

One day at a time

A report on the Recovery Needs Assessment
by those experiencing it on a daily basis

An Anti-Trafficking Monitoring Group report

Authors: This report was written by Kimberley Hutchison, Olly (name changed for anonymity), and Beth Mullan-Feroze

Publication date: April 2022

Design and layout: Olly

Images: Free for use under unsplash license <https://unsplash.com/photos/DNkoNXQti3c>

Illustrations: Faltrego.Ltd for Anti-Slavery International

© Anti-Slavery International for the Anti-Trafficking Monitoring Group

Acknowledgements

This report was made possible by the information and advice provided by members of the Anti-Trafficking Monitoring Group (ATMG), a coalition of 17 organisations formed in 2009 to monitor the UK's implementation of European anti-slavery legislation and policies. It places a particular focus on the protection of survivors of modern slavery. Member organisations include those who directly support vulnerable people affected by modern slavery and trafficking across the UK.

We have chosen to call this report 'One day at a time' as, for us, the expression refers to what it feels like to live through deep and long-term challenges, taking each day as it comes so that the journey of recovery doesn't become overwhelming.

We're extremely grateful to the people with lived experiences of human trafficking and modern slavery who spoke to us, as well as members of the ATMG and a broad range of individuals, organisations and agencies who engaged with us.

We would also like to thank Anti-Slavery International for providing additional support in the writing, reviewing and publication of this report. And our sincere gratitude goes to the Baring Foundation for funding the project. The views expressed in this report are not intended to reflect the opinions of the funders.

Contents

| | |
|---|----|
| Foreword | 1 |
| Executive summary | 3 |
| Key findings | 4 |
| Key recommendations | 5 |
| CHAPTER 1 | 6 |
| UK government's legal obligations | 6 |
| CHAPTER 2 | 8 |
| Methodology | 8 |
| CHAPTER 3 | 10 |
| Recovery Needs Assessment | 10 |
| 3.1 RNA creation | 10 |
| 3.2 RNA process | 12 |
| CHAPTER 4 | 14 |
| Research findings | 14 |
| 4.1 Excessive and intrusive procedures | 14 |
| 4.2 Lack of guidance | 15 |
| 4.3 Inconsistent training | 16 |
| 4.4 Problematic and over-demanding 'evidence' | 17 |
| 4.5 Inconsistent and unaccountable decision-making | 19 |
| 4.6 Child dependents excluded and potentially exposed to emotional harm | 20 |
| 4.7 Limited support | 21 |
| 4.8 Inadequate periods of support | 24 |
| 4.9 Failure to meet recovery needs | 26 |
| 4.10 Lack of person-centred approach and survivor inclusion | 28 |
| 4.11 signposting issues | 31 |
| 4.12 Undervaluing emotional needs | 33 |
| CHAPTER 5 | 36 |
| Conclusion | 36 |
| CHAPTER 6 | 37 |
| Recommendations | 37 |
| 6.1 Improve procedural issues | 37 |
| 6.2 Increase support timeframes | 37 |
| 6.3 Improve and increase provision for training | 38 |
| 6.4 Increase survivors' understanding, engagement and autonomy in the RNA process and wider anti-trafficking framework | 38 |
| 6.5 Provide guidance for support workers and decision makers to improve continuity | 38 |

| | |
|---|----|
| 6.6 Improve understanding of recovery needs | 39 |
| 6.7 Ensure signposted services are adequate | 39 |
| 6.8 Recognise the emotional needs of survivors..... | 39 |
| 6.9 Take further steps to prevent the risk of re-trafficking | 40 |
| Glossary..... | 41 |
| ANNEX I..... | 43 |
| Home Office training | 43 |
| ANNEX II..... | 44 |
| International human rights instruments and standards relating to consultation and co- operation..... | 44 |

Foreword

L, survivor of modern slavery and human trafficking who has been through the Recovery Needs Assessment process

"It wasn't until I participated in this project that it struck me how little knowledge I had received over the years in my National Referral Mechanism journey. I didn't know what the RNA was and yet I had been through this process. The majority of the time we are not mentally well enough and we do need someone who can provide a clear understanding of the process. I had no clue. We have no clue. I mean I don't even sign my own RNA off. I wish I received some paper that helped guide my understanding alongside an explanation from a worker.

I just want a better life for people. It's a harsh life we experienced already and even with an income we struggle with bills and rent and we have people to take care of, we need to work hard to keep everything in place. We are willing to contribute and participate in the community and volunteer. I know how it feels not to have anyone and most survivors feel the same as they truly understand the need to have a cleaner and healthy life and they are the best person to go to for advice, so instead of making decisions for people they need to come and talk to them and ask them how can we change our system?

It's important for survivors to be validated through being heard. Often, I think we are misunderstood. Like we are just here to take advantage of support. This is not true. We need support to move forward in our lives and it is only with this support that we can become more confident and independent people. Can they not see the right side of working and being independent? It's difficult enough being dependent on others and then being dependent on them (support providers) and then having the privilege to come out of that life and to seek help and then deciding to build an independent life for ourselves. We do not want benefits. Benefits get you nowhere. We are ambitious people who want to work and have independence and if we don't want that, then we aren't moving past our experiences. We are stuck in sadness".



*Image shared with Anti-Slavery International:
L, Survivor of modern slavery, visits Scotland*

Dame Sara Thornton DBE QPM

Independent Anti-Slavery Commissioner

“As the Independent Anti-Slavery Commissioner, I have a UK-wide remit to encourage good practice in the detection, investigation and prosecution of modern slavery offences and the identification of victims. My Strategic Plan 2019- 2021¹ refers to the need to improve the quality of victim care and support, including protecting survivors in the longer-term in order to help them rebuild their lives and reduce the risks of re-trafficking.

