

West Midlands Health Engagement Event on Modern Slavery

Report of the Joint Event held Tuesday 15th November 2016 at Public Health England Offices, Birmingham

1. Overview

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting. It is both illegal and abusive. We know there are 13,000 modern slaves in the UK. The Government is committed to ending this practice which can cause serious harm to children and adults. The Modern Slavery Act 2015 is designed to tackle slavery in the UK and includes a duty for various bodies to notify the Secretary of State upon developing reasonable grounds to believe that a person may be a victim of slavery or human trafficking. The Prime Minister also established a UK Cabinet Taskforce to tackle these "sickening and inhuman crimes."

2. Aims of the Event

To:

- i. Raise awareness and build further understanding and capacity across the NHS and Public Health sectors to spot the signs and work with victims
- ii. Share good practice
- iii. Identify current gaps in practice and research
- iv. Agree collective actions



Modern slavery programme.pdf

Presentations from the day are at <http://www.lfphwm.org.uk/past-events/615-15-11-2016>

The event is not an end in itself and further collaborative work will follow.

3. Presenters

Dr Stephen Munday, Director of Public Health at Solihull Council and Chair of the West Midlands Association of Directors of Public Health (WMs ADPHs) opened and chaired the event. There was a commitment from Stephen to discuss recommendations made during the day with WMs ADPHs.



Stephen explained the aim of the day was to look at modern slavery through a public health and health inequalities lens and to describe good practice from other agencies. Stephen highlighted that the impact on the health and wellbeing of the men, women and children who are the victims of this crime is serious and long lasting. In addition victims of modern slavery are often subjected to severe and complex forms of interpersonal trauma that have an effect on the way that victims interact with professionals.

3.1 PH England (West Midlands)

Karen Saunders from PHE gave an overview of PHE's involvement in the agenda; the important links with health inequalities; suggested some ways that priorities could be better joined up and what further work with wider networks could be pursued. She provided an overview of PHE's legal duty to tackle health inequalities and reinforced the need to further raise awareness of slavery amongst health professionals and to build capacity e.g. using Health Education England's e learning resources. Karen noted that the Chief Medical Officer's Annual Report on "Women's Health" highlights that in the UK 55% of victims are female and 35% of all victims are trafficked for sexual exploitation. The report also highlighted that victims experience numerous health risks prior to, during and following trafficking and there gaps in research around this topic.

3.2 West Midlands Anti Slavery Network (WMASN)

The work of the WMASN and its partners was described by their Chair Robin Brierley who explored further opportunities to collaborate with health partners and agencies in order to "make every contact count": <https://tp://www.makeeverycontactcount.co.uk/www.gov.uk/government/publications/chief-medical-officer-annual-report-2014-womens-health>

The Network is a multi-agency partnership addressing all the issues of and human trafficking with partners from both the statutory and voluntary sector.

Robin Brierley noted the significant progress made in engagement with NHSE and PHE in the WMs. The day was an opportunity to build on this and contemplate what more we can do in collaboration.

Recognising the signs and knowing how to report potential victims are key. Robin explained that the duty to notify does not apply to the NHS however it is important staff are aware and know what to do. See the duty to notify <https://www.gov.uk/government/publications/duty-to-notify-the-home-office-of-potential-victims-of-modern-slavery> and how to report suspected slavery including the helpline number - 0800 0121 700 <https://modernslavery.co.uk/report-it.html>



Robin outlined recent survey work led by the WMASN and resulting recommendations around enhancing partnership working; creating training resources and opportunities and improving information and intelligence sharing. The WMASN has established sub groups to lead on taking these priorities forward. Recommendations from this event will feed into these groups. There is also a National Training Delivery Group looking at training available and where the gaps are.

“Everyone has a part to play, not just law enforcement”

Robin highlighted the excellent work of other agencies for example modern slavery is embedded in the Police and Crime Commissioner’s Plan and the Fire Service is committed to furthering this priority. Industry is also well engaged and housing colleagues are increasingly more involved.

