Hope for the future:

Support for survivors of trafficking after the National Referral Mechanism

UK integration pilot – evaluation and policy report

July 2019

British Red Cross

Working in partnership with:

Hestia

ASHIANA

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1. Executive summary

"Since I've had this support, I've begun to feel hopeful about the future. Where I was at the bottom, hopeless, it made me feel hope."

"I can't trust anyone in my life apart from [my STEP worker] and my solicitor and counsellor…I avoid other people. But now I feel hope that this will get better."

Survivors, STEP pilot

Survivors of trafficking and slavery are people who have been exploited for others' personal gain; the trauma they experience can have lasting impacts on their mental and physical health, wellbeing, and ability to rebuild their lives. The exploitation can take many forms – including forced labour and criminality, sexual exploitation, and domestic servitude – and often people are exploited in more than one way at once, and are trafficked within countries and across borders to be exploited.

The National Referral Mechanism (NRM) is the UK government's system for determining whether or not they believe a person is a survivor of trafficking. The decision often takes several months, or even years, and while people can access support and accommodation while they wait, the support ends just weeks after the decision is made. Being recognised as a survivor doesn't come with an entitlement to further specialist support, which would help people to recover and rebuild their lives.

This lack of longer-term support – and the statutory barriers that exist – leaves survivors of trafficking and exploitation in vulnerable situations. Survivors who do not have secure immigration status are particularly exposed, since they are not eligible for many forms of support. They can face homelessness and destitution, and be at risk of being re-trafficked and exploited again. As things stand, survivors would be justified in asking "what is the point of the NRM?"

Based on their experience of supporting people who were leaving the National Referral Mechanism (NRM), Ashiana, Hestia and the British Red Cross partnered to develop a pilot of longer-term support for survivors of human trafficking and exploitation, and supported 70 people between February 2018 and May 2019.

Ashiana is a Sheffield-based charity that supports survivors of violence from Black, Asian, Minority Ethnic and Refugee communities, and provides accommodation and outreach support to survivors of trafficking across the Northern England Regions; Hestia is the largest provider of support services within the NRM to survivors of trafficking in London, and the British Red Cross supports people who have experienced trafficking, at all stages of their journey from before leaving exploitation, in the initial stages of leaving and into longer term recovery.

Recommendations

Support: people who have been found to be survivors of trafficking should continue to receive tailored, person-centred support that helps them to rebuild their lives, for at least twelve months after they leave the National Referral Mechanism – irrespective of their immigration status.

Status: survivors of trafficking should be protected, and given security, through the grant of immigration status of at least 30 months.

Safe homes: people who have been found to be survivors of trafficking should be able to access secure, appropriate long-term accommodation.

Pathways: people leaving the National Referral Mechanism with a negative conclusive grounds decision should have a care pathway in place to help them access advice and support services.

For full recommendations, see page 70.

The pilot was part of a project co-funded by the European Commission called "Sustainable integration and Trafficked human beings through proactive identification and Enhanced Protection" (STEP). Each organisation piloted different but complementary models of longer-term support over a 12 month period (later extended to 15 months), and focused on people from countries outside of the EU – partially because of the challenges they face around their right to stay in the UK, due to insecure immigration status.

The pilot was evaluated, including monitoring of survivors' outcomes, to see whether the support had helped survivors recover after leaving the NRM. This report sets out the findings of that evaluation. It highlights the barriers that were hindering support, including difficulties accessing statutory systems and makes recommendations for the Home Office, other government departments, local authorities and service providers, on what the key components of longer-term support should be.

In June 2019, toward the end of the STEP pilot, the Home Office's policy of ending support for people 45 days after they are confirmed as survivors of slavery and trafficking was challenged by Judicial Review. In June 2019, the Home Office settled the claim, accepting that survivors of human trafficking need support beyond the 45 days provided post-NRM, and committed to developing and implementing a needs-based system of support. However, at the time of writing there is much that is unknown about what this system will look like. It is our hope that the findings of this report, which set out the key elements of effective longer-term support for survivors of human trafficking and exploitation, can help inform the ongoing discussion at this pivotal moment.

Key findings

Reducing the risk for women survivors

Outcomes scores for women survivors supported by the STEP project show that this form of **longer-term support reduces women's specific vulnerability to gender related violence, abuse, exploitation and disempowerment.**

Women survivors experienced an overall increase of 20% in stability of scores across a range of outcomes (safety, legal protection, mental well-being, economic empowerment and education, social support, and physical well-being). 70% of women had an overall increase in stability from entry to exit, 14% had no overall change in their stability level and 16% had an overall decrease in stability level (i.e. they were more vulnerable at exit compared to entry), which also makes clear that the journey to recovery is not the same for everyone.

Please see section 5 for further details on outcomes for survivors.

Personalised and needs-led support

According to the findings from the STEP pilot, survivors of trafficking continue to need support for at least 12 months after they leave the NRM. This support needs to be flexible, sufficiently resourced, and tailored to respond to the variable needs of survivors, which can intensify during changes of situation or accommodation. Some survivors will need a lot of help throughout the period of support, while the needs of others may fluctuate. All the people supported through STEP required one-on-one casework support, from a specialist caseworker, to help them access the support and services they need.

To be effective, support must be co-ordinated between different statutory and non-statutory agencies, and the survivor should be at the heart of decision-making.

Mental health needs and access to treatment

The STEP survivor group had high mental health needs, and the findings highlighted difficulties in getting appropriate mental health treatment within a reasonable timeframe. Survivors were placed on long waiting lists before they could receive the support they needed. For survivors in asylum accommodation, these long waits could then be compounded if they had to move area, when they would find themselves starting from scratch again in a new location.

Insecure immigration status

It's vital to acknowledge how insecure immigration status can affect a survivor's ability to recover after trafficking and exploitation. It leaves people in a state of limbo even after they've been recognised as a survivor, and this uncertainty impedes their recovery, and affects their ability to access accommodation, mental health support and financial assistance, and to rebuild their lives through education and work.

Under current rules, being recognised by the UK government as a survivor of trafficking does not automatically give a person even a very short period of immigration leave. Currently any provision of leave to remain is based on discretionary powers rather than a clear entitlement, which leaves highly vulnerable people in a state of limbo.

Timely access to secure and settled housing

Secure, long-term accommodation is a fundamental building block for recovery. It allows survivors to access the wider support they need to help them recover from their experiences and move forward with their lives. However, this move to long-term accommodation is often blocked by administrative delays relating to immigration decisions. The transition between Home Office accommodation and local authority housing varies hugely depending on area, and while some authorities are proactive about trying to achieve a seamless change, the issue needs to

be addressed at a national level. The ongoing implementation of the Homelessness Reduction Act 2017 creates a fresh opportunity to provide appropriate, jointly planned support to prevent survivors becoming homeless.

Additionally, asylum accommodation is often unsuitable for survivors of exploitation, with people placed in situations that make them more vulnerable. For example, survivors of sexual exploitation can be housed in mixed-gender accommodation. Through STEP, we worked with people who had been placed in asylum accommodation while in the NRM, therefore responding to their longer term support needs after the NRM was more challenging and complex, as a result of specific needs that were not addressed or worsened as a result of their time in asylum accommodation.

Care pathways for those with negative conclusive grounds decisions

One possible outcome of the NRM process is a "negative conclusive grounds" decision, where the UK government decides that it doesn't think the person is a survivor of human trafficking or exploitation.

The pilot showed the need to provide support for people with negative conclusive grounds decisions, including helping them with the process of getting the decision reconsidered. This is essential because the current lack of provision for people in this situation assumes that all decision-making is correct, whereas the level of successful reconsideration requests shows that this is not the case. This group is also likely to have other vulnerabilities which mean they may need other forms of support too.

2. Background

2 .1 Introduction

Internationally, there has been a renewed focus on addressing human trafficking and on ensuring a survivor-centred approach to statutory response mechanisms. In September 2017, world leaders attending the United Nations General Assembly reaffirmed their commitment to the United Nations Global Plan of Action to Combat Trafficking in Persons[1]. As well as seeking to address the causes of human trafficking, the assembly also debated how to better support survivors of modern slavery and trafficking.

The "sustainable integration of trafficked human beings through proactive identification and enhanced protection" (STEP) project was designed to help identify survivors of trafficking and to better support them. Co-funded by the European Commission's Asylum, Migration and Integration Fund, the STEP project had four key objectives:

- To foster collaboration on a pan-European level to share practice and work together on support programmes for survivors of trafficking and exploitation
- To create ways to sensitise people seeking asylum and migrants in transit across Europe to the risks of trafficking and exploitation
- To enable frontline humanitarian workers to better recognise and respond to signs of trafficking in those they are supporting
- To pilot post-identification programmes providing longer-term support for third-country nationals[2] who were survivors of exploitation and trafficking.

2.2 STEP in the UK

In the UK, the STEP pilot project was primarily focused on longer-term support for survivors of exploitation who were third-country nationals. It was delivered by a partnership of three organisations – Ashiana, Hestia and the British Red Cross. The project was supported by the Human Trafficking Foundation, who played the role of critical friend throughout the pilot steering process.

To help us measure the project's impact for survivors, the International Justice Mission generously shared its assessment of survivor outcomes (ASO) tool with the partnership, providing training and guidance in advance of the tool's UK launch and publication. This is the first time the tool has been used in a UK or European context.

Between February 2018 and May 2019, STEP piloted three complementary models of longer-term support for survivors of trafficking and exploitation. This report sets out the key findings from the evaluation carried out at the end of the pilot.

The pilot had three aims:

- to enable survivors to increase their independence and to integrate within their host country
- to make women survivors less vulnerable to gender-related violence, abuse, exploitation and disempowerment
- to inform an advocacy strategy to promote change and encourage public bodies to adopt a sustainable integration model.

1. www.unodc.org/documents/commissions/CCPCJ/CCPCJ_Sessions/CCPCJ_26/CCCPJ_Res_Dec/ECOSOC_Draft_Res_Dec/ECOSOC_Draft_Res_I_-_2017.pdf

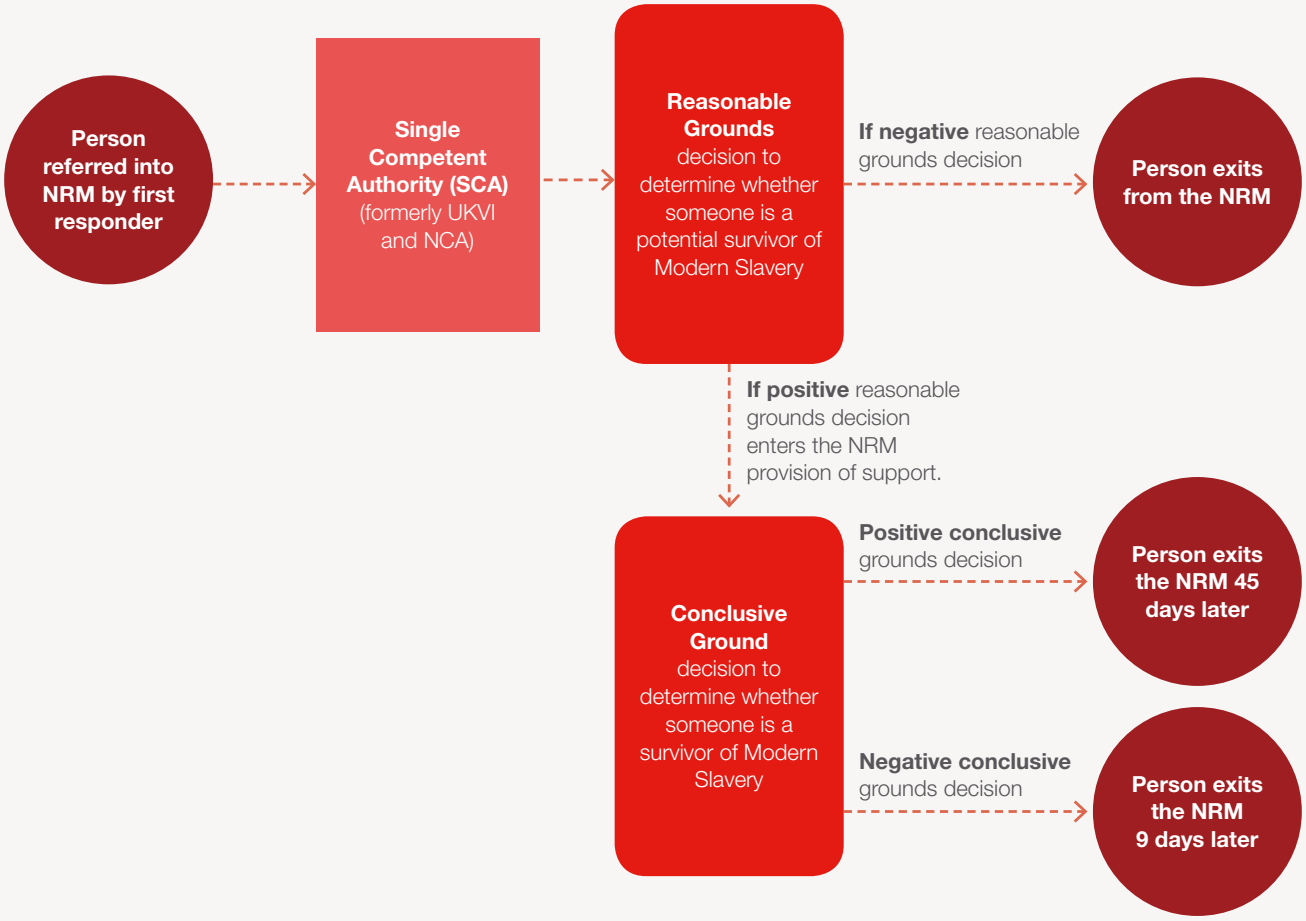
2. Any person who is not a citizen of the European Union and who is not a person enjoying the European Union right to free movement. (https://ec.europa.eu/home-affairs/content/third-country-national_en accessed 15-06-19)

The pilot set out to provide support and information through outreach-based casework to a minimum of 50 women and men in England who:

- were third-country nationals
- had survived trafficking and exploitation
- had been through the National Referral Mechanism (NRM)
- no longer had access to specialist support as their 45-day "recovery and reflection period" had ended or was coming to an end.

In addition, Ashiana offered support to women who chose not to enter the NRM although they were survivors of trafficking. Each organisation piloted different but complementary delivery models of longer-term support and referred survivors between them where appropriate.

NRM system (as of July 2019)



2.3 Policy and practice in the UK

In the UK, the NRM is the framework for formally identifying survivors of modern slavery, including those who have been trafficked. It was first introduced in 2009 to meet the UK's obligations under the Council of Europe Convention on Action against Trafficking in Human Beings, and the mechanism aims to provide financial and wellbeing support and accommodation while people wait for a decision. Initially, the NRM covered only survivors of trafficking, but it was extended to include survivors of exploitation with the introduction of the Modern Slavery Act 2015.

People can't apply to the NRM on their own behalf. Instead they need to be referred into the NRM by a "first responder" (e.g. police, UK Visas and Immigration, local authorities and several civil society organisations). Once referred into the NRM, cases are managed by the Single Competent Authority (SCA) within the Home Office. Potential survivors should receive a first decision on their case within five working days. Known as a "reasonable grounds" decision, this initial decision indicates whether the competent authority has reasonable grounds to believe the person is a potential survivor.

