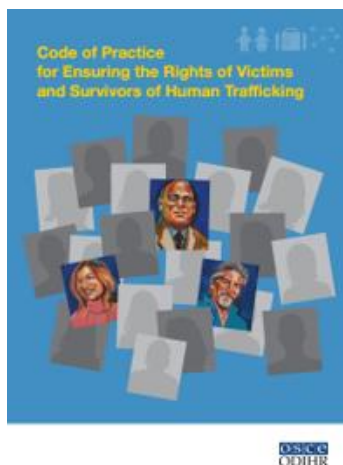


Hello,

Welcome to **Week 8 MSCOS!** Please check out this week's news, features and of course, our [online pages](#) and [discussion forums](#). This week we would like to thank **Dr Allison Ward**, who has assisted us in featuring the fantastic [RESPOND multi-disciplinary, integrated healthcare service](#), hosted by **University College London Hospitals, NHS Foundation Trust**, which provides cohesive care and health planning for asylum seekers and refugees, including victims of human trafficking ([see feature below](#)).



[ISTAC Code of Practice for Ensuring the Rights of Victims and Survivors of Human Trafficking](#)

A new publication from the **International Survivors of Trafficking Advisory Council (ISTAC)** is hot off the press! The [ISTAC Code of Practice](#) reflects States' obligations and international good practices to protect victims and survivors of human trafficking under international, regional and national laws as well as with National Referral Mechanisms (NRMs) and equivalent mechanisms. It aligns with OSCE commitments, and it draws on, and aligns with the [NRM handbook](#).

The Code of Practice provides guidance for States on ways to ensure the inclusion of victims' and survivors' voices and their full engagement on all anti-trafficking responses. The lived experience and professional expertise of survivor leaders contributes to understanding of the importance of ensuring a victim- and survivor-centred, child-friendly, age-appropriate, gender-sensitive, trauma-informed and human rights-based approach.

*See: Our new page on [Survivor Leadership](#) where we feature work by professionals with lived experience, including the **MSCOS Research Advisory Board**.*

Our focus this week is on the core outcome, [Access to Medical Treatment \(mental and physical healthcare\)](#).

Cohesive and consistent healthcare is vital for all survivors of human trafficking, whether they are transnationally or domestically trafficked, On our [outcome](#) page, you can hear members of the [MSCOS Research Advisory Board](#), **Wendy**, **Mimi Jamalsco**, and **Keith Lewis** explaining the difficulties that survivors face and their need to access appropriate mental and physical healthcare services.



Access to Medical Treatment

There is recognised potential for the identification of victims of human trafficking in healthcare settings. **Brook**, a member of the [MSCOS Research Advisory Board](#) says that training of all personnel who work in healthcare services is essential:

'I was lucky I was spotted as a person being exploited by a doctor at the Accident & Emergency (A&E). He sent notes to my GP, who sent me an urgent appointment. After chatting with me, the GP gave me a text with a link and helped me to self-refer to mental health services. I then received a letter with instructions to follow up with a telephone assessment. My rescue was a smooth one because the mental health nurse knew how to get all the real information from me about my situation without causing me alarm. She suspected I was a victim of trafficking and helped me to get help.

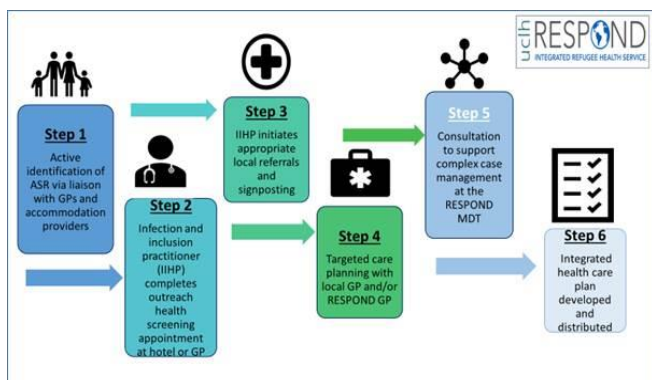
In **Brook's** experience however, once she was in the **National Referral Mechanism (NRM)**, there was a disjointed response to her healthcare needs: *'It is just as important that providers of the **Modern Slavery Victim Care Contract (MSVCC)** are trained in relation to survivors' healthcare needs and have a system that ensures they are aware of these in each individual case.*

At first the support workers offered to accompany me to healthcare services, which is a great support, not only for people who do not speak English well, but equally for survivors like me, who are ill and injured, who have difficulty with mobility for any reason, or are nervous and lack confidence. Unfortunately, they soon stopped accompanying me so I had to manage things myself. Then, when I was hospitalised for 5 days, all my mental health appointments were discontinued, and my mental health deteriorated as a result. I became withdrawn; I was crying, not eating or coming out of my room.