Robin described the National Referral Mechanism (NRM) which is a framework for identifying victims of human trafficking and ensuring they receive the appropriate support. The Home Office fund the NRM and sub contract with the Salvation Army to implement this. The NRM is also the mechanism through which the [Human Trafficking Unit \(MSHTU\)](#) collect data about victims. This information contributes to building a clearer picture about the scope of human trafficking in the UK. The NRM was introduced in 2009 to meet the UK’s obligations under the Council of European Convention on Action against Trafficking in Human Beings. At the core of every country’s NRM is the process of locating and identifying “potential victims of trafficking”. From 31 July 2015 the NRM was extended to all victims in England and Wales following the implementation of the Modern Slavery Act 2015. The NRM grants a minimum 45-day reflection and recovery period for victims of human

trafficking or modern slavery. Trained decision makers decide whether individuals referred to them should be considered to be victims of trafficking according to the definition in the Council of Europe Convention. In England and Wales, further consideration is made to those who do not meet the definition of trafficking. Their cases are then considered against the definitions of slavery, servitude and forced or compulsory labour. WMs Police now crime all NRMs. Numbers are the third highest in the WMs behind Greater Manchester and London. For information on the NRM and data see: <http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism>

Robin emphasised that the post the 45 day period is a challenge and we need to do more to understand what happens to people after this time as they may be moved to another area; be at risk of further exploitation or become homeless.

3.3 Barnardo's

Rebecca Griffiths described the work Barnardo's are leading on children and young people with the WMA SN and the Panel for the Protection of Trafficked Children. She reminded the audience that a third of trafficked people are children and that we have to do more to break the exploitation cycle. Rebecca described some examples of victims and showed a thought provoking animation entitled "What do you see"? <http://www.unchosen.org.uk/portfolio-item/what-do-you-see/>

"You don't see chains – doesn't work like that. Agencies should be curious about the indicators of trafficking. "We need to understand the hiddenness.

"Identification depends on you"

Rebecca described the NRM form to help spot the warning signs e.g. sexually transmitted diseases; unwanted pregnancies; older partners; unwilling to provide personal details; being withdrawn and multiple addresses.

Health visitors and midwives have vital roles in spotting the signs.

3.4 NHS England

Lucy Botting described the excellent work of NHS England and their "call to action". NHSE have published a web page which outlines what modern slavery is and the impact that it has on victims: <https://www.england.nhs.uk/ourwork/safeguarding/our-work/modern-slavery/>

There is an awareness raising video which contains a call to action for all NHS staff from Hilary Garratt, Director for Nursing, NHS England and Deputy Chief Nursing Officer for England, as well as examples and what to look out for from staff working across the NHS. The video can be found on the web page or it can be found direct on the NHS England YouTube channel here: <https://youtu.be/cRskjqpgSNs>

NHSE also published a blog on their website to raise awareness among NHS staff. <https://www.england.nhs.uk/2016/10/hillary-garratt/>

On Anti-Slavery day, Tuesday 18 October 2016 NHSE published a number of tweets using the @NHSEngland twitter handle with links to the web page and resources available for staff: #EndSlavery2016 #AntiSlaveryDay. NHSE also placed messages in key national NHS England bulletins.

Lucy outlined further work planned including:

- Work with the Royal College of Nursing to raise awareness to frontline staff on the issues of modern day slavery. This will include a four nation's campaign and tools such as pocket guides.
- Work with the Royal College of General Practitioners to update their children and adult safeguarding on line toolkits. Safeguarding issues around modern slavery will be included. This will be launched in May 2017.
- Training Resources: London Councils are piloting a level 1 multi-agency training (train the trainer methodology). This will be developed and delivered by March 2017 and following evaluation it is hoped to roll this out nationally.
- NHSE are also exploring a NHS Level 2-3 training resource and will be engaging with Health Education England to explore how modern slavery training can be embedded into learning.
- Discussions have commenced with the DH and Home Office to explore how the NHS can be better embedded within the duty to notify. Currently professionals have a responsibility to notify social care in conjunction with their safeguarding processes, but as noted above there is no duty to report. This has caused some confusion with the process around safeguarding those who have been trafficked.
- Discussions have also taken place with the Welsh Government on some of their examples of best practice. This includes the Code of Compliance around best practice/ trafficked free organisational employment.

3.5 West Midlands Fire Service

The Fire Service described how they are “taking charge” and embedding the issue of slavery in their daily work alongside wider colleagues. Examples included integration with fire inspectors in factories; work with G4S; safeguarding referrals and training.

“We need to avoid silo working and ask the difficult questions”

The Fire Service highlighted the need for better understanding of the volume and type of slavery in order to respond more effectively as a system and the “unseen volume” of sex work was highlighted.