Outcomes for STEP clients: support entitlements for Third Country Nationals

National Referral Mechanism (NRM) Decision

Negative Conclusive Grounds (CG) decision – 9 days move-on from safe house/ outreach support (no support during reconsideration process)

Positive Conclusive Grounds (CG) decision – 45* days move on from safe house/ outreach support

Immigration Process / Protection Claim

Discretionary Leave to remain (through NRM if no asylum claim pending; not automatic grant)

Typical maximum 30 months, but often granted up to 12 months

Refugee Status

Discretionary Leave to Remain (immigration routes) – up to 30 months, may be with or without recourse to public funds

Asylum Seeker (including those with a first refusal and with appeal rights)

Refused Asylum Seeker (appeal rights exhausted or fresh claim pending)

Irregular status (may have immigration claims through non-protection routes)

*During the course of the project the NRM process was reformed. Initially survivors with a positive CG decision were entitled to 14 days move-on support, increased to 45 days. It has been subsequently determined that ending of support should be based on assessment of individual basis, rather than any defined timeframe. This diagram represents the typical experience of STEP service users rather than legal obligations.

Recourse to Public Funds

(in line with period of leave)

Entitled to:
Housing and welfare benefits (Universal Credit); Education; Right to work; Health care (non-chargeable)

Barriers:

- Evidencing eligibility and priority need for housing;
- lack of integration support;
- deposits for rental sector;
- debt;
- delays in receiving benefits;
- opening a bank account;
- suitability of housing;
- availability of Legal Aid & timely legal advice for further leave to remain.

No Recourse to Public Funds

***May* be entitled to:**

Asylum Support accommodation and subsistence on the basis of destitution:

- Section 95
- Section 4 (in limited circumstances)
- Schedule 10 (in limited circumstances)

Dispersal on no choice basis; subsistence on card only (S4 and Sch 10)

Or:

Social Services duty: accommodation and care package for vulnerable people meeting the thresholds for:

- Section 17
- Care Act

High risk of destitution, street homelessness and re-trafficking

Where a positive reasonable grounds decision is given, the person qualifies for a minimum 45-day "reflection and recovery period". During this time, the SCA will gather information to make a final decision on whether or not they can be conclusively recognised as a survivor of exploitation. This decision is known as a "conclusive grounds" decision. The aim is to make the decision as soon as possible after the end of the 45-day reflection and recovery period, although this is only a target. In practice, decisions take much longer.

While "in the NRM" – i.e. prior to a conclusive grounds decision being made – people can access support. Support is provided under the Victim Care Contract, which is currently delivered by the Salvation Army and its subcontractors on behalf of the Home Office. This support can consist of accommodation and a range of outreach services, including financial support, medical treatment and help in accessing specialist services. Eligibility for support continues during the 45-day reflection and recovery period, up until a conclusive grounds decision is made. Following a conclusive grounds decision, how long support continues depends on the outcome of the case. Where there is a positive conclusive grounds decision, NRM support continues for 45 days[3]. In cases where there is a negative conclusive grounds decision, it stops after nine days.

After the NRM – immigration and asylum

Once a person's NRM support ends, the support they are entitled to will depend on their immigration status, and what they receive depends on availability of local services. There is no automatic grant of immigration status for someone with a positive conclusive grounds decision.

Under Home Office guidance, when someone has received a positive conclusive grounds decision, they may then be eligible to receive "discretionary leave", usually referred to as a residence permit, which is a temporary form of immigration status. This form of discretionary leave gives people recourse to public funds and allows the recipient to work and access higher education, but a person will not necessarily get automatic discretionary leave because they are a survivor of trafficking. The Home Office guidance[4] sets out three circumstances when a grant of discretionary leave may be considered:

- due to compelling personal circumstances
- due to the person pursuing compensation
- due to the person helping police with enquiries.

The guidance states that leave should "normally be for no more than 30 months, though shorter or longer periods may be granted if the facts of the case justify it" and that "normally 30 months [Discretionary Leave] is the appropriate maximum period of initial leave to grant".

For those who aren't granted discretionary leave, and are neither UK or EU citizens, they may have an outstanding asylum application or choose to make an asylum application. If their application for asylum is outstanding, they can apply for support under section 95 of the Immigration and Asylum Act 1999, so long as they meet the destitution test. This then provides access to asylum accommodation and financial support.

3. This policy was subject to a Judicial Review in early 2019. Interim relief in March 2019 meant that support was required to continue for all people exiting the NRM with a positive conclusive grounds decision (see www.bailii.org/cgi-bin/format.cgi?doc=/ew/cases/EWHC/Admin/2019/766.html&query=(NN)+AND+(LP)), and the Home Office later settled the challenge (see below).

4. Home Office (10 September 2018) Discretionary leave considerations for victims of modern slavery version 2.0

Survivors of trafficking without leave to remain

The Home Office does not routinely publish data on the number of survivors who are granted discretionary leave. However, answers to Freedom of Information requests provide numbers of people who remain within a secure form of immigration leave after receiving a positive conclusive grounds decision.

Year	Positive conclusive grounds decisions	Positive conclusive grounds decisions for non-UK/EU nationals	Grant of discretionary leave to remain	Grant of asylum of humanitarian protection	Survivors without immigration leave
2015	1,353	498	123	101	274
2016	1,609	595	132	173	290
2017	1,645	624	133	303	188

Those who don't apply for asylum, or who have had their asylum application refused, are likely to have no legal right to remain in the UK. They will be unable to access welfare support, unable to work, and probably ineligible for support from local authorities too. Between 2015 and 2017, four in ten of non-UK/EU nationals who received a conclusive grounds decision did not go on to have a secure immigration leave.

Key legislation for post-NRM support

Immigration and Asylum Act 1999

Accommodation and financial support can be provided under various parts of the act for those with an outstanding asylum application and, in certain cases, for those who have been refused asylum.

Housing Act 1996 (England only)

Under the act, local authorities have a duty to secure accommodation for those who are homeless and in priority need.

Homelessness Reduction Act 2017

The act increased the duties on local authorities to take steps to prevent homelessness, including by compelling earlier intervention.

Children Act 1987

Section 17 of the Children Act places a duty on local authorities to safeguard and protect the welfare of children in need.

Care Act 2014

Section 42 of the Care Act 2014 requires a local authority in England to take steps to prevent the abuse of vulnerable adults, including survivors of modern slavery and trafficking.

In October 2017, the Home Office announced a number of reforms to the operation of the National Referral Mechanism, including some that affect post-NRM support:

- Drop-in services for all confirmed survivors of trafficking for up to six months after leaving support, provided by the Salvation Army and aimed at smoothing the transition.
- The extension of the move-on periods for people after they receive their conclusive grounds decision to 45 days in the case of a positive decision and nine days for a negative ruling.
- Multi-agency assessment panels to review all negative conclusive grounds decisions.
- Six regional authority pilots to improve best practice for survivors moving into communities and accessing local services.

The last of the above reforms is particularly relevant for the STEP pilot. This implementation of the reform is being undertaken via six Modern Slavery Victim Pathway pilots, funded by the Controlling Migration Fund. The pilots are taking place in six different local authorities – Birmingham, Croydon, Derby, Leeds, Nottingham and Redbridge – and will run for at least 12 months.

Legal challenge to support after a conclusive grounds decision

One of the reforms to the NRM was extending the length of time someone would continue to receive support after receiving a positive conclusive grounds decision from 14 to 45 days. In early 2019, two people with a positive conclusive grounds decision challenged the legality of ending support after 45 days. The challenge was on the basis that the UK has a duty to provide support to survivors under Article 12 of the Council of Europe Convention on Action against Trafficking in Human Beings, and that this duty does not end 45 days after a conclusive grounds decision. In March 2019, Mr Justice Julian Knowles granted interim relief prior to a full hearing of the challenge. This interim relief prevented the Home Office from ending support after a positive conclusive grounds decision. Importantly, this interim relief was extended to all survivors of trafficking and exploitation.[5]

In June 2019, it was reported that prior to the full hearing, the Home Office had accepted that the 45-day support didn't meet their duty under the convention. They committed to developing and implementing a needs-based system of support, and also indicated that an interim policy would be published.[6]

2.4 Research aims and methods

Aims

STEP UK monitored its work over the pilot period, and the evaluation of the pilot included research interviews with survivors, staff and other stakeholders. The research aimed to investigate:

- the impact for survivors of longer-term support after the NRM
- the kind of support survivors needed after leaving the NRM
- what helped and hindered survivors as they progressed through protection, recovery and eventual integration
- whether longer-term support reduces the specific vulnerability of women survivors to gender-related violence, abuse, exploitation and disempowerment.

Methods

The research drew on the pilot project's theory of change and outcome measurement framework, and used methods including:

- Desktop review and analysis of the quantitative data collected by the delivery partners, including the International Justice Mission's assessment of survivor outcomes

5. See NN v Secretary of State for the Home Department [2019] EWHC 766 (Admin) (28 March 2019) and NN, R (On the Application Of) v Secretary of State for the Home Department [2019] EWHC 1003 (Admin) (17 April 2019)

6. See www.gardencourtchambers.co.uk/news/home-office-concedes-that-45-day-trafficking-support-policy-is-unlawful

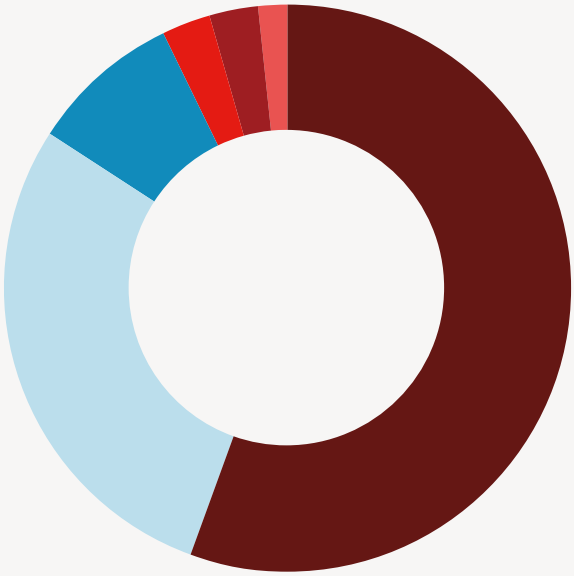
(ASO) tool and the Warwick-Edinburgh Mental Well Being Scale (WEMWBS) tool.

- On-site staff reviews of all cases supported substantively during the pilot.
- Sample case analysis of the relationship between scoring on validated tools and case profiles.
- A series of qualitative fieldwork interviews and discussions with:
  - staff from Ashiana, Hestia and the British Red Cross
  - lead council officers for five Home Office-funded local authority pilot projects which had a direct geographical overlap with STEP (Croydon, Derby, Leeds, Nottingham, and Redbridge)
  - Hestia volunteers
  - a representative of the Anti-Trafficking and Labour Exploitation Unit (ATLEU), who discussed specific aspects of access to legal support
  - staff from the Human Trafficking Foundation, who discussed specialist aspects of survivor care and support needs for rehabilitation.
- Qualitative face-to-face interviews with 16 people who had accessed STEP. These were trauma-informed and focused on ensuring the voices of survivors were included within the final advocacy approach.

3. STEP UK in numbers: who was supported

Type of exploitation:

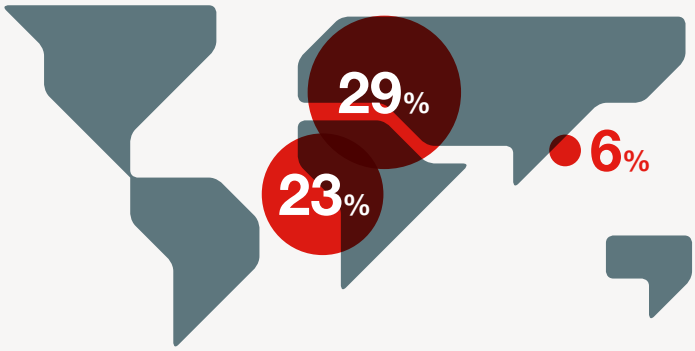
Type of exploitation	Number	%
Sexual exploitation	39	56%
Domestic servitude	20	29%
Forced labour	6	9%
Criminal activities	2	3%
Debt Bondage	1	1%
Not known	2	3%
Grand Total	**70**	**100%**



Country of origin:

The majority of survivors came from Albania (20 people, 29%), Nigeria (16 people, 23%) and Vietnam (4 people, 6%)

The remaining 30 people (42%) were third country nationals from across the world



Age:

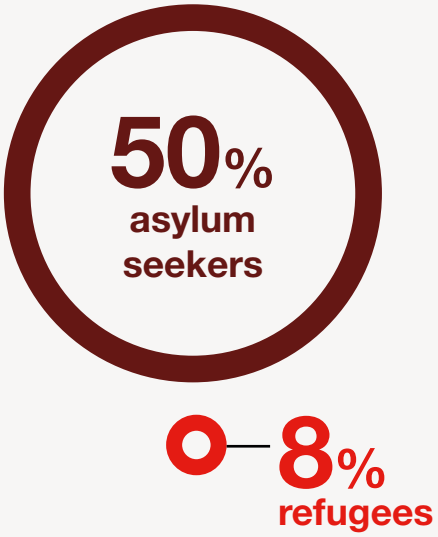
	Number of survivors	Percentage of total
18 - 24	15	21%
25 - 44	51	73%
45 - 64	2	3%
Not recorded	2	3%
Total	**70**	**100%**

Gender:

	Number of survivors	Percentage of total
Female	56	80%
Male	11	16%
Transgender	1	1%
Not recorded	2	3%
Total	**70**	**100.0%**

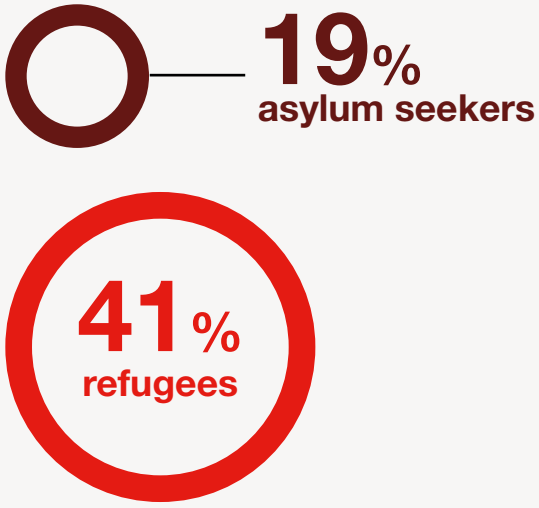
Immigration status:

Entering STEP



	#	%
Asylum seeker	37	50%
Refused asylum seeker	11	15%
Discretionary leave to remain	8	11%
Refugee/Humanitarian Protection	6	8%
Other (indefinite leave to remain, irregular migrant, EU citizen, leave to remain)	8	11%
Total	**70**	**100%**

Exiting STEP



	#	%
Asylum seeker	13	19%
Refused asylum seeker	10	14%
Discretionary leave to remain	11	16%
Refugee/Humanitarian Protection	29	41%
Other (indefinite leave to remain, irregular migrant, EU citizen, leave to remain)	7	10%
Total	**70**	**100%**

With dependent children:

60%

4 survivors were pregnant upon entry to the STEP programme

42 survivors (60%) were parents with dependent children

26 survivors (add survivors) **(37%)** did not have children. It was not recorded if the remaining **2** survivors **(3%)** had children or not.

