

Hello,

Welcome to **Week 20 MSCOS**. Please check out this week's news, features, online pages and moderated [discussion forums](#). You can post anonymously – we need YOUR perspectives on practice!

The MSCOS Community of Practice will be recruiting soon! Please watch this space.

This week our feature is on the core outcomes: [Safety from Any Trafficker or Other Abuser](#), [Access to Medical Treatment](#), and [Compassionate, trauma-informed services](#). We also continue to focus on [Finding Purpose in Life and Self-Actualisation](#).

We would like to thank [Beth Mullen-Feroze, Counter-Trafficking Legal & Policy Manager, Helen Bamber Foundation](#) who spoke to us about HBF's new report, [Leave in limbo: Survivors of trafficking with uncertain immigration status](#). Thank you also to [Brook](#) and [Peter Parker](#) of the [MSCOS Research Advisory Board](#) who provide their insight on the role of creative arts in relation to [Finding Purpose in Life and Self-Actualisation](#).

THIS WEEK'S FEATURE



Safety from any trafficker or other abuser

The **MSCOS Community of Practice** promotes the provision of **formal leave to remain in the country for all victims of trafficking who need it**, as an essential component of the core outcome, [Safety from Any Trafficker or Other Abuser](#).

In its new report, [Leave in limbo: Survivors of trafficking with uncertain immigration status](#) the **Helen Bamber Foundation** is calling for all survivors of trafficking with a positive, final ('**Conclusive Grounds**') decision from the **National Referral Mechanism (NRM)** to be automatically granted **recourse to public funds, appropriate support in accordance with their individual needs**, and a **leave to remain in the UK for at least 30 months**, with viable routes to settlement.

Beth Mullan-Feroze, HBF Counter-Trafficking Legal & Policy Manager, says:

"The reason why the recommendations in this report are so pertinent now is because the situation is set to get worse following the implementation of the new policy on [Temporary Permission to](#)

Leave in Limbo

Survivors of trafficking with uncertain
immigration status

August 2023



[Stay](#) introduced in January 2023, which narrows the already restrictive process for deciding whether a conclusively recognised victim of trafficking should be granted leave to remain.

Our report provides an overview on the low numbers of victims of trafficking who are granted leave to remain in the UK. It outlines the significant difficulties faced by survivors who are in need of leave to remain in the UK and explains why long-term immigration status is so important to recovery, reducing the risk of re-trafficking and further harm. It is directly relevant to all 7 core outcomes of the MSCOS.

The new '[Temporary Permission to Stay](#)' policy, combined with the [Illegal Migration Act](#) which denies any person who is considered to have arrived 'irregularly' in the UK, will block survivors' access to the essential protection that should be provided by both the NRM and the UK asylum system. This will result in many survivors being left without meaningful protection and support to recover from their trafficking experiences. They will face the ongoing threat of detention and enforced removal to countries where they are at risk of re-trafficking. The risks that they will be re-trafficked in the UK are also increased, due to their high level of vulnerability and hardship.

Our data shows that a higher than average proportion of HBF clients eventually obtain some form of leave to remain, however that is only because of the huge amount of time and resources that is put in to providing evidence in support of these requests over years that our clients are in the system. The many victims of trafficking who are without this level of long-term support are not so fortunate. Between 2020 and 2022 5,578 adults were confirmed as victims of trafficking but only 364 adults subject to immigration control were granted leave to remain via the UK's National Referral Mechanism (NRM). In the same period, 5,266 children were confirmed as victims of trafficking, but fewer than 21 were granted leave to remain via the NRM.



A Quick guide for Community of Practice Stakeholders:

Why survivors need access to both the National Referral Mechanism (NRM) and the Asylum System

'Safety from Any Trafficker or other Abuser' requires that all survivors of trafficking/modern slavery (of any nationality or immigration status) should have straightforward access to the **National Referral Mechanism (NRM)**. Those who need international protection, should also have equal access to the **national asylum system**. These systems are not 'one and the same' or interchangeable. Although, they overlap considerably, they address different legal questions and result in different rights and entitlements.

