

Modern day slavery and human trafficking

This section is to assist workers in safeguarding adults with care and support needs when Modern Day Slavery (MDS) or Human Trafficking is suspected.

Definitions

Human Trafficking

Article 3, paragraph (a) of the Protocol to Prevent, Suppress and Punish Trafficking in Persons defines Trafficking in Persons as the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs

(United Nations Office on Drugs and Crime Website)

Modern Day Slavery

Modern slavery is a complex crime that takes a number of different forms. It encompasses slavery, servitude, forced and compulsory labour and human trafficking. Traffickers and slave drivers coerce, deceive and force individuals against their will into a life of abuse, servitude and inhumane treatment. Victims may be sexually exploited, forced to work for little or no pay or forced to commit criminal activities against their will. Victims are often pressured into debt-bondage and are likely to be fearful of those who exploit them, who will often threaten and abuse victims and their families. All of these factors make it very difficult for victims to escape.

(HM Government Modern Slavery Strategy 2014)

Safeguarding Considerations

Section 42 of the Care Act 2014 applies to those with care and support needs (See Care Act Guidance Chapter 14 for 3 stage eligibility test). Any people who are suspected victims of MDS or trafficking should have a safeguarding/ Section 42 response initiated for them if they have care and support needs or if we suspect that this may be the case (until proven that they do not).

Information on such cases may often take several weeks to come to light (to establish if a client has care and support needs). Put a safeguarding plan in place as if they do (have care and support needs) in order to ensure that the client is not exposed to undue risk and that the concerns raised relating to abuse/ neglect reacted to appropriately.

Please note that the types of abuse associated with MDS and Human Trafficking include:

- sexual exploitation (for example, being forced into prostitution, being forced to perform sex acts for basics such as shelter/ food)
- financial abuse (being made to give over wages to abuser, being forced to beg, being forced to pay exorbitant fees for being transported from one place to another, being forced to sign up for benefits or potentially commit fraud)
- physical abuse (or threats thereof)
- labour exploitation
- domestic servitude
- wilful mistreatment such as being forced to work long hours in poor conditions, lack of access to food, healthcare, adequate sleeping facilities and hygiene facilities

Actions for First Responders

Social Workers are considered one of several professions who may come across such cases as a “first responder”. Very often MDS and Trafficking cases do not have a planned intervention. Instead survivors often appear at police stations, council offices or hospitals/ clinics and come to the attention of social care from this perspective. Take the first steps on such cases and base them on risk management, the client’s desired outcomes and input from the professional network.

Please Note: Timing: MDS and Human Trafficking cases will always require an immediate response. So be flexible in allowing time to respond to the person’s needs. **Do not send a survivor away to come back at another time, they may only be able to come for help once.** As such teams are encouraged to use a “clear your diary” principle as one might in urgent cases of domestic abuse, FGM and forced marriage.

Consider the following as a guide to first responder social work intervention:

- Always use an interpreter where required.
- Consider the person’s immediate safety (including the possible need for health appointment and police presence) including the need for urgent health checks/ treatment (both physical and psychological health). Take police advice via Croydon Community Safety Unit or 101. Use 999 if there is an immediate risk to safety.
- Does the person have the basics of day to day life in place such as access to money, accommodation, food (or does the council need to consider temporary accommodation)
- If there are children involved then discuss with Croydon MASH team.
- In preliminary interview, gain the salient features of their narrative including the adult’s desired outcomes, but do not begin an investigation into any criminal matters as this may later compromise Police investigations. Liaise with Police for advice on a case by case basis.
- If there is a reason to push the presumption of capacity aside then workers may need to conduct a capacity assessment on required decisions (perhaps as care, accommodation, ability to manage risk). Consider advocacy in line with the Care Act and Mental Health Act Mental Capacity Act.

- Inform them of the processes (NRM, safeguarding, police enquiry, duty to notify the Human Trafficking Centre) and sequence of likely events/ appointments
- Create a multi-disciplinary network around the person (likely to include Home Office, police, health workers, social workers and advocates) perhaps in a formal planning/ network meeting (initially this may be telephonic but a sit down meeting is best practice as soon as is practically possible and can be used to review initial decisions/ plans/ information and further plan the interventions)
- Complete either the NRM (if consent is given) or the MS1 duty to notify forms.
- If the adult has agreed, link them to the third sector partners (such as the Salvation Army) who manage specialist human trafficking and modern slavery welfare and accommodation and ensure that logistical arrangements are made
- Consider continuity of care and protection planning if the person leaves the first responder agency's geographical area (How will we transfer information that we may have established to another local authority so that there is some continuity of care and information for the adult at risk, how to we link all partners in the network and ensure good information sharing so that the move does not lead to increased risk of re-trafficking or care/ health needs not being met?).

Please click for Croydon Council's [Prevention of Modern Day Slavery Process Map](#)

Who to joint work with

- Police
- Health (if health checks are required)
- Children and Families (likely via the MASH team)
- NRM process (possibly leading to Salvation Army Support)
- National Trafficking Centre (MS1 form)

Please Note: There are two statutory obligations with cases of MDS. One is the safeguarding under Section 42 of the Care Act 2014. The other is the offering of the National Referral Mechanism to the victim and the duty to report (via the MS1 form) to the Human Trafficking Centre. While planning for these streams may overlap they are distinct processes that are more likely to be complementary in terms of protection planning. See the accompanying flow charts for an at a glance guide.

Indicators

Key indicators of trafficking and MDS include¹:

- **Is the person in possession of their own passport, identification or travel documents? Are these documents in the possession of someone else?**

¹ Home Office practical guidance on human trafficking

- Does the person act as if they were instructed or coached by someone else? Do they allow others to speak for them when spoken to directly?
- Was the person recruited for one purpose and forced to engage in some other job? Have transport costs been paid for by facilitators, whom they must pay back through working or providing services?
- Does the person receive little or no payment for their work? Is someone else in control of their earnings?
- Does the victim have freedom of movement? Are they dropped off and collected from work?
- Is the person withdrawn or do they appear frightened?
- Has the person or their family been threatened with harm if they attempt to escape?
- Is the person under the impression they are bonded by debt, or in a situation of dependence?
- Has the person been physically or emotionally harmed or deprived of food, water, sleep, medical care or other life necessities?
- Can the person freely contact friends or family? Do they have limited social interaction or contact with people outside their immediate environment.

This list is not exhaustive. A person may display a number of the trafficking indicators set out above but they may not necessarily be a victim of trafficking.

See also the [Home Office practical guidance on human trafficking](#).