51 of survivors' dependent children were in their care, and **16** of survivors dependent children had been separated from them.

4. Key findings: survivors' needs and experiences after the National Referral Mechanism

As seen in the previous section, during the STEP pilot the three partner organisations supported 70 survivors of trafficking and exploitation. In this section we summarise our key findings from the pilot in relation to those survivors' needs and experiences after leaving the NRM.

All names in this section have been changed, to protect survivors' identities.

4.1 Personalised and needs-based support

Flexible and tailored support

Support should be personalised and needs-based, recognising the sustained impact of trauma. Survivors' needs may fluctuate – especially during times of change – and so support needs to be flexible, responsive and provided by specialists with the right skills and knowledge.

Most survivors needed intensive support when they entered STEP, and staff found that even those with lower support needs on entry required more intensive support at key transition points – particularly specialist expertise and individual advocacy to help them secure their statutory entitlements. While some survivors needed a lot of support throughout, other people's needs fluctuated considerably through the different stages of their journey, reducing when their circumstances were more stable, but intensifying again when further change introduced new uncertainties.

Key trigger points for most survivors within the pilot included:

- decisions (whether positive/negative conclusive grounds decisions or asylum decisions) which mean that current support and finances stop, or result in eviction from their temporary housing
- decisions on immigration status which affect access to public funds, including accommodation and welfare benefits
- delays in decision-making (on immigration status and/or conclusive grounds) which result in extended stays in temporary accommodation
- repeated, unplanned, no-choice moves between temporary accommodation provision
- administrative delays and errors in paperwork after immigration decisions are made, such as:
  - issuing the formal notice to quit asylum accommodation required by housing authorities to demonstrate threatened homelessness
  - issuing the biometric residence permit (which includes a National Insurance number) and is often survivors' only official identification document to prove their entitlement to statutory services and welfare benefits, to secure employment and accommodation, and to open a bank account
- delays within the welfare benefits system which cause financial hardship
- changes in personal circumstances such as the birth of a child, loss of a family member or end of a relationship, or problems experienced by dependent children such as being bullied at school.

Strengths-based support

All three STEP organisations focused on independence. They sought to build on survivors' existing and developing capabilities, encouraging survivors to act for themselves and helping them do so wherever possible. For survivors with a history of abuse, exploitation and loss of self-agency, this is an essential aspect of the support they need. Survivors fed back that they particularly valued this approach, which enabled them to develop new confidence and skills during periods of relative stability, and to manage changes for themselves as far as possible.

> "Because she gave me lots of information, I was able to do a lot for myself. I liked the fact that [STEP worker] gave me the confidence to do things for myself. I liked that so much – confidence in myself!" **Survivor**

Focusing on strengths is a key aspect of personalised and needs-led support, and this is in line with the empowerment and prevention principles of the Care Act 2014. Modern slavery is included in the Care Act 2014 as a form of abuse within the remit of adult safeguarding in England and is the duty of care under which many local authorities are likely to offer future "mainstream" support to survivors of trafficking and exploitation.

> **"We want to see people who have recovered enough that being a survivor is no longer at the forefront of their lives or a label of who they are … so that they can move on and into mainstream support related to their own individual needs rather than labelled as a survivor of trafficking."**
>
> **Kate Roberts, Human Trafficking Foundation**

Trauma and the protective role of longer-term support for survivors

The pilot showed how important longer-term support is in protecting survivors on their journey to recovery. Most survivors had experienced trauma, and this had often had a sustained effect on their ability to engage with statutory agencies, as well as their capacity for wider community engagement and integration.

While survivors typically needed more practical casework support during times of change, the uncertainty of these trigger points could also reactivate trauma, prompting an increased need for emotional support from trusted professionals over a more sustained period.

Because statutory systems are heavily service-led rather than needs-led, survivors found themselves continually having to repeat their story, which made it very difficult for them to move on from trauma. Survivors therefore highly valued the continuity of support from their STEP key worker, which built a relationship of trust and ultimately increased their sense of safety. The support worker often played an important protective role, minimising the unnecessary reactivating of trauma because the worker could advocate directly on a survivor's behalf where appropriate.

Personalised support for survivors to meet the needs of dependent children

The findings surrounding dependent children are discussed in more detail in section 4.2. However, it is critical to note when considering personalised and needs-led support for survivors that a high proportion are parents with children in their care. More than half of the survivors in the STEP pilot fell into this category.

While minors who are direct survivors of trafficking and exploitation are covered by a separate system (and are outside the remit of STEP), the evidence from the pilot suggests that dependent children of adult survivors may be "forgotten" survivors. Their rights and entitlements to protection under the Children Acts of 1989 and 2004 are not always

adequately identified without child-centred casework and advocacy on their behalf.[7] The "paramountcy principle"[8] – that the child's welfare is paramount in any decision about a child's upbringing and that every effort should be made to preserve the child's home and family links – does not always appear to be considered in decisions made about the adult parent.

> "I was almost staying in the street with my older son and the baby, so [STEP] helped me. They gave me courage and they helped me when they [the local social services authority] write me a letter to tell me that they are going to stop [paying the temporary housing costs] … and I'm going to stay on the street with my children, so STEP always helped me to speak to them, like a solicitor to say it's illegal to leave a baby in the street, it's against the law, so why they can't do that. The STEP worker always comes with me to support me to attend the Child in Need meeting every month." **Survivor**

Another survivor placed in temporary housing under section 17 of the Children Act 1989 talked about the difficulties she had faced in dealing with social services. STEP made a complaint about the behaviour of her allocated social worker, which was upheld, and the social worker changed. She also described the impact of repeated moves on the wellbeing and education of her two children – one, aged eight, in primary school and the other, aged eleven, who had just started secondary school.

> "Although they try to be happy with where they find themselves, sometimes they are upset. They've had to change schools and now they are lower down because of the moving, especially the older one. He started good but then he dropped down and they didn't know why. But it was the long journey – it was really hard. Even now they know they've got to move again, it's not their permanent home. So, they don't have proper friends, they can't relax and settle down, they don't bring friends round because they know we've got to move again. That's why I didn't want to go to Wales when they wanted to send us there, but STEP stopped that." **Survivor**

Need for integrated multi-agency care pathways

STEP workers and survivors themselves emphasised the need for specialist advocacy and ongoing casework support post-NRM to negotiate the bureaucracy and sometimes lack of skilled/informed staff of other statutory agencies and services. This was particularly important when obtaining access to housing, where there was no streamlining or planned continuity of care in the transfer from one statutory agency to another.

7. See: Time to Deliver: Considering pregnancy and parenthood in the UK's response to human trafficking (ATMG 2016), which found that pregnancy and parenthood receive scant mention in UK policy and legislation on human trafficking, and that the children of trafficking victims are largely overlooked in the UK's response.

8. The Children Act 2004, Section 1

> "She [STEP worker] gave me lots of support when I was in the asylum accommodation then lots more when I was transitioning into temporary accommodation – things I couldn't have done for myself, because I didn't have the information about how it all works."
> **Survivor**

Although there is general information and training available on how to identify survivors, many external agencies struggled in practice to understand survivor needs, including how to make services accessible to them and how to prevent re-traumatising. The pilot found that in the current system there was a need for a lead professional[9] to advocate for and coordinate access to individual support for the survivor, and to support staff in statutory agencies who may have had little or no experience of working with this group of vulnerable people.

Need for adaptable service design

A review halfway through the pilot identified a need for responsive and adaptable service models, and all three partners changed the design of their service delivery during the second phase of the project. Hestia's model (discussed in further detail in Section 4) was originally designed as volunteer-led, and the plan was to offer an intensive phase of casework support in the first months of support, complemented by trained and professionally managed volunteer support to help survivors connect with their local communities. Casework needs were expected to taper down, but the first six months showed that this could spike again during times of change. As a result, Hestia revised its service design and increased the overall level of casework resources available. Similarly, the British Red Cross increased its casework resource for the pilot, while Ashiana used the review to inform organisational restructuring and increased managerial support for the pilot.

4.2 Timely access to secure and settled housing

Stable housing is crucially important to survivors, but many people experienced significant delays in getting safe and settled accommodation. This was a major barrier to accessing other support services, and held back their journey towards recovery and integration. Survivors with specialist mental health needs caused by their trauma were seriously affected, as mental health services often provided only limited access to trauma-focused therapies until they were in safe and settled situations. Most specialist mental health professionals would avoid starting trauma therapy – during which they would need to revisit past traumatic experiences – while a survivor was in an unstable situation without secure accommodation. Additionally, multiple moves between areas meant that survivors with mental health needs often had to start again through a new referral and go to the bottom of a new waiting list.

Accessing safe and settled housing was a major challenge for most survivors. None of those supported by the pilot were in secure long-term accommodation when they were referred for support, and the majority were living in temporary accommodation. This was predominantly asylum accommodation (36 survivors, 51 per cent), while some survivors were staying in temporary accommodation provided by the local authority, such as bed and breakfasts (15 survivors, 21 per cent). Others were staying with friends (11 survivors, 16 per cent) or in hostels (3 survivors, 4 per cent) at the point of referral.

[9] See discussion of the case (citing Hope for Justice and Human Trafficking Foundation) for an Independent Modern Slavery Advocate (IMSA) for adult victims in ***A Game of Chance? Long-term support for survivors of Modern Slavery***, (St Mary's University, London 2018)

For those survivors eligible for public support (i.e. those who were granted discretionary leave to remain or refugee status), the switch from Home Office accommodation to social or privately rented housing proved difficult and often distressing. On conclusion of an asylum claim, eligibility for accommodation from the Home Office ends 21 days after a refused application and 28 days after a positive decision to grant asylum. However, significant delays and uncertainties were caused for many of the survivors within the pilot by the administrative processes following a decision. Eviction letters were served late or not at all, and for those with Leave to Remain, there were delays in receiving the biometric residence permit and National Insurance number.[10]

The immediate prospects were even worse for those not eligible for public support – for example those with refused asylum claims or those without a grant of leave to remain. STEP workers had to find charitable accommodation to prevent street homelessness, and linked the survivors with other charities to address the prospects of destitution and hunger. Most significantly, they were now at increased risk of being trafficked or exploited again. Those with dependent children were entitled to other statutory support under provisions such as Section 17 of the Children Act 1989, but this required assertive advocacy by STEP workers to access.

Preventing homelessness and priority need for housing

Survivors also faced significant variation in how local authorities fulfilled their statutory housing duties. Some authorities were much more proactive than others in trying to achieve a seamless change between Home Office accommodation and their own housing.

The Homelessness Reduction Act 2017 placed new duties on housing authorities to prevent and relieve homelessness for all eligible applicants, regardless of priority need and local connection. It also extended the period of being "threatened with homelessness" from 28 to 56 days. The act encourages public bodies to work together to prevent and relieve homelessness through a duty on public authorities to refer to the housing authority and to provide appropriate jointly planned help and support.

The London Borough of Newham, although not one of the six local authority pathway pilots, provided an example of good practice. STEP supported a survivor to apply for housing after she received two and half years leave to remain with her asylum decision. As she was heavily pregnant and had three children, Newham Council assessed her as in priority need and immediately allocated her a permanent tenancy without placing her in temporary accommodation first.

The STEP organisations have been working jointly with the local authority Modern Slavery Victim Pathway pilots in their early stages, and this has begun to demonstrate the benefits of a more joined-up and multi-agency approach to addressing survivors' housing needs. The following two examples indicate how a smooth change for survivors can be achieved through this approach.

[10] See ***Still an Ordeal: the move-on period for new refugees***, British Red Cross, 2018

Case example – Croydon

STEP in London is being delivered by Hestia, which is also the delivery partner for the London Borough of Croydon local authority pathway project. This meant they could refer two survivors directly for assessment and ongoing support by the local authority pilot.

Both survivors had faced difficulty accessing local authority housing in their previous locations in London. One was staying temporarily with friends, but they had their own immigration difficulties and so were not willing to provide a letter of eviction that would allow her to demonstrate her eligibility for local authority housing in that area. The other survivor had only recently moved into the area of Croydon and did not have a six-month local connection. By referring them directly to the Croydon pilot rather than taking the housing homelessness route, STEP and the Croydon pilot worked together to support both survivors and their children to move straight to safe and secure accommodation with the ongoing support that they need.

“ It’s very much a partnership, not just a sub-contracted relationship, and we are keen to develop and understand how partnerships can be forged across the local authority responses to housing, homelessness and our Care Act responsibilities – how we work together with support from other agencies and support people together through these pathways is the key.”

Joanne Absolon, advanced social worker and safeguarding project officer, London Borough of Croydon Council.

Case example – Nottingham

STEP in the East Midlands has worked closely with the Nottingham local authority pilot and the council housing department to jointly support one survivor. Initially supported by STEP, a delay in issuing documents meant there was uncertainty about whether she had recourse to public funds once she received her leave to remain (which was subsequently confirmed). STEP's referral of this survivor to the local authority pilot triggered a helpful clarification discussion with the Home Office, which subsequently widened eligibility for the local authority to include survivors leaving asylum accommodation as well as those leaving safe houses. With this clarification, the local authority could accept her directly into their pilot housing pathway which gave her immediate access to longer-term accommodation rather than having to go into temporary accommodation or a homelessness hostel.

Because a local authority housing complex caseworker had also been involved in the case, STEP organised a joint case conference meeting with the local authority and the housing caseworker to ensure roles were clear and that there was no duplication. The support for this survivor has now fully transferred to the local authority pilot, and she is settled in her new home and engaging with new opportunities such as preparing for work and money management courses.

" I think it's worked really well and has enabled this survivor to have the benefit of all our resources, so we have ticked the boxes for her much more quickly – our focus was on what she needed and who was best placed to help her meet her needs, and who to do it, making sure we kept the focus on empowering her to act for herself wherever possible."

Jane Paling, modern day slavery team manager, Nottingham City Council.

In some cases, a joined-up approach and good communication have allowed STEP to bridge gaps in local provision. One example of this was in Derby.

"Because the referral criteria are different, STEP has picked up referrals we couldn't work with and there have been two cases that STEP has referred to us with joint referral casework sessions to ensure the referrals go well. However, as these referrals have not yet got leave to remain, they only have access to our group work sessions – we can't undertake casework with them until they get their leave to remain."

Lesley Gladwell, Rebuild (contracted care provider for Derby local authority pilot)

Some councils are having to rethink how they fulfil their statutory housing duties. The lead officer from Derby Council described the changes they were considering to their model because of the housing challenges they had faced. They now intend to move most people straight into the council's own housing stock, initially as emergency accommodation. They will then seek to put housing and other benefits in place rapidly so that the tenancy can be made permanent, the survivor doesn't have to move area and children don't have to change schools.