It would be good in the future if information is passed on or transferred from first responders in the town that we are rescued from, to the town that we are taken to, for our safety and so we can get help quickly. I was abused for over 10 years, and after all of this time, I have only just got access to a pain management psychologist.

THIS WEEK'S FEATURE:

The RESPOND 6-step model of trauma-informed inclusive healthcare



The **RESPOND** service is an integrated health care system with a specialist refugee health multi-disciplinary team, providing healthcare services for asylum-seekers and refugees, including those who are victims of human trafficking.

RESPOND is hosted by **University College London Hospitals** and works in partnership with stakeholders across **health, social care and the third sector**. It allows prompt access to advice from a panel of experts in migrant health and well-being, helping to streamline referral pathways and ensure each service user gets an **Integrated Healthcare Plan** which is tailored to their unique set of needs .

- **The RESPOND screening tool** contains prompts to ensure all patients are routinely asked about their safety. **RESPOND** staff are trained appropriately in adult and child safeguarding, and are aware of ensuring potential victims of trafficking are given the time, space and privacy they may need to ask for help. Service users have commented on how the RESPOND team has been the '*first person to ask them about their well-being*'. In cases where liaison with the NRM is indicated staff work with the correct professionals to support the process.
- **An Integrated Healthcare Plan (IHP)** is provided to all patients in both paper form and via an NHS app. It summarises the key identified areas of physical, emotional and social health needs, including infectious diseases screening and treatment,, and it highlights how these needs should be met by local health, social, and 3rdsector services. The Integrated Healthcare Plan can travel with patients, so they can present it to new health professionals when they are moved to different geographical locations (as often happens due to government policy on housing of asylum seekers remains in state of flux). The IHP can also be transferred digitally via primary care records systems. This avoids patients having to repeat their health histories and *go back to a square 1* situation with each placement move.

Dr Allison Ward, RESPOND Clinical co-lead, University College London Hospitals NHS Foundation Trust says:

“Many asylum seekers and refugees are unaware of their rights to healthcare in the UK and have not been able to register with a GP. Language barriers, digital poverty and short notice accommodation moves further compound lack of access. We find that victims of trafficking may have been warned against accessing services by their traffickers, and their fear can prevent them from receiving the confidential medical care to which they are rightly entitled.

RESPOND** aims to be as inclusive as possible with proactive identification of people eligible for our outreach services through **community liaison, and routine use of extended appointments with interpreters**. All **RESPOND** staff – from the clinic administrator who books and reminds service users about appointments, to the consultant clinical leads overseeing development and analysis of the service – are trained in trauma informed practice and know to prioritise compassion and respect in all communication. **Staff are also supported to work in a trauma-informed way through regular supervision, reflective practice and peer review.

*By adopting a **RESPOND** model of healthcare service delivery more widely, access to healthcare services can be equitable for all asylum seekers and refugees, no matter where they are placed geographically. There is emerging evidence from **RESPOND**'s work to demonstrate that our proactive outreach approach can prevent crisis and/or inappropriate presentations to emergency departments and save time in an already over-stretched primary care.*

*The **RESPOND Outreach Health Assessment and Care Planning Pilot** closed on the 31st March 2023, but other services within the **RESPOND** service will continue. The team is working closely with commissioners across London **to secure sustainable funding** for this aspect of the **RESPOND** offer (outreach health assessment and care planning) in the longer term, in addition to the development of a sustainable, scalable service model.”*

Dr Allison Ward is the Clinical Co-lead Consultant Paediatrician at the Royal Free London NHS Foundation Trust and named Dr for Safeguarding and Looked After Children, CNWL (Camden) NHS Foundation Trust.

