

Hello,

As we reach Week 3, a big thank you to everyone who has engaged, shared feedback, and contributed to discussions on our MSCOS website. Our community is YOU!

## NEW THIS WEEK:

Staying with the core outcome of '[Safety from Any Trafficker or Other Abuser](#)' this week, you will find some accounts from the lived experience of our **Research Advisory Board** and other survivors in the discussion forum which provide rationale for last week's recommendations on police training *at all levels* from recruitment onward, and the professional employment of survivor leaders within victim navigation and police teams.

A key theme for survivor leaders who have contributed to MSCOS, is the need for widespread public information about modern slavery/human trafficking and particularly information which can safely reach victims trapped currently within trafficking situations. **Keith Lewis** recommends modern slavery standards and inspection being paralleled with health and safety standards and inspection, thereby covering all public venues. **Jane Lasonder** brings our attention to an organisation called [Twentyfourseven](#) which has created **QR codes** for posting in every location where people who are trafficked may be. These can be scanned and saved for later, when a victim can then look for the country they are in and the national laws and help available, at a time when they are able to do so – i.e. when traffickers are not watching them.

The situation for victims who may fear being seen by traffickers researching their escape and how to get help is foreseen on the [West Midlands Anti-Slavery Network](#) website which provides a '**safety exit**' button that a person can press if they need to immediately leave the site due to lack of safety. It also explains on the site how you can then eradicate your browser history so that traffickers cannot see it.

## THIS WEEK'S FEATURE:

The **West Midlands Anti-Trafficking Network** is featured as a resource on our holistic '[Working with Core Outcomes as a Set](#)' page as well as '[Safety from any trafficker or other abuser](#)'.



### Working with Core Outcomes as a Set

*Robin Brierly, Modern Slavery Consultant on Trafficking and Slavery* says:

“If you were to give everyone a piece of paper and ask them to draw a structural diagram for the response to modern slavery in the UK, it would be impossible. You would have many different organisations and agencies with lines all over the place. How do we all join up? How can we cross refer? You need a clear victim care pathway, a recognizable structure that everyone can follow with a nucleus of knowledgeable people.

In the **West Midlands**, it is a bit easier, because we have a clearer structure. We have the **police and crime commissioner** and the **violence reduction partnership** which is funded by the Home Office for



[Safety from any trafficker or other abuser](#)

support of young people 16-25 year olds, and of higher age if a young person is a survivor of trafficking and exploitation. It works with victims of county lines and other gang crime, and recognizes the importance of working frontline, multi-agency and within communities, which is the best way of ensuring identification of victims.

We have the **Modern Slavery/Human Trafficking Strategic Board** which meets quarterly and has representation from 7 local authorities, 3 of which have embedded **Modern Slavery Co-ordinators**.

We also have the **West Midlands Anti-Slavery Network** which can identify victims who are within the criminal justice/custody system by scanning custody records and providing tactical advice to officers. The network itself meets quarterly as a group of multiple agencies to share localized trafficking updates, statistics, data and trends and sharing good practice. Every month the police provide the network with **anonymized NRM duty to notify data**. When you are in possession of the data collectively, you can really drill down into understanding trafficking trends, demographics and forms of exploitation in the UK and in your specific region.

We also have in place the **Slavery Adult Safeguarding Case Conference (SASCC)** which is a MARAC equivalent, similar to those established for domestic violence cases. This has a designated coordinator and meets whenever there is a need. It does not cover every case, but it can raise a multi-agency meeting within 48 hours. Professionals come together including police, healthcare services and importantly, 3rd sector organisations (charities and NGOs). They discuss the case, what has happened, how to manage it in relation to individual needs, risks and challenges. We are fortunate to have many 3rd sector organisations which provide invaluable support – some regions do not have any.

In the **Care and Support Task Group Forum** we gain an understanding of what support each organisation can provide, their geographical coverage and capacity. This includes discussions on how to cross refer and ensure they keep up to date with legislation and process etc. This is a basic first thing to do in a region in my opinion: a mapping of services

Across the West Midlands we have formally adopted the **public health approach to modern slavery\***. Public health approach is community driven, intelligence led and data led, taking a preventative approach to trafficking rather than being in a continuous state of reaction to everything that comes along.

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I am **developing similar hub systems in Durham and Cleveland**. Geographical location is key because each regional system works differently. We have to think about the good practices and skills that are transferrable to all regions. Although working in multi- agency partnerships is often quoted in guidance and strategies, the modern slavery/human trafficking agenda is based on the presence of good, compassionate people because there is nothing in legislation and much of this work is not in statute – this does have its challenges but also provides opportunities.”

\*For more information, see [Refining a Public Health Approach to Modern Slavery](#), by Elizabeth Such, Kate Hayes, Jonathan Woodward, Ines Campos-Matos and April McCoig, which features in the MSCOS ‘resources’ pages on [Working with Core Outcomes as a Set](#) and [Access to Medical Treatment \(physical and mental healthcare\)](#). Watch out for more on this coming soon...



### [Access to Medical Treatment](#)



### SAFE SURGERIES TOOLKIT

Check out the [Safe Surgeries Toolkit](#) which is featured on our '[Access to Medical Treatment](#)' page. This is a resource for general practices who want to provide a welcoming environment for everyone in the community and an equitable service for all of their patients. This has been developed by [Doctors of the World UK](#) with the aim of addressing the particular barriers to primary care for survivors of trafficking.

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 a direct email to [mscos@kcl.ac.uk](mailto:mscos@kcl.ac.uk).

*The MSCOS Community of Practice content is designed and directed by Queenie Sit and Rachel Witkin.*