However, even where there was a clear duty under the provisions of Section 189 of the Housing Act 1996 for those with recourse to public funds (to "a pregnant woman or to a person with whom dependent children reside or might reasonably be expected to reside") and local authorities were notified of these circumstances well in advance, the STEP pilot found that some authorities still required survivors to go to the council's homelessness services with their belongings and any children on the day of eviction. One survivor described this experience:

"I got the [eviction] letter from the Home Office then I had to go to the council as homeless. I had to go that day. I had to take the children, with my luggage, with my clothes, everything. STEP arranged a taxi; otherwise how could I go there? [STEP worker] stayed all day with me, helped with the children, she brought me lunch, she stayed with me until they gave me somewhere to stay that night. I had to wait till the office closed at 5.30 that afternoon, filling in forms all day. Then I got a room to sleep just for that night. Then the next day they sent me to another place.

Then I had an appointment to see how much I can spend on finding a flat to rent on the internet. [STEP worker] is helping, I'm looking and looking but the council is saying it's all too expensive." **Survivor**

The experience of another survivor also demonstrates the lack of a joined-up approach to prevent homelessness:

Case example

Irina, who has a two-year-old child, had received a positive conclusive grounds decision, then had her asylum claim refused and had no leave to remain. With support from STEP she won her appeal and so then had access to other statutory support. Despite advance information, the local housing authority, a London borough, required Irena to come to their offices on the day she was made homeless with her child and belongings. When she did so, they accepted a housing duty but said they were placing her in temporary accommodation in Yorkshire. Irina was so distressed and upset that she fled the council office with the baby and belongings and stayed with a friend for a few nights while STEP made an emergency referral to a housing charity which has provided her with longer-stay accommodation in London for up to 18 months.

One reason for these inconsistencies in local authority practice is that there is no specifically worded regulatory guidance on whether a survivor of trafficking and exploitation without dependent children has a priority need for accommodation under the statutory provisions of the Housing Act 1996. Section 189 regulations on priority need specify "a person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason."[11] A "vulnerable" person is defined as being significantly more vulnerable than an ordinary person would be if they became homeless and likely to suffer greater harm in the same situation.[12]

The Homelessness Code of Guidance[13] states:

> **"In assessing whether they are vulnerable, a housing authority should take into account advice from specialist agencies providing services to the applicant … 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."**

In practice, even where support workers have provided additional written evidence and representations, a survivor's vulnerability remains open to further re-interpretation by the individual housing authority – and a positive conclusive grounds decision does not prove vulnerability. Recent research by Hestia[14] demonstrates that some housing authorities may lack understanding of what constitutes vulnerability for survivors of trafficking and exploitation, and sets out the difficulties survivors experience in proving their vulnerability precisely because they cannot access specialist trauma-focused mental health treatment while in unstable housing situations.

11. www.legislation.gov.uk/ukpga/1996/52/section/189

12. www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-8-priority-need (updated April 2019)

13. www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-25-modern-slavery-and-trafficking (updated April 2019)

14 See case of R (on the application of GS) v London Borough of Waltham Forest cited in ***Underground Lives: Male Victims of Modern Slavery***, Hestia, October 2018

Protection and safety in temporary accommodation

Many survivors talked about their experience of temporary asylum accommodation as arbitrary if not punitive, and recounted how this aggravated their difficulties.

> "The most stressful thing was when I was changing accommodation every night, seeing different faces every night. Then they sent me to a hostel far away from where everything was, my solicitor, everything, I couldn't get there. STEP asked the Home Office for me to get back, but they sent me to a town even further away."
> **Survivor**

Fieldwork also highlighted the risk that poor quality asylum accommodation poses to survivors of trafficking. These people have specific vulnerabilities whicah mean they need more security in their living arrangements. At present there is no minimum standard for the management of accommodation to protect survivors of trafficking, and they may continue to be at risk of exploitation or re-trafficking. While standards should apply and be enforced for accommodation provided to all asylum seekers, many survivors commented on the specific unsuitability of some asylum accommodation for survivors of exploitation. This is particularly acute for women who have experienced sexual violence, and for both women and men who have been vulnerable to different forms of criminal exploitation. Survivors were afraid that temporary accommodation without any supervision or regulation of the premises (rather than just regulation of the provider) could become known to criminals and targeted.

> "They're using the house, some guys who are not supposed to stay there are sleeping there on a regular basis, it's been going on for long time, they can't control one house, so many houses in one estate and they come in at night time and leave early. The area itself, the crime the violence, the drugs, prostitution, everything is just bad, the area itself is a bad area, gangs, stuff like that … I don't feel safe there." Survivor
> **Survivor**

Of the people supported by STEP, 35 women (63 per cent of the 56 women supported) were survivors of sexual exploitation. Although asylum accommodation provided for women may often be women-only, some women highlighted their fear of men such as male guests of other residents having unregulated access to the accommodation. In West Yorkshire, the initial accommodation for asylum seekers who are destitute and awaiting a decision on their application for asylum support is mixed-sex, and is therefore highly inappropriate for destitute women who have been trafficked and/or sexually exploited. In West Yorkshire, one female survivor remained in the mixed-sex initial accommodation while she was supported by STEP, and most women supported by STEP in asylum accommodation had previously been placed in mixed-sex initial accommodation before getting longer-stay asylum accommodation. In addition, the repeated moves from initial accommodation to asylum accommodation to local authority accommodation replicate and reinforce the disempowerment of the trafficking experience for survivors.

One survivor, housed in a ground-floor flat where the building entrance was not secure, described her sense of vulnerability and fear of men in her asylum accommodation:

> "In the asylum accommodation it is very scary. Homeless men are coming in every night, they break in the door and sleep in the hallway. The [housing provider] people fixed the door, but they still keep breaking in and sleep under the stairs. [STEP worker] has told the police, but they still keep coming every night, kicking the door, so I am very afraid and can't sleep. Yes, of course [it's worse] because I am a woman … that's what I'm thinking all the time." **Survivor**

4.3 Mental health and emotional support

The need for mental health support

A high proportion of survivors (46 survivors, 66 per cent) entered STEP needing ongoing mental health support.

While some survivors had low-level needs, more severe conditions like clinical depression, anxiety and PTSD often occurred. One survivor had psychosis with enduring needs, and will continue to require long-term emotional support as well as mental health treatment.

Limited access to mainstream mental health services

Both STEP workers and survivors said how difficult it was to access mental health treatment within a reasonable timeframe. Although survivors might be accepted as eligible for a statutory service, they would then be placed on long waiting lists before they could receive the support they needed, or were offered brief individual or group sessions which did not reflect their assessed needs but were all that could be offered in the short-term. Long waits could be compounded for survivors in asylum accommodation if they were required to move area, as it would mean starting the process from scratch in a new location.

> "I used to be very friendly … but now I don't even look at people. Because I'm always stressed and thinking about things all the time, because I'm thinking about my condition I forget about friends and relationships … I'm taken over by what I have to do, what I have to become, this status that I'm in... and what I've been through." **Survivor**

STEP workers sometimes had to look for alternative provision through other community resources and voluntary organisations (often with long waiting lists themselves) as a "holding" solution. While this was helpful to survivors, it did not necessarily meet their full needs.

> "Sometimes I've got bad memories and I just want to stay in my room … I finished the counselling in the group, and I am on the list waiting for one-to-one … I don't know how long it will take, they haven't told me." **Survivor**

In Nottingham, the local authority pilot found similar problems. At the time of interview, the local authority pilot had worked with ten survivors and had found that access to mental health services was a significant barrier for their clients.

> **"There are difficulties with access to all mental health services, not just specialist trauma services, with a three month wait just for an assessment. Then there are further challenges with the very high threshold – some get a six-week basic counselling course, but are not assessed as reaching the threshold for psychotherapy although the counsellors at lower level are saying they're not able to manage their needs and can't continue to support them after the initial six weeks."**
>
> **Jane Paling, modern day slavery team manager, Nottingham City Council**

As noted previously, unresolved immigration status and accommodation in temporary housing exacerbates the mental ill-health of some survivors. They are prevented from accessing intensive therapies and being able to address their trauma while their living conditions remain assessed by mental health services as too unsafe. This stops them moving forwards towards recovery and the possibility of integration.

> **"The main issue for some survivors is that they are still traumatised so mental health services can't work with them safely and effectively until they're settled and stable … but until they have dealt with their trauma, we can't expect the rest of their life to move on."**
>
> **Jane Paling, modern day slavery team manager, Nottingham City Council**

Impact of STEP support on survivors' mental wellbeing

WEMWBS (measure that encompasses mental wellbeing, in terms of both **feeling good** and **functioning well**) outcomes:

- 72.2% of survivors had an increase in overall WEMWBS score from entry to exit, 25.2% had a decrease in WEMWBS score and 2.8% had no change
- 61.1% of survivors improved their level of confidence, 13.9% had no change and 25.0% decreased in confidence, according to the WEMWBS scale

Many survivors described how much the emotional support they received from STEP workers had helped them, and said that this had often been a stepping-stone to them feeling able to take up formal counselling or specialist therapeutic support.

> "They take what feelings I have and support them." **Survivor**
>
> "I go to counselling every week now, I got that through STEP – it is about after rapes, sexual abuse, that's why I go. It's one-to-one, for 22 sessions I think." **Survivor**
>
> "[STEP] helped me get a specialist counsellor every week. It helps very much because I can share what is inside. I look forward to see her and take out my problems, share them with her." **Survivor**

Survivors talked about improvements in their psychological wellbeing, coping ability, confidence and self-esteem as a result of the sustained and longer-term emotional support provided by STEP. This was particularly important for many in addressing the effects of isolation.

Many survivors identified the immensity of the challenge of learning or re-learning to trust others.

> "My stress got worse when I had to leave my home – I've avoided people and don't want to see my friends; I spend most of my time by myself." **Survivor**

> "To make new friends is difficult. Before I used to be very friendly, but now I don't even really look at people. I'm taken over by what I have had to become, this status, what I've had to get through, that takes over." **Survivor**

Rebuilding trust through safe relationships

Learning to trust others again is a slow and painful process and develops in incremental steps. Survivors highlighted the reliability and continuity of the support provided by STEP workers as a crucial building block. It is important to emphasise how the process of community integration in its widest sense depends on being able to experience trust again. Through consistent and reliable relationships with support staff and other professionals, survivors can progress to taking part in smaller community or supported settings as a bridge to wider community integration.

Fieldwork with survivors indicated that longer-term support, along with the enabling and self-empowering approach taken by the support workers, had a significant impact on survivors' sense of self-agency and resilience.

> "I can't trust anyone in my life apart from [STEP worker] and my solicitor and counsellor. They are at the top, because they are next to me, close to me, but I avoid other people. But now I feel hope that this will get better. I am going to some groups for women where there are new people." **Survivor**

> "She has really increased my confidence as a person and as a mum. I know I'm not alone and now I know it's OK to ask for help when I need it – it doesn't decrease you in any way to ask for help." **Survivor**

4.4 Access to good legal advice and representation

A conclusive grounds decision may make very little difference to a survivor's life in practice. Some receive the decision that they have been conclusively identified as trafficked or exploited together with a letter telling them they have no leave to remain in the UK.[15] Early access to good asylum and immigration advice and representation is therefore essential for the recovery of survivors.

Despite this, many of the survivors supported by STEP had lacked access to good legal advice on asylum and immigration – particularly outside London in the West Yorkshire and East Midlands regions of the pilot where there are only a small number of immigration solicitors with the relevant knowledge, interest and experience in trafficking and exploitation. Our interview with a representative from the Anti-Trafficking and Labour Exploitation Unit (ATLEU) confirmed that waiting times to get immigration advice are a serious problem nationally, and that this is worst in the north of England where there are many safe houses and many survivors facing wait times of up to twelve months for a first appointment. ATLEU commented that they have seen survivors who have received no immigration advice during their time in the NRM system, while others have received either poor or very limited advice both prior to entering the NRM system and years later.

> **"Trafficking survivors will not usually self-identify. Disclosure of important information by a survivor will often be fragmented. This may be due to trauma, feelings of shame and because the individual may not know what information is relevant. Helping survivors to tell their full story takes time, skill, sensitivity and trust. Survivors will often not see a link between their trafficking experience and their immigration case. This is one of the reasons why good quality advice is essential. For many survivors, trafficking is not being identified early enough when it could have been. This is in a large part due to restrictions in legal aid for early immigration legal advice."**
>
> **Victoria Marks, director and solicitor, ATLEU**

ATLEU noted that many of the problems with asylum and immigration advice – both in terms of access and quality – relate to a legal aid system which makes it financially disadvantageous for legal practices to take on trafficking immigration cases, as these will usually run for significantly longer than the average immigration or asylum case. As the legal practice is not paid until the end of the case, they will typically be waiting for a period of over three years for any payment.

Receiving compensation can also play a crucial role in survivors' recovery, and help them to rebuild their lives, and survivors need early advice while in the NRM to identify the right route to compensation, and to ensure their claims are lodged in time. Only four survivors of the 70 in the STEP pilot were pursuing a

[15] ***Supporting Adult Survivors of Slavery to Facilitate Recovery and reintegration and Prevent Re-exploitation***, Human Trafficking Foundation et al, March 2017

compensation claim, and all of these were through the Criminal Injuries Compensation Authority (CICA) route. One survivor had made the claim herself with support from the STEP worker, as legal aid is not automatically available for these claims and there was no pro bono support available (this case was still pending at the close of the pilot). The other three cases were submitted with pro bono advice and representation from Hestia's corporate partner, and these cases also remained pending at the close of the pilot.

ATLEU indicated that the number of applications to the CICA scheme remain low as NRM support workers do not normally assist survivors to make them and individuals typically are not able to make them without assistance. As legal aid is not available for making a CICA application in practice there are very few survivors who ever apply.

In respect of employment tribunal and civil claims brought directly by the survivor against their trafficker, ATLEU commented that the limited legal aid provision for this area of law means that in practice survivors are very rarely even receiving advice on whether a claim is an option for them, either whilst they are in the NRM or after they have left. This means that survivors may be missing the opportunity to recover very significant sums of money (tens if not hundreds of thousands of pounds) in compensation and unpaid wages.

Quality of decision-making on NRM conclusive grounds and survivor asylum claims

Several survivors in the STEP pilot received successful reconsiderations of conclusive grounds decisions, and were granted refugee status following an asylum appeal; this underscores existing concerns in the sector that there are weaknesses in the decision-making system, and that vulnerable people do not have fair access to their legal rights and entitlements.

Reconsideration requests require complex casework to review previous information and present fresh information, and are formally made to the Home Office by the first responder or by unregulated support workers within the NRM.[16] (It is worth noting that the Home Office's UK Visas and Immigration department is a key first responder, so there is a potential conflict here.)

During the pilot, STEP workers supported the submission of eight requests for reconsiderations. Three of these had received a decision at the close of the pilot and all three had been successful.

[16] Reconsideration requests were made only by the Ashiana and British Red Cross STEP workers, as one criterion of eligibility for survivors to work with Hestia was a positive conclusive grounds decision.