In simple terms:

- The **NRM** should offer a 2-stage identification process, needs-based support, a recovery and reflection period, and leave to remain for adults and children *who have been trafficked*. The NRM should be equally accessible for nationals of the country as well as non-nationals.
- The **asylum system** should recognise and provide refugee, or other international protection status and leave to remain for people who are at risk of being trafficked or otherwise persecuted *currently or in the future* if they are returned to their country of origin, or a third country, and they meet the relevant test for a grant of asylum.

For many victims of trafficking, these critical questions relating to their past, *and* their future must be addressed for their protection. All those who need it, should therefore have full access to *both* the **NRM** and the **asylum system** and the different forms of support and leave to remain that they offer. This is required in order to keep them safe from current and future re-trafficking and other forms of harm.

The **asylum system** offers vital recognition of the need for international protection, with the possibility of victims of trafficking securing longer term and more settled forms of leave to remain. Significantly, it gives people access to **refugee family reunion** which reduces risks of trafficking by ensuring that people can be reunited with their families in the UK, and their families can reach them through safe routes. It can also provide **refugee travel documents** which enables people to visit family members who are in third countries while being assured of being able to return to the UK. However, the asylum system is also fraught with challenges, including long term delay and backlog, resulting in people left in years of stasis and usually being unable to work in the employment market at all until they are recognised, which is a clear re-trafficking risk. While access to the asylum system is essential for all victims of trafficking who need it, meaningful access to the **National**

Referral Mechanism and the range of support protection of leave to remain as a victim of trafficking under that system, must equally be assured, and delivered swiftly in all cases. The NRM identification process is designed in 2 specific stages to permit swift access for victims of trafficking and to avoid further risks.

National Referral Mechanisms are established in countries which are OSCE participating States. For practical information and guidance for all stakeholders on how effective NRMs must operate to combat trafficking and protect victims and survivors, see: [The NRM Handbook](#).



[Access to medical treatment \(physical and mental healthcare services\)](#)



[Compassionate, trauma-informed services](#)

The British Medical Journal article, [Health workers are in a unique position to help identify human trafficking](#) (BMJ 2023;382:p1745) makes the case that health workers are uniquely situated to identify, treat, and protect trafficked persons and that *'front line health workers are often the only public sector employees to meet trafficked persons during their ordeal.'* Therefore, investment of resources is needed to increase the capacity of health systems.

The article recognises the need for implementation of effective **National Referral Mechanisms** which operate in accordance with multi-sector, trauma-informed healthcare protocols,. It advocates for **increased training for health professionals in survivor centred, trauma informed care and trauma awareness** as well as **standardised protocols** to apply when indicators or signs of trafficking are recognised. It also recommends that **structured interview approaches** should replace existing universal screening.

"Structural barriers to healthcare for trafficked individuals include understaffing and underfinancing. Access to affordable healthcare, including mental and dental care, mitigates the risk of re-trafficking by decreasing out-of-pocket healthcare expenses that lead to debt and impoverishment, and is critical for trafficking survivors' long-term wellbeing..."

Public health responses should support the prevention of trafficking. This means closing off avenues into trafficking by tackling the social determinants of health that place people at higher risk, such as racism, gender inequalities, and gender-based discrimination, poverty, food insecurity, homelessness,



socioeconomic marginalisation, forced migration, lack of access to healthcare, economic and social rights, an inadequate education.”

NB: It is worth noting that these public health responses dovetail with the [UN Sustainable Development Goals](#). See also our previous feature on [Week 4](#), featuring Liz Such, Ann McLaren Fellow at the School of Health Service, University of Nottingham, and the [Refining Health Approach to Modern Slavery paper](#).