There are gaps in intelligence and we need to get to the “off street” activity. How we commission services to respond effectively requires further consideration and cultural change is necessary.

“We must work to increase awareness; strengthen and share intelligence and build more partnership working”



3.6 West Midlands Police

West Midlands Police described scoping work undertaken which highlighted that partners were unclear on how spot signs of slavery and how to react to slavery issues. There are significant intelligence gaps on organisers and facilitators of modern slavery and missed opportunities to recognise victims and provide joint safeguarding/support to victims. More awareness raising was required across agencies on how spot signs of slavery and how to react to slavery issues. The importance of intelligence sharing was stressed and the move to crime all NRMs described.

“You may have the last piece of the puzzle that allows action to be taken”.

3.7 Staffline

Staffline outlined their excellent work on checking for the signs of modern slavery and described their training resources on spotting the signs to highlight “red flags”.

- Shared mobile numbers and contact details. Reminder – the rules are, shared mobiles are only permitted with close family members
- Shared bank accounts. To avoid the risk of compromised bank accounts, please refer to the bank account policy
- Transporting of workers together. For example, large groups of contractors arriving in minibuses
- One worker providing food for others. Providing food for his/her gang as individuals are unable to do so themselves
- Multiple application forms handed in/completed by one worker. All applicants’ details need to be checked with the individual at interview to ensure identity

- Someone not employed by Staffline introducing a number of applicants. This could be an illegal gangmaster controlling individuals
- Multiple housing occupancy. Look out for too many people living at one address
- Where did they hear about the vacancy? If this is a landlord or a friend, ask for a name and more details
- Rumours from workers/factory floor chit chat. Listen out – walk the floor, smoking areas – workers may provide valuable information
- Physical appearance. Unkempt, over tired – being forced to work long hours or double shifts, malnourished, scruffy clothing

4. Discussion

Delegates shared their comments and feedback in the plenary discussion and also posted ideas on the “Thought Wall”. The feedback will be discussed with the WMASN and its sub groups and the WMs ADPHs.

Opportunities, challenges and further actions that can be taken across health agencies included:

4.1 Partnerships

Working as a system:

- i. Improve the system’s response to modern slavery
- ii. People are doing so much; everyone is doing something; how do we join it all up?
- iii. Can the WMASN accept more members as this seems to be the overarching group
- iv. The NHS should be part of the duty and first respondents
- v. NHS England (Staffs) emergency planning: will take learning back
- vi. Explore with Staffline further synergies around workplace health initiatives and work and health.
- vii. Keep Modern Slavery under the safeguarding umbrella especially for reporting purposes – this will be helpful for frontline NHS staff. Discuss this with safeguarding children and adult’s board to start multi agency discussions and raise awareness. The Director of Adult Services needs to be involved
- viii. Not a single issue. Need to consider interdependencies e.g. knock on effect of housing cuts. Integrate issues e.g. CSE
- ix. EHO’s enforcement role should be maximised
- x. Share perspectives from the private sector
- xi. Private rented sector engagement is key: PHE to discuss with the Chair of the WMs Network
- xii. Faith based organisations are important
- xiii. How do you resource from individuals rather than just networks? Resources - sufficient?
- xiv. How do we beat the traffickers – global problem?
- xv. Strength of PHE to keep momentum

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- xvi. Share outcomes from the day with other PHE Centres and national PHE who are looking at research in modern slavery
 - xvii. We need an annual conference

Processes:

- xviii. What are your organisations processes for reporting modern slavery – find out!?
- xix. Sheffield uses one point of contact for referrals (Salvation Army). Need to go back to your department and decide on what you are going to do in your workplace as a point of contact and who this is going to be. Agree your processes
- xx. Red Cross – can we have a framework for referrals with partners so we can deal with expectations?