Case example

Alima received a negative conclusive grounds decision, and the STEP worker submitted a reconsideration request with the support of a legal representative. Alima supplied further evidence which substantiated her claim, which she not been able to find previously as she was too traumatised. The STEP worker also helped her to go back into counselling, as the negative decision had affected her well-being. The legal representative paid for certified translations of the new evidence, and the request was submitted alongside written submissions from STEP and medical evidence. Alima subsequently received a positive conclusive grounds decision and five years leave to remain as a refugee. Having lived for several years in asylum accommodation she was desperate to leave. The worker referred her to one of the Home Office local authority pilots which provide accommodation and support for survivors with positive conclusive grounds decisions and recourse to public funds. STEP supported her with initial refugee move-on issues before she left, including applying for welfare benefits, using email and opening a bank account. They also referred her to a specialist refugee move support service. At final contact she had settled into her new city, was doing well and was pleased with the move.

It has already been well documented [17] that the current process for reconsideration of NRM reasonable and conclusive grounds decisions is not fair because:

- access to it is limited, and survivors have no right to request a reconsideration
- there is no public or formal process followed
- survivors are denied an opportunity to engage in the process or to make their own representations
- there is no entitlement to legal aid for survivors, despite the reconsideration process being complex and often requiring the re-examining or gathering of evidence.

ATLEU sums up the problems with the NRM reconsideration process as follows:

"Most concerning is how arbitrary and unfair the informal reconsideration process is, given that it involves a public body making decisions which affect the human rights of extremely vulnerable people. A process involving decisions of this magnitude should enable the individual concerned to make representations, be accessible to all not just a select few and set out a formal process in published guidance on how that process works."

Victoria Marks, director and solicitor, ATLEU

[17] Written Evidence submitted by Anti Trafficking and Labour Exploitation Unit (ATLEU) to Home Affairs Select Inquiry into Modern Slavery, September 2018 available at: https://atleu.org.uk/news/2019/1/16/home-affairs-select-committee-inquiry-into-modern-slavery

Asylum appeals are prepared by accredited caseworks or solicitors, and often require the collection of additional legal evidence and obtaining independent legal medical reports. STEP workers contributed supporting evidence and letters based on their casework to the process and accompanied survivors to provide emotional support during the hearings. During the pilot period, STEP supported 18 successful asylum appeals, three that are still pending, one that was unsuccessful and two where the outcome is unknown. It is notable that two of the survivors with successful cases were granted asylum on the day of appeal.

> "I appealed for asylum because the decision was negative at first. [STEP worker] came with me, she really helped, she gave a statement. I won the case and now I have been granted five years leave to remain." **Survivor**

The fact that all reconsideration requests which had received a decision by the close of the pilot project (three cases) were successful and 18 asylum refusals were overturned on appeal suggests a level of poor decision-making across the framework of complex legal systems affecting survivors. This is of serious concern considering that there is no entitlement or right of appeal within the NRM, and that survivors who have a negative reasonable or conclusive grounds decision do not have a right to legal aid for immigration advice unless they qualify for some other reason such as a separate asylum claim.

Impact for survivors

Many survivors said they felt the legal aspects of the NRM and immigration systems had initially failed them, and that it was only through the support and advocacy of the STEP partners that they had been able to have their legal rights and entitlements properly met.

> "Since I've had this support, I've begun to feel hopeful about the future. Where I was at the bottom, hopeless, it made me feel hope... when my case was closed completely, they [STEP] supported me with everything, got me a solicitor and gave me money for the bus. The judge approved my papers and now I'm just waiting for them to come through."
> **Survivor**

Some survivors felt that they had not always been served justly during their previous experience of legal support, given their personal vulnerability. They believed they had been advised by legal advisors without the necessary skills, expert knowledge and time to represent them effectively. Where needed, STEP had supported them to ensure they now had access to skilled, expert and committed solicitors.

"My [new] solicitor was the most helpful, because every time things went wrong, she tried to put it right. She advised me and she collaborated with [STEP]. She used to call me whenever there was some news and I trusted her. The other solicitors previously were never so organised – she put things in order for me, to go ahead with my fresh claim and get my papers after seven years. She was very determined for me and didn't give up halfway like the other solicitors." **Survivor**

"[The lawyer now] is different from every lawyer I've met, they kind of have something different to say, you know? Every time I got a good lawyer or someone I think that understands me and where I'm coming from, at the end of the day they end up changing the person … I don't think I had any meeting with the lady [before] who was supposed to be my solicitor, so I don't think they treated me well." **Survivor**

"[The new solicitor] makes me some more questions about my case and they did some mistakes in my decision, the Home Office forgot to send me the decision and they did a lot of mistakes. She sent all that, we make clear the mistakes and she sent to the court … if they accept, we can do an appeal." **Survivor**

The negative impact of protracted delays and incorrect decisions is illustrated by a survivor's experiences.

Case example

When he was referred to STEP, Thomas was waiting for the outcome of his long-outstanding asylum appeal, which was eventually refused. Now an adult in his early twenties, he had been trafficked as a minor, and his immigration status had remained uncertain over a period of years because his case is extremely complex. Thomas has severe mental health problems, including a diagnosis of PTSD and a history of suicidal thoughts as a result of his previous experiences, including trafficking and exploitation. Because the legal technicalities of his case are hard for him to understand, a long cycle of repeated court hearings – and repeated crushed hope for a decision each time he returned to court – has harmed his already fragile mental health.

The Upper Tribunal has identified errors of law in the decision-making of his case, meaning that the case needs to be heard again and that he will have been in court three times for the same decision to be considered. Thomas has therefore been left waiting again for the last six months, and the hearing has not yet taken place. He still has no decision about his future because of formally acknowledged failings in the standard of decision-making on his case, and his mental health has been very badly affected.

"The most difficult, the thing I'm finding it difficult to cope with is mentally wise. I have PSTD, now all of this, I have anxiety, depression. Why can the case go on for four five years, just to resolve? You're going to make people worse mentally wise, that's the main thing that's killing me … I'm getting to the point where I can feel myself having a mental breakdown." **Thomas**

Language as a barrier to immigration rights and entitlements

Language was also a major barrier to legal rights and entitlements. Survivors highlighted the importance of good interpretation services, and the need to take the additional time to properly explore issues through an interpreter.

"The most helpful thing from her was that everything I said, what was inside of me, she got it down through an interpreter, [face-to-face] she got it all." **Survivor**

4.5 Effects of insecure immigration status

"Limbo" of waiting

Many survivors described feeling that they were stuck in a "limbo" of waiting. Often, they had entered the NRM during their asylum screening interview, which meant they were in two parallel decision-making processes. After waiting for a conclusive grounds decision, many survivors were often still left without leave to remain – and their insecure immigration status meant further uncertainty while they waited for another decision.

> "I'm in limbo because they haven't got a solicitor for me yet for another appeal, so I'm stressed and worried because I don't know what's going to be happening."
>
> **Survivor**

Once they received a decision from the NRM, many survivors found that they still did not have any immediate entitlements such as more stable accommodation. In practice, some even had fewer entitlements, and continued to wait in temporary accommodation for an immigration decision.

Without the recourse to public funds that comes with leave to remain, survivors cannot move on and take the next steps towards independence and integration. This is demoralising and often distressing for survivors who may have invested much hope in the NRM as a system which they expected to protect them. The support from STEP therefore bridged a significant gap for survivors – the period after a conclusive grounds decision (whether positive or negative) and before a decision on immigration status is a time when survivors really need support, but in the existing systems-led approach the support ends at a crucial time.

Need for longer-term casework support

Of those survivors referred into the STEP programme with a positive conclusive grounds decision, (50 survivors, 71 per cent) most had insecure immigration status, including outstanding or refused asylum claims. They needed substantial casework over time to resolve these issues. Examples of such casework included:

- securing and liaising with legal representatives
- preparing and securing professional observations
- emotional support
- practical support such as sorting out travel when not provided by the Home Office.

This highlights the necessity of sustained post-NRM support to ensure a fair and just legal process, followed by a second phase of intensive casework to help survivors access their other entitlements such as mainstream housing and welfare benefits.

The ongoing uncertainty and emotional stress of legal claims and appeals processes without clear timescales for resolution continue to stop survivors moving towards independence and integration.

Fear of detention

Survivors described a tremendous fear of detention, feeling like it was a potential blow which could fall at any time. Although only one survivor in the pilot had previously been detained, the potential threat of detention was an additional cause of uncertainty and fear, and it undermined trust in whether the system was really intended to protect them.

> "The system where you have to sign, go here and there to sign, there is lots of stress about that, because you can be caught and put away – even though now I have my papers if I think about it I feel frightened and stressed."
>
> **Survivor**

Never Truly Free *(British Red Cross, 2018)* identifies the detrimental effects the reporting system, in which people seeking asylum must report to Home Office centres, from which they may be taken to immigration detention, has on people's wellbeing, and the direct harm it can cause for those with mental health issues and other vulnerabilities. Some survivors in STEP were required to report, even though they had been identified as trafficked people and were meant to be in a process of recovery.

> "I live too far when I go to sign at the Home Office … they didn't give me a bus pass and told me to come by walking, but I don't know very well the road to get there, they told me it's about an hour by walking, and I felt really bad, I was crying that day, I felt really bad … they were really rude with me … he talked to me not quiet but angry, you know?"
>
> **Survivor**

In these situations, survivors highlighted the importance of the support they received from STEP, which they felt offered a strong level of protection in an environment which felt unsafe.

> "I'm very scared of that so [STEP] always give me support worker, always help me, support me to the Home Office and come back which is a very big support because I'm very scared of going to the Home Office. Because some people go to the Home Office, they attend there, they don't come back … so when you go there, you're very scared they might detain you. But if you have somebody that's there with you … even if you can't explain your situation, the person can explain to them so it's a really great support to me." **Survivor**

4.6 Care pathways for those with negative conclusive grounds decisions

Care pathways for those with negative conclusive grounds decisions are essential because:

- The current lack of provision for this group of vulnerable people assumes that all decision-making is correct, whereas the evidence mentioned in section 3.5 suggests this is not the case.
- This group is likely to have additional vulnerabilities which mean they may be eligible for other forms of support.

The pilot project supported 12 people who had received negative conclusive grounds decisions and supported reconsideration requests for eight of them. By the close of the pilot, three of these had been successful, five cases were still pending and no requests had been refused.

In the current system solicitors cannot make a reconsideration request directly (although they may pursue the matter if it affects an asylum claim), so the survivor usually relies solely on either the first responder or the NRM support worker. The first responder is unlikely to still be in contact with the survivor, and their NRM support worker may have been required to close their case under the Victim Care Contract, with insufficient time to prepare a reconsideration request. The STEP pilot demonstrated the need for a care pathway which includes provision of support with the reconsideration process, over a reasonable and realistic period. Survivors with a negative conclusive grounds decision also need other casework support to address any other vulnerabilities and options for other forms of care and support.

Case example

Sarah suffered from agency failures at the early stages of identification, which resulted in her missing out on the support she was entitled to when she was first trafficked to the UK as a child; her trafficking support was delayed by an age dispute, which was only resolved after her 18th birthday. STEP supported her to prepare a request for reconsideration of her original reasonable grounds decision, which was refused. It has been traumatic for Sarah to see the materials relating to her past exploitation, and to realise the extent to which she was not listened to or believed as a minor. STEP has therefore helped her to access and engage with counselling – which she had previously avoided – because of the childhood trauma she is now having to revisit as she pursues the reconsideration request.

[18] ***Trafficking Survivor Care Standards***, Human Trafficking Foundation, 2015

[19] This is not representative of the gender mix within the NRM itself, which includes a higher proportion of men.

4.7 Gender-specific needs

The pilot worked to the care standards for the sector[18], which require a gender-sensitive approach that recognises that the needs of women and men may be different, and that the impact of trafficking for them may also be different depending on their gender and/or the exploitation they have experienced. To treat all survivors in the pilot equally, STEP took survivor gender identity into account, and matched workers and volunteers of the same gender where this was possible and appropriate.

The majority of the 70 survivors supported by STEP were women (56 survivors, 80 per cent).[19] One of the aims of the pilot was to understand how longer-term support can reduce the specific vulnerability of women survivors to gender-related violence, abuse, exploitation and disempowerment. The pilot service delivered in West Yorkshire was women-only, whereas the services in London and the East Midlands were mixed gender.

For many types of support – but particularly for counselling and legal representation – gender-matched support was identified by both STEP workers and women survivors themselves as being particularly important. This was especially true for those women in the early stages of recovery who were survivors of sexual violence. Thirty-five women – or 63 per cent of the 56 women supported – had been sexually exploited. STEP workers and survivors highlighted the value of gender-matched counselling, particularly when the counselling or therapy was trauma-focused – for example, the support provided by specialist organisations such as Rape Crisis or the Haven Network for survivors of sexual abuse and domestic violence.

> "It helps that my counsellor is a woman. If you talk to a man, it is totally different. Sometimes there are things that you discuss – even when it's a woman it is very difficult, but there are certain things that you just don't tell a man." **Female survivor**

> "I have bad memories in my head, and I can't get friendship with a man." **Female survivor**

> "I was grateful [my solicitor] was a woman because there are issues you discuss with solicitors, and if it's a man, there are things you don't openly discuss or say but because she is a woman it made it easier for me to bring up most things." **Female survivor**

> "I prefer a woman solicitor because she should understand part of my situation … there's some things that a woman to woman can understand but a man cannot understand. Also, the judge says I should go to Africa and the children have passports, so they have the right to stay here. So as a woman lawyer she understands that as a mother you cannot put a baby in your stomach for nine months and just leave the baby … so I feel that in that aspect, talking to a woman she might understand more." **Female survivor**

For women who were survivors of sexual exploitation there was a clearly identified need for gender-sensitive services across many areas, but particularly in relation to wider health services and in dealing with public agencies. There were instances where getting support from female staff or volunteers when they appeared at hearings or attended appointments could help survivors overcome their fear of men. A volunteer mentioned the need for gender-sensitive support in dealing with male professionals for one woman she supported:

> "She is really scared and finds it hard to know when it's safe to tell [a man] about the fact she's been trafficked – if she tells the GP will he call the police?" **Volunteer**

A survivor talked about similar fears:

> "For all the doctors and psychotherapists my preference is for a woman. I feel very nervous, even scared of a man. Even though I know it's just their job, I still don't feel ok." **Survivor**

Being able to trust a man either again or for the first time can also be a key part of a survivor's recovery.

Case example

Agnesa is a survivor of sexual exploitation. When she entered the STEP service, she was very wary of men and needed gender-sensitive support including a female therapist, female solicitor, female case worker and a female volunteer providing social support. She was also recently pregnant, but at the time of her entry to STEP, had no established relationship with her baby's father.

With sustained support from STEP, a large part of her recovery has been beginning to be able to trust men in her personal life, including building a positive and supportive relationship with the baby's father. This has had a major impact on her confidence and sense of self-agency. As part of her recovery, she can now engage with men as an everyday part of life, and is confident to interact comfortably with them and still feel safe.

STEP has helped Agnesa to secure paid employment, and in her new job, she has a male line manager. The STEP worker commented:

"When Agnesa first came to STEP the idea of a male manager in a job would have freaked her out – and now she's taking it in her stride."

Recent research by Hestia [20] draws on analysis of the case data of the 218 male survivors Hestia had supported in the preceding year. It provides strong evidence that men's support needs are often less understood and acknowledged by services, and are more hidden within the male population of survivors. The research highlights that shame and reluctance to show vulnerability for male

[20] ***Underground Lives: Male Victims of Modern Slavery***, Hestia, October 2018 available at: www.hestia.org/Handlers/Download.ashx?IDMF=60de8cf2-497f-4c80-8831-f35b335ae6b1

survivors can result in significant under-reporting of their mental health problems, and has a direct impact on their access to other services. Specifically, it is likely to affect their access to secure housing because it makes it more difficult to demonstrate their vulnerability and therefore their priority need.

