trafficking (CCAT), City Gateway (Women’s Programme), Every Child Protected Against Trafficking (ECPAT UK), Eastern European Resource Centre (EERC), Ella’s Home, Focus on Labour Exploitation (FLEX), Gangmasters and Labour Abuse Authority (GLAA), Housing for Women, The Helen Bamber Foundation, Hestia, Hope for Justice, International Organisation for Migration (IOM), Kalayaan, Latin American Women’s Rights Service (LAWRS), Love146, Migrant Legal Action, The Mayor’s Office for Policing and Crime (MOPAC), The Metropolitan Police Service’s Modern Slavery and Kidnap Unit (SCO7), NHS England, National Ugly Mugs (NUM), Olallo House (St John of God Hospitaller Services), Refugee and Migrant Forum of Essex and London (RAMFEL), The Rape & Sexual Abuse Support Centre (RASASC), British Red Cross, Shpresa Programme, Sophie Hayes Foundation, St Giles Trust, St Mungo’s Homeless Charity, The Children’s Society, The Salvation Army (TSA), Victim Support, and Snowdrop Project.



ATLEU
ANTI TRAFFICKING AND
LABOUR EXPLOITATION UNIT

BritishRedCross



**City
Gateway**



**FOCUS ON
LABOUR
EXPLOITATION**

Helen Bamber ✈️
Foundation
working with survivors of human cruelty



**Human
Trafficking
Foundation**



LOVE146
END CHILD TRAFFICKING AND EXPLOITATION

MOPAC

MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME



NHS
England



olallo services

iramfel
Refugee and Migrant Forum of Essex & London



St Giles Trust

St Mungo's
Ending homelessness
Rebuilding lives



The AIRE Centre
Advice on Individual Rights in Europe

**The Anti Trafficking
Monitoring Group**

**The Children's
Society** No child
should feel
alone



VS
VICTIM
SUPPORT

Click here to enter recipient name and address,
max 5 lines.

Councillor Leanne Werner
Chair, Community Safety Scrutiny Commission.
Overview and Scrutiny
Corporate Strategy and Partnerships

Julie.timbrell@southwark.gov.uk

Tel: 020 7525 0514

Date: 01 February 2019

Dear Click here to enter recipient name.

A call for Evidence: Violence Against Women's and Girls (VAWG)

Southwark Council's Community Safety Scrutiny Commission is concerned with Violence Against Women's & Girls (VAWG) in the borough. Recent media coverage has highlighted worrying levels of sexual harassment and abuse of girls, nationally, and we want to play our part in tackling this locally.

The Commission is contributing to the new administration's commitment to develop a strategy to combat this by conducting a review into VAWG. Part of this will involve an investigation into the approaches taken by Southwark schools to effectively tackle abuse and promote Safe and Healthy relationships, in order to understand how the council and other partners could assist.

We have devised a short survey that we would be grateful if your school could complete.

The questions are focused principally on your Safe and Healthy Relationships curriculum and safeguarding practices to tackle harassment and abuse:

<https://consultations.southwark.gov.uk/corporate-strategy/87d5dc83>

We would also like to conduct focus groups with young people; asking girls and boys (separately) about their concerns and solutions. Please get in touch if your school is willing to facilitate this.

The Commission will be holding its next meeting on the evening of 5th February at 7pm at the council's main offices on 160 Tooley Street, SE1. This will hear from the police on this topic, as well as outside experts on Modern Slavery and Child Trafficking, to inform the review. The meeting is open to the public and we would welcome input from teachers. Please get in touch if you would like to contribute.

The results of the survey, focus groups and the evidence taken at the meeting will inform the review report, due to be completed in the spring, and a current consultation on a new sexual

and reproductive health strategy. The final review report will then go to the council cabinet, NHS, and police with recommendations. We will send you a copy if you indicate interest in the survey.

I hope your school will be able to contribute. If you have any queries contact Julie Timbrell, scrutiny project manager, on email julie.timbrell@southwark.gov.uk or telephone on 0207 525 0514.

Yours Sincerely

Councillor Leanne Werner
Chair, Community Safety Scrutiny Commission.

COMMUNITY SAFET SCRUTINY COMMISSION**MUNICIPAL YEAR 2018-19****AGENDA DISTRIBUTION LIST (OPEN)****NOTE:** Original held by Scrutiny Team; all amendments/queries to Fitzroy Williams Tel: 020 7525 7102

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