Community engagement:

- xxi. Community engagement is important - involve service users
- xxii. Role of the VCS is important: share perspectives from the VCS
- xxiii. Apply asset based approaches and principle
- xxiv. Need a focus on rurality and the agricultural sector as this commands a large number of seasonal immigrants
- xxv. Victims should not be seen as offenders

Commissioning:

- xxvi. Each LA has to produce an anti-slavery statement which is bigger than just the supply chain they have. Need to drive a common LA approach to ensure we regionally join the dots. WMs Heads of Procurement are bringing a statement together, however it is more than this and the back office need to know what the front office are doing. PHE to discuss with WMs Heads of Procurement
- xxvii. Influence commissioning e.g. of sexual health services
- xxviii. How do we meet mental health needs?
- xxix. Support each other and collaborate with mental health services to understand the burden of need in asylum seekers and trafficked individuals
- xxx. CCG support and guidance needed

4.2 Training

- i. Priority is to raise awareness amongst health professionals
- ii. Need a screening tool for health professionals: simple and health specific
- iii. Need evidence based training for health care professionals
- iv. Maximise existing resources in NHSE and HEE
- v. Training GPs is important
- vi. Raise awareness with practitioners
- vii. Culturally sensitive training is required e.g. handling issues such as FGM and asking questions in the right way
- viii. NHSE – what training is available in the West Midlands?

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- ix. PHE invited to present on modern slavery to TB Nurses
 - x. Explore a generic training package across agencies: WMFS to discuss with the training sub group and in light of national developments
 - xi. PHE to discuss training for HCPs with Sheffield University who are doing work on this

4.3 Data and Intelligence

- i. Use the UK Modern Slavery helpline to seek advice and guidance 0800 0121700 – organisations to use a single point of contact? There is also the Salvation Army
- ii. Where is the data? Concern regarding lack of NRM data in some areas
- iii. Share NRM forms: information on indicators are useful to share
- iv. Recording stats. and non-convictions. How can we get there so we can lead to convictions and protect the vulnerable?
- v. Enable sharing of data and records e.g. NHSE North Midlands working with the Police
- vi. Is confidentiality an issue for organisations?
- vii. The WMP form for CSE: can this be adapted to include modern slavery?
- viii. Data sharing agreements across agencies needed and data needs to link with e.g. Flag 4 and Care First – “connected intelligence”
- ix. Create an outcomes framework/spine chart to identify hot spots across England and to allow comparisons between core cities and statistical neighbours

5. Good Practice Examples Shared by Delegates

These included:

5.1 Sandwell Housing Operational Partnership

The objectives of this housing led work are:

- To increase intelligence sharing between partners.
- To use intelligence sharing to identify and assist exploited individuals.
- To prosecute perpetrators.
- Prevent future exploitation

Raids on properties resulted in:

- 6 of 11 victims decided to enter the NRM.
- Further information sharing between SMBC and Police to strengthen the case to support the Proceeds of Crime Act.
- 2 further victims found to be working at one of the recycling centres.

In future they will:

- To continue to share intelligence on properties suspected as being used to house victims through partnership working.

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- Continue to feed strategically into the West Midlands Anti-Slavery Network. (WMASN)
 - Continue to build new links and work with businesses such as 2Sisters to eradicate the use of MDS and spread the word to similar businesses
 - Promote successes to continue to raise awareness.

Contact: Liz Mooney

5.2 NHS Birmingham South Central Clinical Commissioning Group

The CCG are using systems they already have to integrate modern slavery priorities as this is not a single issue. The designated safeguarding team have set up an internal group to look at developing some key priorities for both adults and children. The group consists of a primary care safeguarding named professional, Designated Nurse for safeguarding children and Deputy Designated nurse for children. They are hoping that one of their Adult Designated Nurse for safeguarding will also join to ensure they have a child and adult view.

The internal group aims are to develop an action plan to address the following:

- Scope what is currently being done to address modern day slavery within health providers and GP practices across the city.
- Consider what training is currently offered and accessed by health providers and GPs.
- Link in with NHS England and PHE Strategic priorities in addressing modern day slavery.
- Heighten awareness of modern day slavery and improve recognition in primary Care and Birmingham health providers.
- To be part of the west midland anti-slavery network meeting.

Contact: Natalie Solomon and Fiona Allen

6. Media Coverage

The event secured extensive media coverage

- Heart FM radio interview
- Free FM
- Express and Star
- Social media - #WMSlaveryEvent



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ExpressStar.pdf

7. Evaluation of the Event



Evaluation.docx

Delegates found this to be a very informative event and commented on the quality of presentations. The session was described as a great example of collaborative working and further partnership working would be enabled as a result.

Karen Saunders
Health and Wellbeing Programme Lead
PHE West Midlands

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Acknowledgements: Lucy Botting; Helen O'Donnell; Raj Atwal

Any comments or feedback then please e mail: karen.saunders@phe.gov.uk