The STEP pilot provided support to 11 men in London and the East Midlands. Although the numbers were small, the findings from the pilot bear out the findings from Hestia's research and suggest hidden needs caused by the effects of shame and stigma.

Case example

Zak has gender-related support needs which include mental ill-health. This is aggravated by his experiences coming from a very male-dominated culture with specific models of masculinity. He has a further gender-sensitive need for specialist domestic abuse support as he has been involved in an ongoing abusive relationship. Zak feels stigmatised by his trafficking experiences, and vulnerable to further abuse as a result. However, although there is a domestic abuse outreach service for men in the region, he has not engaged with it as it is not delivered by male workers.

"I think being a man has affected my need for support. I also think where I came from as well. I heard it in court, when I went to court, they put a stigma on, the government officials, they actually put a stigma on my country … they say anyone who comes from there … this place is a bad place." Zak

Other recent research[21] suggests that the stigma associated with trafficking is particularly powerful for men from certain diaspora communities.

Case example

Billy is a young Vietnamese man who is very isolated, as he has been located out of London away from any friends or the wider Vietnamese diaspora community. However, he travels into London every week for a boys' group which he absolutely loves. It is all young men of a similar age, but they come from different backgrounds and cultures and it is important to Billy that it is not a group specifically for Vietnamese young men, because he feels safe and that his background of surviving exploitation will not be discovered.

For another STEP pilot male survivor, the stigma he associated with exploitation appeared to be his main reason for disengaging with STEP support. He did not view – or want to view – the support as relevant to him and preferred support which focused primarily on his asylum claim.

4.8 Protection of dependent children

A high proportion of those supported by STEP had dependent children. More than half (42 survivors, 60 per cent) were parents, with a total of 51 dependent children in their care when they entered the service. Four women were pregnant when they entered the pilot and a fifth became pregnant during the pilot.

Impacts for dependent children

STEP workers and some survivors said that repeated forced moves had a negative impact on children's mental health and educational attainment.

[21] ***Albania: Trafficked Boys and Young Men***, ARC Foundation and Asylos Research for Asylum (May 2019) available at: www.asylos.eu/albania-report

One survivor described the difficulties her daughter (aged 13) was experiencing at school, which included significant behavioural problems and specialist intervention from child and adolescent mental health services (CAMHS). She particularly valued the support she had received from STEP when liaising with the school and with other health professionals to support her daughter.

Case example

Haniya was trafficked into the UK as a child and was imprisoned for two years as result of a criminal conviction linked to her exploitation which is currently being legally challenged by her solicitor. The forced separation from her three daughters, now aged 10, 12 and 13 has had a profoundly damaging effect on the children and on Haniya's mental health.

Haniya's difficulties were made worse by the temporary accommodation provider placing her family initially in sub-standard accommodation. There was only one room, she had to share a double bed with her three daughters, and they could only get to the bathroom by climbing over the bed. The stress of this situation was made worse for Haniya by the housing authority's failure to meet its statutory duty of care by initially assessing her as intentionally homeless. These systemic failures were only resolved through sustained action by the solicitor.

Haniya's mental health worsened significantly as a result of these experiences, and her daughter Yasmin's mental and physical health needs seriously escalated. With STEP support, Yasmin was assessed by CAMHS and was about to begin therapeutic treatment at the close of the pilot. Joint plans had also been put in place to help her at school, including addressing behavioural difficulties, preventing her being bullied and supporting her academic work.

" I had really bad thoughts of taking my own life. But now [STEP] supports me with my children. Since coming back from prison, they have really suffered a lot emotionally and physically from their mum being taken away, they have to go through all this because I was trafficked. In asylum accommodation we had to keep moving and they are so tired and frustrated. When I was in prison the council took all their belongings and destroyed them. My older daughter has mental health problems, but the council won't consider that, and we have been moved six times in one year. She is so angry she hits the wall and hurts herself; she has panic attacks in the night and breathing difficulties. She wrote a letter saying she wants to end her life. The little one has behaviour problems, her work has gone down even though she used to be so clever, her concentration is so bad now. The school said they were going to refer her to a safeguarding provision two months ago, but I haven't heard yet." Haniya

The delays in the system had also affected the emotional wellbeing of children as illustrated in the following case example.

Case example

Besyana has two children, aged seven and two. Two years before her referral to STEP, she had received a positive conclusive grounds decision with no leave to remain. Since then, she had been waiting for an asylum decision, and six months into the project she had still not received a decision. STEP helped her find a new solicitor who issued a pre-action letter to the Home Office, and at the close of the pilot the survivor had just received refugee status and five years leave to remain.

However, during this period Besyana's mental health had seriously deteriorated. Her older child has become aware of her mother's distress, has been affected by this, and is now very wary of other children and adults. STEP will continue to support her and her children after the close of the pilot.

Learning from the domestic abuse sector

Previous research[22] has highlighted the value of transferable learning from other sectors such as domestic abuse, homelessness and rehabilitation support.

In Leeds, we found that the local authority pilot was drawing on approaches from the domestic abuse sector. In planning for sustainability after the end of the pilot, the council is seeking to bring these services into their mainstream work – including building on existing work with migrant communities through Community Networkers – by training staff who are already working with communities on public health issues such as domestic violence. These workers can then advocate for access to specialist services where they identify a need.

In Redbridge, the local authority pilot has identified the Multi-Agency Risk Assessment Conference (MARAC) approach from the domestic abuse sector as a useful model which might be adapted for survivors of human trafficking and exploitation. This is because it provides a national approach rather than an authority-by-authority approach – which would be particularly relevant in London where survivors can move between authorities frequently – and because it presents a more holistic approach to managing risk and exploitation.

Recent research[23] also shows a need for advocacy within move-on care plans and case transfer protocols, much like those for other types of victim support such as MARAC. In South Wales, there is a well-established and successful Human Trafficking MARAC, piloted and delivered since 2013, which focuses on safeguarding, protecting and minimising risk to the individual survivor and any affected children. This model is integrated within the Wales Victim Response Pathway. It coordinates safeguarding and risk management for victims at the earliest opportunity, from pre-NRM first response, during the NRM care contract, and through to the post-NRM period as necessary, depending on the needs of the individual and until all risk has been mitigated.

While there is little research evidence currently available on the impact of human trafficking and exploitation on the dependent children of adult survivors, there is scope for transferable learning from work on the protection of children affected by domestic abuse. The inter-generational cycle of abuse and exploitation is widely accepted in the domestic abuse sector, with experience of abuse as a child a strong predictor of either experiencing or becoming a perpetrator of abuse as an adult[24].

Recent domestic abuse research from Hestia[25] highlights specific protection issues for the children of those who have been abused and exploited which are caused by failures of the statutory support system. There are clearly comparable issues of protection for dependent children of survivors of exploitation. They are likely to be similarly affected by parental vulnerability and mental health issues, and by the direct effects of a system which creates uncertainty, instability and hardship in their home environment. It is therefore potentially valuable to understand what is working well in the domestic abuse sector that could be adapted to meet the needs of survivors of trafficking.

[22] ***Life Beyond the Safe House for Survivors of Modern Slavery in London*** (Human Trafficking Foundation, 2015)

[23] ***A Game of Chance? Long-term support for survivors of Modern Slavery***, (St Mary's University, London 2018)

[24] ***Behind Closed Doors: The Impact of Domestic Violence on Children*** (UNICEF, 2006)

[25] ***On the Sidelines: The Economic and Personal Cost of Childhood Exposure to Domestic Violence***, (Hestia, March 2019)

4.9 Becoming part of a community – barriers to making connections

Community as relationship

The concept of "community" is complex and problematic for survivors, and this is linked to issues of trust discussed earlier, as well as language and cultural factors. What the term means to survivors can vary significantly depending on their current stage in the system.

For those still in asylum or other temporary accommodation, "community" may mean the very small world of people they are sharing a home with, whereas for others who are further along their journey – possibly in permanent housing – it may mean the wider community including schools, libraries, children's centres, and community groups and activities. For some, even the enclosed world of their asylum accommodation feels very distant from any sense of relationship or community, and their STEP worker and perhaps their solicitor feel to them like the only people they have real relationships with and who understand their situation.

> "I feel more safe … because she [STEP worker] is really kind to me, like I've got a friend, she knows everything about me. I feel more comfortable with her." **Survivor**

Stigma as a barrier to relationships

The stigma associated with exploitation can also make it harder to connect with others. Many of the survivors interviewed described feeling overwhelmed by the problem of how to make relationships with safety, integrity and honesty in a new community without disclosing their history.

> "I can't tell [new friends at college] about my past, because they can think bad." **Survivor**

> "You just say hello, hi, but I'm not making too much friends … because of my past, that's why. I have to be, because I've met people who I do not trust so now I've got children I have to protect them." **Survivor**

This became more burdensome after repeated no-choice moves to new areas. These moves felt imposed on them by the system, were unrelated to their needs, cut them off from any nascent support systems they may have started to establish and brought up past trauma. It felt very difficult to explain their presence in a new community without family, friends, relationships, work or education to account for their move.

> "[When I went to the group] it helped, but most of the people asking you for the past and I don't want to remember the past, you know? Sometimes I lose my hopes … when I stay at home alone, I've got bad memories in my mind." **Survivor**

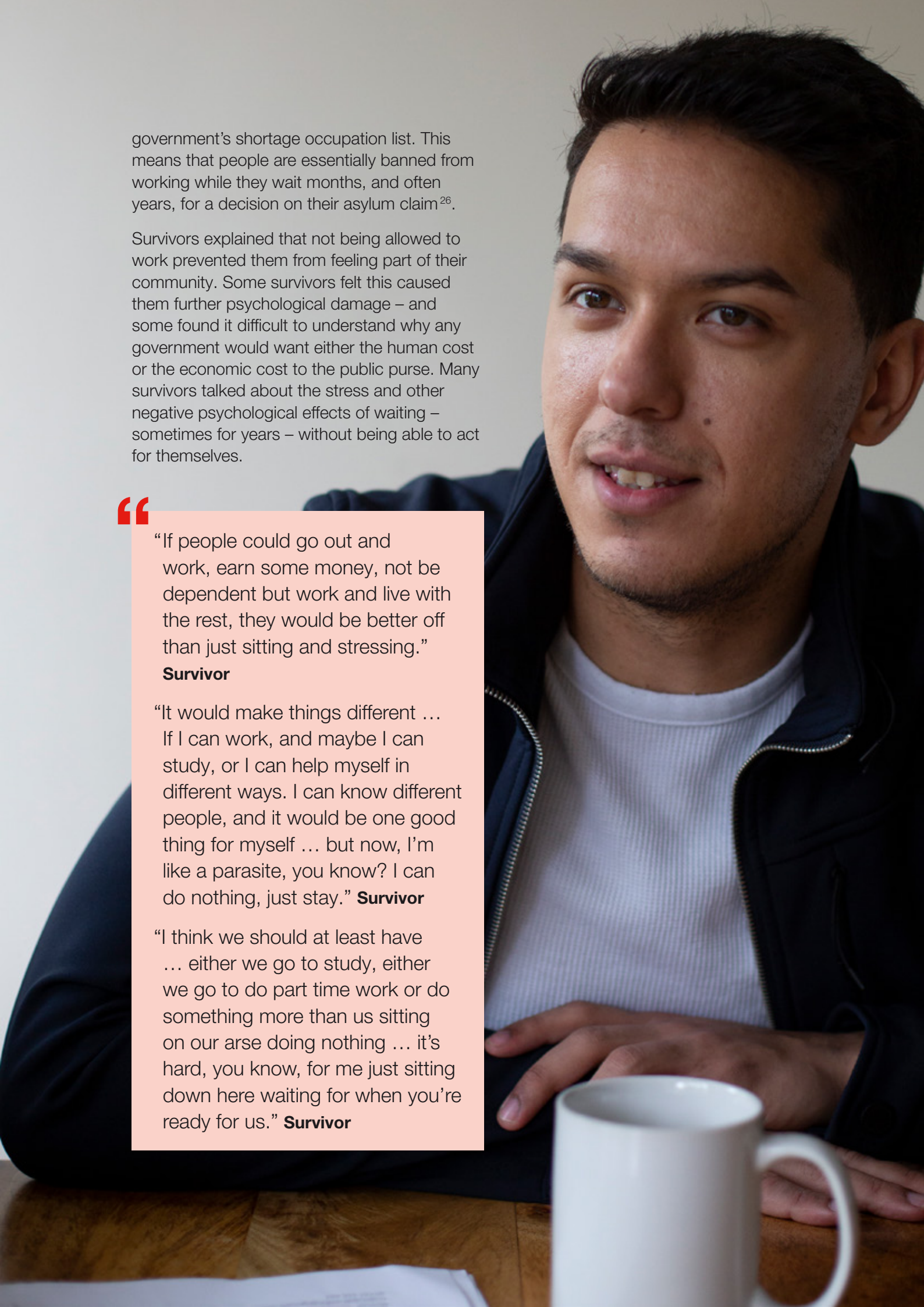
Impact of barriers to employment

People seeking asylum in the UK can only apply for the right to work after they have been waiting for a decision on their asylum claim for over a year. However, the few who are granted permission can rarely then work, because their employment is restricted to the list of highly skilled professions included on the

[26] ***Lift the Ban: Why People Seeking Asylum Should have the Right to Work,*** Refugee Action, October 2018

government's shortage occupation list. This means that people are essentially banned from working while they wait months, and often years, for a decision on their asylum claim[26].

Survivors explained that not being allowed to work prevented them from feeling part of their community. Some survivors felt this caused them further psychological damage – and some found it difficult to understand why any government would want either the human cost or the economic cost to the public purse. Many survivors talked about the stress and other negative psychological effects of waiting – sometimes for years – without being able to act for themselves.