For further information: <https://www.uclh.nhs.uk/our-services/find-service/tropical-and-infectious-diseases/respond-integrated-refugee-health-service>



St Mary's University, collaborating with the **Wilberforce Institute**, **University of Hull** and **Justice and Care**. Funded by the **Modern Slavery and Human Rights Policy and Evidence Centre (Modern Slavery PEC)** and the **Arts and Humanities Research Council (AHRC)**.

Centralised, cohesive and consistent healthcare and health planning are vital also for victims of domestic trafficking (those trafficked within the borders of one country). This report, led by **St Mary's University**, features on the MSCOS site and provides a series of recommendations specifically for **British Nationals**, which can be viewed in full [here](#).

In overview, recommendations which relate to healthcare access for British nationals includes a **public health to modern slavery** (see our [Week 4 update](#)); **increased understanding of the specific recovery needs and experiences of British nationals**, as well as the **specific gaps and barriers** they face in terms of accessing appropriate support.

There should be **active involvement of survivors in planning their recovery with professionals who are supporting them**; an **integrated approach to psychological and mental health care**; and **professionals' awareness of referrals that can be made to local authorities under the [Care Act 2014 \(s.12\)](#)**.

The recommendations also include provision under the Modern Slavery Victim Care Contract of costs of attendance at appointments for medical care/treatment and support services *prior to* entering the NRM.

The MSCOS Community of Practice needs to be fully aware of the needs for best practice in relation to victims of domestic trafficking – please do contribute to our discussion forums.

WHAT'S NEW: MSCOS ONLINE FORUM 15 MAY 2023



Finding Purpose in Life and Self-Actualisation

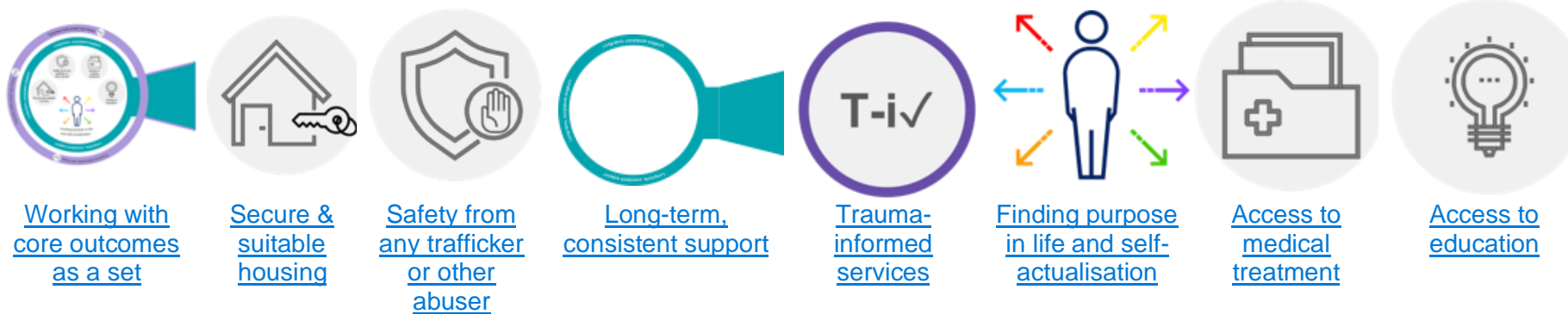
Finding purpose in life and self-actualisation was a strong outcome from participants with lived experience of modern slavery/human trafficking. A point made repeatedly was that it is personal for each survivor and cannot be dictated by systems or services on their behalf: It could be anything that is valuable to a person who has lived experience.

MSCOS study descriptor: *This outcome is about a feeling of optimism and fulfilment. The idea of being able to have hope to dream and desire to live is crucial, as is being able to tolerate good and bad days without fully losing this sense of hope. A key outcome feature is self-actualisation understood as the ability to follow passions in life and living life to the fullest. This could include, for example, using talents, setting goals for self-advancement, and articulating personal goals and dreams.*

We think this is the best focus for our first **MSCOS online expert forum**, so we will be sending out invitations to our **Research Advisory Board** and other survivors who are contributing to the **MSCOS** project.

We welcome contributions to this topic and would like to see discussions take place or information provided in our forum here. The discussion forum for Finding Purpose in Life and Self-Actualisation is for people with lived experience only (whereas the other forums are for everyone). All comments and information is moderated before it appears on the forum and so it is a safe space for all contributors. As explained, it is possible to comment anonymously, or with name where preferred.

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.



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