[The Unheard Story of Trafficked People](#) summarises the work of King's College London (KCL), our MSCOS Community of Practice partner, on human trafficking and mental health. KCL's work is explained in the context of **addressing the evidence gap in trafficking/mental health, the unique mental health needs of trafficked people, identifying barriers to care, improving training for healthcare professionals and Influencing UK policy on the mental health needs of trafficked people.**

KCL's flagship programme [PROTECT \(Provider Responses, Treatment, and Care for Trafficked People\)](#) has pioneered research into human trafficking and mental health in the UK. It has influenced UK policy and is relied upon as an information source for stakeholders across the anti-trafficking field.

KCL's research has resulted in 'abuse from experiences of trafficking' being included in the **International Statistical Classification of Diseases and Related Health Problems, 10th revision clinical modification (ICD-10-CM)**, which is the global standard guidance for making diagnoses. This means that for the first time, abuse from trafficking has been differentiated from other forms of abuse. This recognition of the harm caused to trafficked people has allowed survivors to access appropriate treatment and potentially enables healthcare professionals to better track provision of care.

*“The inclusion of trafficking-related abuses in the **International Statistical Classification of***

Diseases is a significant step forward, acknowledging and addressing the specific harm inflicted upon trafficked individuals, while contributing to the development of more comprehensive data globally.”

Professor Louise Howard, Professor Emerita of Women's Mental Health at King's IoPPN



Finding purpose in life and self-actualisation

Continuing our online forums on [Finding Purpose in Life and Self-Actualisation](#), (chaired by **Ruth Aguele**) we focused on the role of the arts and activities in the daily lives of survivor leaders, finding that the atmosphere became elevated and discussion flowed freely. Members of the MSCOS research advisory board said they were pleased to discuss this topic, and to learn more about each other in this way.



Peter Parker: Makeup Artist

"I love applying makeup, and helping people to feel good about themselves. It is that sense of the client coming in and maybe they're not feeling positive about themselves or maybe they're stressed or in a low mood for whatever reason. You can be the reason that they leave the place feeling much better, wanting to come back and feeling happy about what they have done for themselves today, perhaps even taking that small step of going to the salon. It is all about accepting themselves.

*My favourite style is Natural Make up, a daytime look where you do not have to apply many products but it still stands out. It is a perfect choice, as it makes you look great and flawless. It is always important to maintain and have your own look, to be original and unique. I like to moisturise the face or use primer as the make-up base before applying foundation, because it helps to hold the products for longer. I am very aware of sensitive skin, which mean that at times it can be difficult to find the best products; I love chemical free products. I always look to **James Charles** for his make-up application and creativity; he is incredible! Fundamental care that is very important - with or without make-up - is cleansing your face at least twice a day.*



Brook on crocheting and other skills

“The talents and skills that I have, I can relate to my being a victim of trafficking. I was trafficked because I need accommodation; a place to sleep and more especially to survive in this world. When I look back at when I was growing up, our parents used to work multiple jobs and tasks. My grandmother would knit, crochet, cook and do other businesses on the side too. My mother used to do the same thing; she would bake for our daily needs, birthday celebrations and especially around Christmas - everyone baked for their families to eat healthy and at home. Today there are so many meals you just microwave, or you just add milk and egg to make a cake. Back in the day, you had to make this from scratch. There is demand for things which are produced for us at little cost, rather than a teaching of skills to make things ourselves.”

DID YOU KNOW?

If you've joined our mailing list recently, over the last **19 weeks** we have covered a variety of outcomes, highlighting best practice models and frameworks. You can access them all in PDF [here](#).

Please forward MSCOS to any colleagues or network connections that you think may be interested in our work, and they can sign up to receive newsletter invites via our contact form [here](#), or by direct email to mscos@kcl.ac.uk.

The MSCOS Community of Practice content is hosted by the Helen Bamber Foundation. Content is designed and directed by Queenie Sit and Rachel Witkin.



Working with core outcomes as a set



Secure & suitable housing



Safety from any trafficker or other abuser



Long-term, consistent support



Trauma-informed services



Finding purpose in life and self-actualisation



Access to medical treatment



Access to education