"If people could go out and work, earn some money, not be dependent but work and live with the rest, they would be better off than just sitting and stressing." **Survivor**

"It would make things different … If I can work, and maybe I can study, or I can help myself in different ways. I can know different people, and it would be one good thing for myself … but now, I'm like a parasite, you know? I can do nothing, just stay." **Survivor**

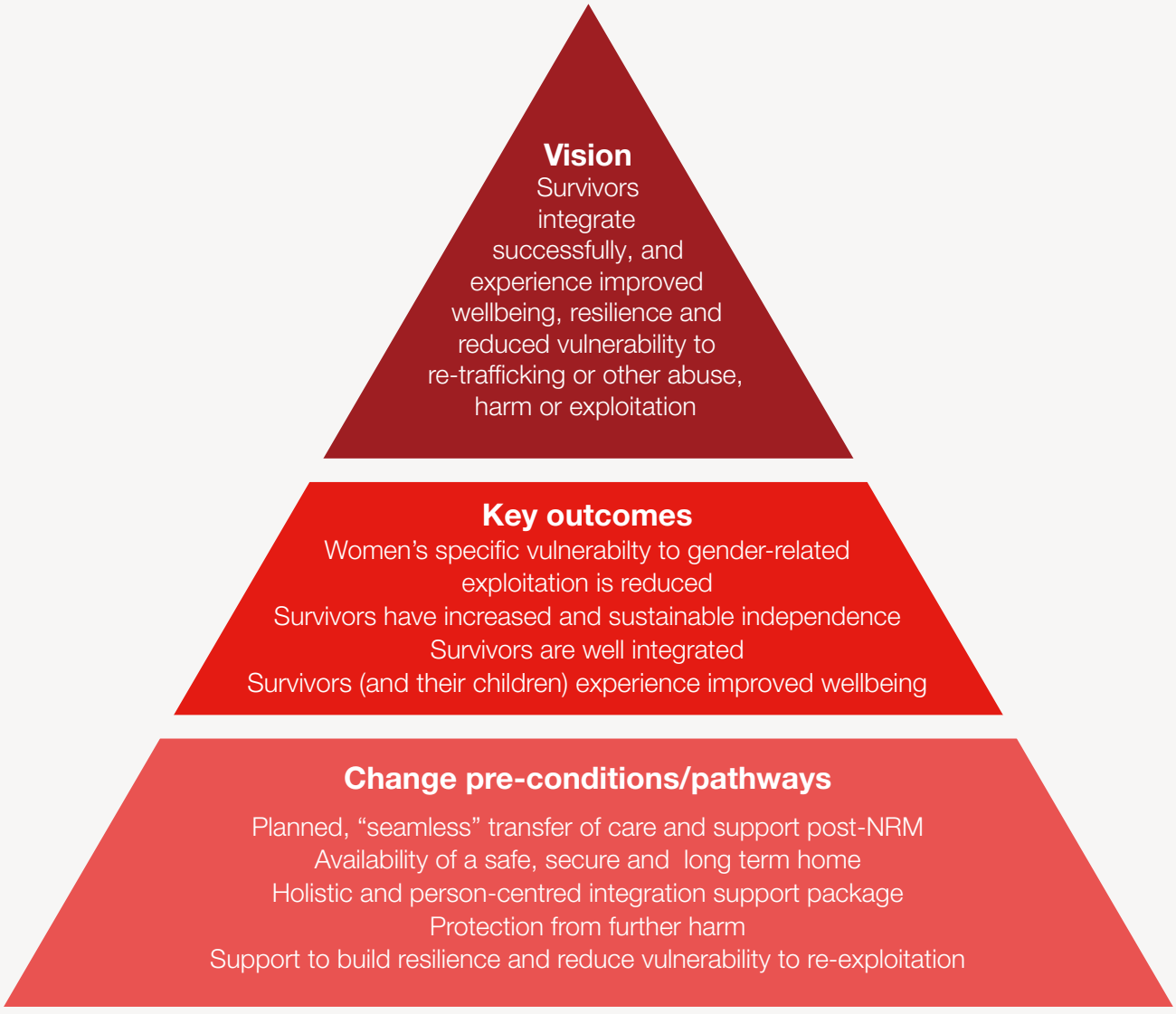
"I think we should at least have … either we go to study, either we go to do part time work or do something more than us sitting on our arse doing nothing … it's hard, you know, for me just sitting down here waiting for when you're ready for us." **Survivor**

5. Key findings: outcomes for survivors

5.1 STEP theory of change

A theory of change was developed for the pilot which set out the ultimate outcomes STEP aimed to achieve by providing longer-term support to survivors.

The model below provides a high-level overview of the STEP theory of change.



5.2 Impact of STEP's longer-term support

Overall ASO scores for women
(i.e. overall rehabilitation from exploitation)

The STEP pilot" used the International Justice Missions Assessment of Survivor Outcomes tool (ASO) to assess the progress that survivors made towards recovery.

70% of women survivors increased their level of stability from entry to exit, reducing their vulnerability to further exploitation. 16% had an overall decrease in stability level (i.e. they were more vulnerable at exit compared to entry) and **14%** had no overall change in stability level.

***The Assessment of Survivor Outcomes (ASO)** tool assesses the progress that survivors of violence make toward recovery

ASO: Independence

(survivor) demonstrate empowered attitudes and behaviours)

survivors rated as "vulnerable" or "highly vulnerable" decreased by nearly **20% from 59.3% down to 39.3%.**

ASO: Safety

(survivor is free from either threat or experience of victimization and is motivated and able to remain safe):

survivors free from abuse or neglect increased by over **25% from 51.5% to 76.7%**

survivors free of threats from suspects or others who intend to re-victimise increased by over **25% from 46.9% to 73.3%**

ASO: Legal Protection

(survivor is knowledgeable about rights and protections under the law and able to pursue justice and legal protections for violations of these rights):

percentage of survivors ability to pursue justice increased by over **20% from 39.1% to 60.0%**

survivors ability to pursue justice increased by over **20% from 39.1% to 60.0%**

ASO: Mental Wellbeing

(survivor demonstrates stability, positive coping skills, and reduced harmful behaviours that affect long-term recovery):

Survivors demonstrating empowered attitudes and behaviours increased by nearly **20% from 40.7% to 60.0%**

Survivors positively engaging in daily activities increased by over **15% from 48.5% to 66.6%**

Survivors utilising positive coping skills increased by nearly **25% from 40.7% to 65.0%**

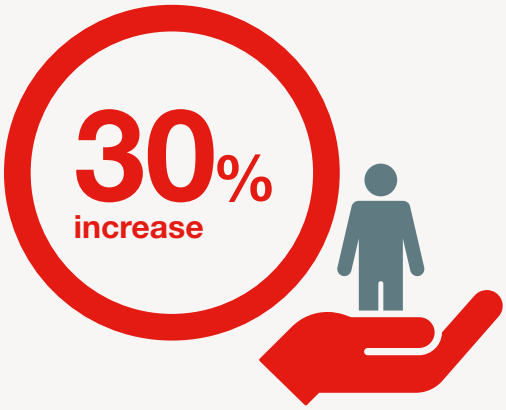
ASO: Economic Empowerment and Education

(survivor's household can maintain adequate income from a non-exploitative source to meet needs, and survivor positively engages in school, training, and/or work):

Survivors positively engaging with school, training, and/or work increased by nearly **20% from 46.9% to 65.0%**

ASO: Social Support

(survivor is supported by positive relationships, is socially included in his or her community, and is free from discrimination and negative social pressure):



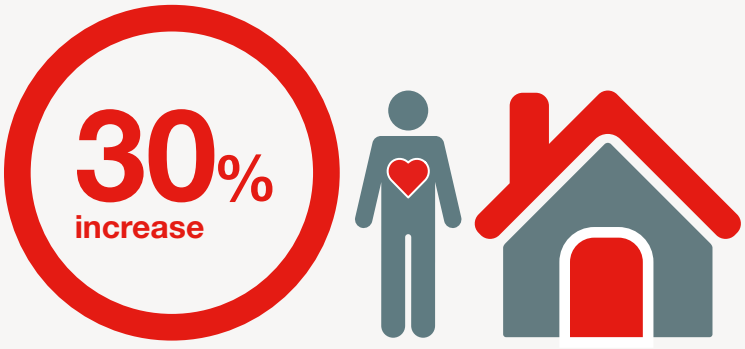
Survivors emotionally supportive relationships increased by over **30% from 34.4% to 66.1%**

Survivors without experience of discrimination or negative social pressure increased by over **25% from 39.1% to 66.1%**

Survivors accessing community-based resources increased by over **25% from 45.4% to 71.2%**

ASO: Physical Wellbeing

(survivor takes care of health needs and can access basic needs, medical services, and safe, stable housing)



Survivors stability in their housing increased by nearly **30% from 18.8% to 47.5%**

Survivors access to essential medical services increased by nearly **20% from 64.1% to 83.0%**

Survivors safety of their housing increased by **15% from 42.2% to 57.6%**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6. Additional learning: ways of working

6.1 Continuity from NRM to post-NRM support and across agencies

Many survivors were aware that they had been supported by more than one of the STEP providers during their journey, and they appreciated the way agencies worked together to help them.

> "The Red Cross helped with all my urgent problems, then referred me to Ashiana and she [STEP worker] has given me so much support since then." **Survivor**

Ashiana and Hestia also provided NRM-contracted services and could directly refer people into the STEP pilot which offered greater continuity of support to survivors. When internal referrals were made and survivors were going to be moving from one organisation to the other, a handover meeting was arranged to ensure a clear move for the survivor, to share key information and to ensure the survivor was actively involved in the process.

STEP staff suggested that there could be more flexibility in the way post-NRM support is offered after the pilot. The change from outreach home visits during the NRM to attending office-based appointments is an important part of moving towards greater self-agency and empowerment, and some survivors go on to connect with other services by themselves. However, for future post-NRM support offers, a higher proportion of intensive outreach and home visits – as well as support based around office appointments – might help the switch to post-NRM services feel more needs-led and seamless for those with higher ongoing needs.

6.2 Complementary volunteer support

The STEP Phoenix volunteer model

In London, the STEP pilot delivered by Hestia tested out a new approach, the STEP Phoenix volunteer model. This approach used volunteers to support but not duplicate the work of professional caseworkers. The aim of the volunteer role was to provide a further layer of more informal and community-focused support, complementing the specialist expertise and knowledge of the professional caseworkers.

Hestia already had a well-established volunteer support model and management infrastructure in place at the beginning of the pilot. Typically, over 300 volunteers supported Hestia's work, for example through befriending and mentoring, English language teaching and practice, IT support, practical life skills support and peer support.

During STEP, volunteer roles were developed to match survivors' individual needs with the specific skills and/or life experience of volunteers. The model also featured corporate volunteering, where organisations rather than individuals provided support. Key instances of this during STEP included delivering specialist training to all three STEP provider organisations, providing volunteers for the pilot from their corporate staff teams and providing pro bono legal advice on compensation claims.

The STEP Phoenix model included volunteer and casework strands of work in the pilot,

both of which were managed by the STEP Phoenix Coordinator. The pilot drew on existing volunteering infrastructure, including policies, procedures, and approaches to recruitment, induction, safeguarding, training and other volunteer management processes and resources. The volunteer-led aspects of the pilot were delivered by the STEP Phoenix Co-ordinator, supervised and line managed by the Head of Volunteering and Corporate Partnerships at Hestia.

Impact of the STEP Phoenix volunteering model

The findings from the research demonstrated the value of this additional layer of informal support, which cannot be delivered through specialist casework resources but really helps survivors to connect with communities and to access education, training and employment.

Within the Croydon local authority pilot, (delivered in partnership with Hestia and building on the STEP Phoenix model) the lead officer highlighted the value of the volunteer strand:

> **"It is really beneficial, especially for people who are keen to have relationships outside those with their support worker. It's also really beneficial for people who aren't ready for English language formal groups to have informal one-to-one support with an ESOL volunteer to ready them for a class."**
>
> **Joanne Absolon, advanced social worker and safeguarding project officer, London Borough of Croydon Council.**

However, it is important to be clear that although Hestia's STEP support had a strong volunteer-led element, casework remained at its core, and in fact the casework resource was increased at the halfway review of the pilot in response to high levels of ongoing casework needs.

> **"It is essential to ensure that the right levels of casework remain available to respond to the spikes in support need throughout the case, particularly in relation to housing crises … which dismantle the support structures in place for the survivor and for children. Survivor access to responsive, flexible casework remains crucial to deal with these unplanned, reactive issues which require fast turnaround and professional interventions."**
>
> **the Head of Volunteering and Corporate Partnerships at Hestia**

The STEP Phoenix volunteer model was successful because at its core is a professional casework service for all survivors. This is complemented by volunteer support for those who choose (and are able) to take it up, to help with community integration and developing greater independence. There were several key areas of added value identified by survivors, STEP workers and volunteers.

Case example

Sofi was extremely emotionally vulnerable. She had serious mental health needs and had made several suicide attempts. STEP had adjusted her support team to include two caseworkers because of the intensity of her support needs. In the later stages of the pilot she made a huge shift and developed a supportive relationship with a volunteer. Although it took a long time for Sofi and her volunteer to build a rapport, the STEP workers have noted how support from her volunteer has increased her confidence and changed her thinking. She's often very frightened of people she doesn't know and would normally never speak to anyone at group events, but at the most recent event organised for mothers by the STEP workers, she came with her volunteer and made an effort to go up and speak to four new people. She is happier and more confident, and described to the STEP workers how she looks forward to meeting up with her volunteer and the pleasure she takes in her company.

Loneliness and isolation

The loneliness and isolation of living in a new area with no social or family networks is often a big issue for survivors. Many valued the befriending and support offered by volunteers, and the volunteers themselves were very aware how important this aspect of their role was.

> "The person I support has a little baby, and she has no-one around her, she is on her own and doesn't know anyone. We're focusing on her need for interaction, as she wants support to get out and meet other young mothers, so we're doing activities like going to baby clubs as well as doing fun things together on our own like going to the park and having picnics." **Volunteer**

> "It's difficult for him to integrate because his friends are dotted round London and he's out in a remote area where no one speaks his language so he's very isolated. So that's another motivator for our focus on him getting a job, so that he can make new friends." **Volunteer**

> "When her mental health dips she finds it hard to relax, she can't sleep, becomes distracted and disconnected from things that could help her. But she says that what does help her is being able to tell me about it, the things that worry her." **Volunteer**

The importance of boundaries

While STEP workers noted the positive effect that volunteers could have on the most emotionally vulnerable and isolated survivors, they were also aware of the importance of maintaining boundaries, whilst maintaining a safe and supportive relationship with a survivor. All volunteers interviewed for this research were able to describe clearly the arrangements for keeping both themselves and the person they supported safe.

> "[The STEP Phoenix Coordinator] is super-efficient on the protocols on safeguarding! If anything caused me concern, I'd know what to do." **Volunteer**

> "She's [the coordinator] been fantastic – she's supportive, very good at going over what's arisen and discussing it, reliably gets straight back, gives really good advice and is gently directional when needed." **Volunteer**

The volunteer induction, training, safeguarding and day-to-day management support and supervision provided to volunteers by the STEP Phoenix Coordinator included a strong emphasis on the boundaries of their role and, once the role and its boundaries were well established, the Coordinator continued to provide ongoing structured one-to-one support to volunteers. This was to protect against unplanned "drift" in the relationship, to ensure that volunteers always knew when to refer for professional staff support and to pick up early on any emerging issues for the survivor which might need an early casework intervention.

The Coordinator also supported volunteers on managing the ending of volunteer support in a planned and structured way.

Building skills and confidence

Volunteers can provide consistent and regular practical help over time to tackle the barriers which make it hard to integrate in a new community – such as language, education and employment. During the STEP pilot, regular weekly or bi-weekly sessions, often over many months, meant that survivors could make big strides in their progress with individual support from a volunteer to help build their skills and self-confidence.

One survivor, now in employment, talked about the support she had received from her volunteer:

> "She helped with my CV a lot and she helped me prepare to do an interview for my job. She explained how to stay with confidence, tips, how to speak in the interview. It helped because I've never worked in my life before, or ever done an interview – imagine, in another country, in another language! And now I've got the job and have been working there for seven months." **Survivor**

A volunteer described how sustained support over a year had helped to build language skills and confidence for one survivor:

> "Over a year he now understands my accent and the way I speak, and we have really built trust too which has developed over time and is based on our work together on developing his English language skills. He can now explain complex problems to me so that I can pass these on to the caseworker. He can also practice real world language interactions with me – we meet in a café and he can speak to the staff, ask for the bill with me there for support if needed and it feels really practical and lived. His objective is to get a job and at first, I thought this would be a long haul because of his lack of language knowledge, his strong accent and very low confidence. But from his language skills he's ready for a job now, so this is a huge step towards his independence. We now need to work on building his confidence."
>
> **Volunteer with professional ESOL teaching background providing one-to-one English language support**

> "The person I support has two young children aged eight and four so she's now just ready to think about studying for employment, and although her spoken English is very good, she wants to build on this, so we are working on applying for courses."
>
> **Volunteer**

Some volunteers talked about the challenges of helping survivors to develop their self-confidence, self-agency and independence.

> "I've learned now to go bit by bit. At first, she couldn't decide what to do, all decisions seemed too big at first, big steps to take. So, I'm supporting her to make choices for herself, and to make her own decisions. She now has leave to remain which is another big step forward for her, and she is so happy at that news – and me too, to see her in that space – so she is now finally able to think about the future."
>
> **Volunteer**

STEP workers, survivors and volunteers all highlighted how valuable the frequent, informal contact between volunteer and survivor could be. It meant that small difficulties could be noticed early, and the volunteer could encourage the survivor to raise these directly with the STEP caseworker to prevent difficulties escalating.

> "I can feed back questions and concerns that come up to the caseworker and bridge the gap when she thinks it's not 'big' enough to raise directly with the caseworker." **Volunteer**

> "He'd brought the bills to show me but couldn't tell me at first. But because we know each other well now I could tell there was something wrong and the key part was that I could recognise that he was in stress." **Volunteer**

Support for lone parents

Survivors and STEP workers felt there were benefits to children in helping lone parents to access greater support through community resources. One survivor described the dual support she received from two volunteers – one who helped her with education and training in preparation for work, and a second volunteer who started supporting her through her pregnancy and early motherhood, when she struggled with feelings of losing her independence and self-agency. Her second volunteer helped her connect to local baby groups and activities, and forged other community links. She sees both her volunteers as strong and independent women, and this has been both inspiring and empowering for her at a time when her confidence was dipping.

Case example

One volunteer supported Fara, a survivor who has three children – two at school and a one-year-old baby. Much of the support focused on helping her settle into the area. The volunteer identified resources and activities to do with the baby while the older children were at school, and later introduced the older children to a wider range of activities and facilities during the school holidays – including the local parks, children's centre and the library. The volunteer helped them to go out and explore as a family.

The case reviews highlighted how important peer support could be to lone mothers when they were matched with volunteers who had life experience as a mother or primary carer for children.

Case example

A volunteer described her experience of befriending and mentoring a survivor with children; she has a daughter of a similar age to one of the children of the woman she supports, Aasma, and felt that her life skills were more relevant and helpful than her professional skills. Aasma was very isolated and not confident about leaving her asylum accommodation. Her volunteer helped her build confidence in getting out with her very young children. This had been particularly difficult with two children aged under three and with no knowledge of the area or money to pay for activities and food out. The volunteer helped Aasma to register at a children's centre, and they took the children to play in parks and urban farms over the summer, taking picnics. They located all the local playgrounds and went there together, because this had initially felt intimidating for Aasma. The volunteer also helped manage the children at dentist appointments, which had been stressful for Aasma on her own.

There was a particular dynamic in the volunteer relationships, which were not based on knowing a survivor's history, and this really helped to rebuild the survivors' sense of self, and self-esteem.

> "My volunteer doesn't really know anything about my background and we just meet up to be happy and have a nice time."
>
> **Survivor**

> "It's a relationship of equals and good for both of us as we learn from each other and our different cultures – it's really valuable."
>
> **Volunteer**

6.3 User voice and empowerment

During the fieldwork with survivors, many articulated a strong sense of shared experience with other people who have been trafficked or exploited, and hoped that their experiences could help others receive better support. Some survivors described taking part in the research as an empowering experience, as it meant that their voice might help change things for others.

The importance of survivor voice and empowerment in helping to shape service delivery also came through as a strong theme in the case reviews with STEP workers. Staff felt a survivor voice was valuable, and highlighted the different ways they were bringing it into their work through internal mechanisms for STEP survivors to feed back into service improvement and advocacy. These included survivor surveys and forums, involvement in staff and trustee recruitment, and direct engagement with the management committee or board of trustees.

Two of the survivors included in the pilot had become directly involved in advocacy work. One was working with another independent organisation, and the other was contributing to the materials for the international conference in Brussels in April 2019 on the wider STEP programme – as well as actively participating in the conference itself.

Many survivors particularly valued the opportunity to "speak their truth" directly through a report which might be read by government.

> "The government should change the procedures and timescales for cases … and have proper officials that make decisions on people's cases … stop making the wrong decisions which have errors, the procedures in decision making need to change." **Survivor**

Some survivors described taking part in the research as an empowering experience, as it meant that their voice might help change things for others.

One of the key points that many survivors wanted to make was that the length of time spent in the "limbo of waiting" felt punitive and pointless to them, and that they felt worthless and unwanted when they could have been contributing to the wider community.

> "A lot of asylum seekers have potential … are clever, are very educated … and we're just wasting our lives here." Survivor

> "I feel like the waiting process is really frustrating – if anything could be done so people didn't have to wait for years and months and months … there wasn't any letter from the Home Office to me … so it's really frustrating not knowing what is happening. If asylum seekers could be allowed to work this would really help because then it just gives you a sense of responsibility and like kind of achievement … it boosts confidence and when you do get your papers you would feel like there's not that much for you to adjust to and change because you're already used to it, so that would be helpful if they allowed asylum seekers to work." **Survivor**

7. Conclusions

The STEP UK pilot sought to explore the impact of longer term support for survivors of trafficking exiting the NRM. This included what support survivors needed at this point, and barriers and enablers they faced along their journey to protection, recovery and eventual integration. It also sought to understand whether longer-term support reduces the specific vulnerability of women survivors to gender-related violence, abuse, exploitation and disempowerment.

The pilot found clear evidence that longer-term, personalised support based on needs and strengths should be a core part of a comprehensive national support offer to survivors of exploitation and trafficking. It demonstrated that the need for support does not end once a survivor leaves the NRM and that in fact support needs can become greater and more varied at this stage. The pilot also provides strong evidence that many survivors need support for more than a year after leaving the NRM, and that the length of support should be based on individual need rather than a fixed time allocation. Crucially, it highlighted that insecure immigration status is a major barrier to protecting survivors of trafficking and exploitation.

We conclude that, to feel genuinely protected and secure, survivors need:

- their status as survivors of exploitation and trafficking to be recognised in a meaningful way which can help them access their entitlements without having to repeatedly revisit the trauma of their history
- skilled and specialist expertise and support to help them navigate various legal and statutory systems
- emotional support to help them recover from the effects of exploitation and trauma
- access to mainstream services that meet their basic needs, such as safeguarding, secure housing and financial support.

The pilot has highlighted some of the key things that can help and hinder survivors' recovery, and has explored what works in supporting survivors to achieve positive outcomes – including improved wellbeing, greater resilience, reduced vulnerability to further exploitation, and successful integration into local communities.

The use of validated tools to provide "hard" numerical measures as well as "softer" narrative information has helped to develop a picture of what successful recovery looks like. This has also provided an objective measure of how far the pilot has delivered on the outcomes for survivors it set out to achieve – and has demonstrated that these have been successfully achieved for a significant proportion of the survivors supported.

8. Recommendations

1. People who have been found to be survivors of trafficking should continue to receive tailored, person-centred support that helps them to rebuild their lives after they leave the National Referral Mechanism, irrespective of their immigration status.

To achieve this, the Home Office should:

- **Provide long-term support to survivors of human trafficking and exploitation**
  After receiving a positive conclusive grounds decision, people should receive support tailored to their individual needs to help them rebuild their independence and resilience. As a minimum, there should be one-on-one support delivered by specialist staff for at least 12 months – with the flexibility to extend, based on a transparent and accessible process and criteria.

All agencies involved in supporting survivors of trafficking should:

- **Create a multi-agency care pathway for people that places the survivor of trafficking at their heart**
  All agencies that have been involved in supporting people while in the National Referral Mechanism and those that will be involved in their ongoing support should develop a care pathway for all survivors recognising their strengths and vulnerabilities. Survivors themselves should be at the heart of the development of the pathway, and should include appropriate sharing of information between agencies and with the person.

The Department for Health and Care and Clinical Commissioning Groups should:

- **Ensure survivors of trafficking can access specialist mental health care services**

2. Survivors should be protected and given security, through the grant of immigration status of at least 30 months.

To achieve this, the Home Office should:

- **Introduce an automatic grant of leave to remain for a minimum of 30 months with recourse to public funds for people leaving the National Referral Mechanism with a positive conclusive grounds decision.**
  Rather than relying on the use of discretionary powers, the Immigration Rules should be amended to create a specific form of leave to remain as a Survivor of Modern Slavery. People with a positive conclusive grounds decision who do not have a secure immigration status should automatically be awarded leave to remain as a Survivor of Modern Slavery for a minimum of 30 months to enable them to continue to recover and rebuild their lives.

3. People who have been found to be survivors of trafficking should be able to access secure, appropriate long-term accommodation.

To achieve this, the Ministry of Housing, Communities and Local Government should:

- **Add survivors of trafficking to the list of groups who have a priority need for housing if they become homeless**
  The Housing Act 1996 should be amended to include people with a positive conclusive grounds decision, recognising the particular needs of survivors of trafficking, to facilitate securing long-term accommodation.

- **Ensure that local authorities are correctly implementing the Homelessness Reduction Act 2017 and providing support to survivors of trafficking who face homelessness within 56 days**

All people facing homelessness, including survivors of trafficking, should be able to access support that seeks to prevent them becoming homeless, rather than needing to wait for the moment they are facing crisis.

The Home Office should:

- **Reform the operation and provision of asylum accommodation to meet the needs of survivors of trafficking**
  No survivors of trafficking should automatically be placed in asylum accommodation and the use of asylum accommodation should be reviewed. However, for those survivors who are in asylum accommodation, that accommodation should not place people at risk of being re-exploited and re-traumatised. It should allow people to continue to access any medical treatment or other support by allowing people to stay in their geographical location rather than being dispersed.

The Home Office, asylum accommodation providers, victim care contract providers and local authorities should:

- **Work together to ensure a smooth change for survivors leaving the National Referral Mechanism and/or the asylum system**
  Switching between different statutory systems should be coordinated so that survivors of trafficking are not at risk of destitution due to gaps in support. Accommodation needs should be identified as part of the individual multi-agency care pathway, with proposed accommodation risk assessed against this.

4. People leaving the National Referral Mechanism with a negative conclusive grounds decision should have a care pathway in place to help them access advice and support services.

To achieve this, the Home Office should:

- **Introduce a formal appeals process so that people can challenge their conclusive grounds decision**
  To ensure that survivors can consider their options in a timely manner, the nine-day period following a negative conclusive grounds decision should not begin until the individual has received notice of their NRM decision along with the reasons for that decision.

- **Make legal-aid available for lodging an appeal or reconsideration of a National Referral Mechanism decision**
  People should be able to access legal-aid support to help with appeals, and should continue to have access to support under the NRM while a appeal is outstanding.

- **Ensure a risk assessment takes place to measure level of need**
  During the nine-day period following a negative conclusive grounds decision, a risk assessment should take place to assess vulnerability, with a clearer, open and more accessible way of applying for extenstions of NRM support including from organisations who were not the main care provider under the NRM. Care pathways should also be in place to help transition vulnerable individuals out of the NRM, in line with safeguarding responsibilities.

9. Appendix: Measuring outcomes for survivors – tools

The evaluation included quantitative analysis of the information collected using two outcome measurement tools – the Assessment of Survivor Outcomes tool (ASO) and the Warwick-Edinburgh Mental Well-Being Scale (WEMWSS).

The Assessment of Survivor Outcomes (ASO) tool assesses the progress that survivors of violence make toward recovery. It is a valid and reliable tool for measuring progress of survivors rehabilitating from various forms of violence and exploitation. The International Justice Mission (IJM) calls this rehabilitation process "restoration" and defines it to be when a survivor can function in society with low vulnerability to becoming a victim again.

Domains of restoration: A domain is an area of functioning critical to a survivor's restoration. The ASO tool has identified six key domains (and corresponding subdomains), each of which contributes to a survivor's ability to function in society with low vulnerability to revictimization:

- **Safety:** Survivor is free from either threat or experience of victimization, and is motivated and able to remain safe.
- **Legal protection:** Survivor is knowledgeable about rights and protections under the law, and can pursue justice and legal protections for violations of these rights.
- **Mental wellbeing:** Survivor demonstrates stability, positive coping skills, and reduced harmful behaviours that affect long-term recovery.
- **Economic empowerment and education:** Survivor's household can maintain adequate income from a non-exploitative source to meet needs, and survivor positively engages in school, training, and/or work.
- **Social support:** Survivor is supported by positive relationships, is socially included in his or her community, and is free from discrimination and negative social pressure.
- **Physical wellbeing:** Survivor takes care of health needs and can access basic needs, medical services, and safe, stable housing.

Each domain has several sub-domains, with 23 sub-domains in total. Each subdomain is scored by the trained assessor using professional judgment and supported by detailed guidance, on a vulnerability scale of one to four, with one as the highest level of vulnerability and four as the lowest level of vulnerability (or highly stable). Therefore, an increase in ratings of stability for outcomes is directly proportional to a decrease in vulnerability.

Score	Vulnerability scale	
4	Highly stable	No or very low vulnerability
3	Stable	Minimal or low vulnerability
2	Vulnerable	Moderate vulnerability
1	Highly vulnerable	Significant or high vulnerability

The Warwick-Edinburgh Mental Wellbeing scale[27] **(WEMWBS)** is a validated tool for measuring mental wellbeing. Developed in 2007, it is now widely used and recognised within the UK health and social care sectors and is designed to be self-completed in more than 25 different languages.

WEMWBS represents mental wellbeing as both feeling good and functioning well. This includes psychological functioning and subjective wellbeing (as talked about in current psychology and social science research). The concept of mental wellbeing defined by WEMWBS is therefore much more than the absence of mental illness. People who have been given a diagnosis of mental illness can and do experience wellbeing when their illness is not making them feel bad or function poorly. The scale is also holistically linked to other aspects of wellbeing: physical, social, relational and, where appropriate, spiritual.

The scale has 14 items (statements about feelings and thoughts) and respondents are asked to select the frequency that best describes their experience in the past two weeks. There are five options; None of the time (1), Rarely (2), Some of the time (3), Often (4) and All of the time (5). The numbers corresponding to each item are summed to provide a single score ranging from 14 to 70.

There is no "gold standard" for measuring high mental wellbeing and all cut points are relative. However, NHS Direct has chosen to use a cut point of a score of 59 or above as high mental wellbeing and a score of 40 or below as the cut point for low mental wellbeing

The STEP programme collected WEMWBS at entry into and exit out of the programme. Where the scale was recorded more than twice, the final response was used.

[27] Copyright: Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

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