My Strategic Plan also encourages research into victims’ experiences and the inclusion of survivors’ voices. I am pleased to see that this report not only incorporates interviews with survivors to seek their views directly, but that the research team also consisted of two individuals with lived experience of the Recovery Needs Assessment (RNA) process, enabling them to inform and shape this work from the outset. This type of participatory research is vital, and I encourage more of it within the anti-slavery sector.

This report examines how the RNA, a process introduced in 2019 to assess the ongoing support needs of those who have received a positive conclusive grounds decision from the National Referral Mechanism (NRM), is working in practice. It acknowledges that to date there has been no formal assessment of how the RNA is working in practice and limited publication of data on its effectiveness. Following engagement with survivors, support workers from the Modern Slavery Victim Care Contract (MSVCC), Home Office officials, NGOs and others from the anti-slavery sector, it concludes that the current process is failing survivors of trafficking and recommends a full review of the RNA. It makes a series of recommendations, including improving the training and guidance for support workers and decision makers, as well as ensuring that survivors understand the RNA process.

Within my role, I have also heard concerns from stakeholders regarding the RNA process, its effectiveness, and the administrative burden that it places on support workers. In 2020, I requested data from the Single Competent Authority (SCA) regarding the number of RNA decisions that had been fully approved, partially approved and refused. The data demonstrated that most RNAs were partially approved (419) with 164 fully approved and 73 refused. However, without access to the full circumstances of each case, it was difficult to draw conclusions from this data. I understand that the number of partially approved RNAs increased considerably in the year up to 31 July 2021, which the Home Office has attributed to inaccuracies in the RNAs submitted and requests made contrary to published guidance. I therefore welcome the work undertaken between the SCA and The Salvation Army to try and improve the quality of RNAs, including a series of drop-in sessions for support workers.

If we are to protect survivors of modern slavery from further harm and prevent re-trafficking, it is essential that we are thinking about their longer-term support needs. The assessment of ongoing support needs is important to avoid a ‘cliff edge’ moment at the end of the NRM process. However, I encourage the Home Office to think about how the administrative burdens of this process can be reduced, and support the recommendations made by this report that call for improved training and guidance for support workers and decision makers, for survivors to be informed about the RNA process at the outset of their recovery journey, and for greater publication of data to aid transparency”.

¹ <https://www.antislaverycommissioner.co.uk/media/1329/independent-anti-slavery-commissioners-strategic-plan-19-21-screen-readable.pdf>

Executive summary

“I was told I was not entitled to things. That I should not expect free things. I was advised I should take perpetrators to court to get compensation and then go back home”

Survivor

This report is the first independent review of the Recovery Needs Assessment, the mechanism through which, since 2019, survivors of modern slavery and human trafficking² in England and Wales have their support needs assessed and provided for. The research team includes people with lived experience of the RNA.

The RNA is conducted after a person has been confirmed as a victim of modern slavery. It allows a support worker within the Modern Slavery Victim Care Contract (MSVCC) to work with a survivor to develop recommendations for support and for the Home Office to assess and provide for the survivor's ongoing recovery needs arising from their modern slavery experiences. RNAs are time limited and a survivor may need to submit multiple assessments to continue receiving support.

The RNA forms part of the UK government's framework for combatting modern slavery and trafficking, and for identifying and supporting survivors. The UK has domestic and international legal obligations to adhere to, enshrined primarily in the Council of Europe Convention against Trafficking in Human Beings and the UK Modern Slavery Act.

Through roundtables, panels and participant interviews with survivors, support workers and NGOs, the research found that the RNA is failing survivors. They told of getting lost in the RNA's bewildering bureaucratic demands, of feeling untrusted and upset during invasive questioning, being destitute and at risk of re-exploitation, of impossible dilemmas regarding childcare, and of losing essential financial or emotional support through no fault of their own.

Some survivors are being exited from the process before they are ready, which they found disheartening and disempowering. This risks survivors not being able to access vital support when they need it, increasing their vulnerability to further exploitation.³

These and other weaknesses in the RNA process could have been avoided had there been meaningful consultation with survivors and the anti-trafficking sector in the development of the RNA.

This report is intended to raise awareness among policymakers, parliamentarians, practitioners and survivors, as well as members of the general public. It is also intended to be a guide for ensuring that the UK's anti-trafficking system is fit for purpose, that survivors are identified and supported in their recoveries and, where possible, prosecutions of perpetrators are facilitated.

The report calls for an urgent review and overhaul of the RNA so that it can realise its objective of meeting the needs of survivors and be consistently in line with the UK's obligations under international law. A series of robust, but achievable, recommendations are presented in the conclusion which we hope will inform policy, guidance and training on the RNA.

² Explanations of terms.

<https://www.antislavery.org/slavery-today/human-trafficking/> and <https://www.antislavery.org/slavery-today/slavery-uk/>

³ The Causes and Consequences of Re-trafficking: Evidence from the IOM Human Trafficking Data base.

https://publications.iom.int/system/files/pdf/causes_of_retrafficking.pdf

Key findings

- **The RNA is exceptionally complex, inefficient, and unclear.** Most survivors reported that they did not know if they were in the RNA process or not, and of having to make very important, impactful decisions with little understanding of their consequences.
- **There is inadequate guidance and inconsistent training.** Support providers need a better understanding of the RNA decision making process and the ability to access clear guidance on it. Training varies across organisations, leading to varying opinions and decisions, and inconsistent levels of support.
- **The needs of children are not met.** Support is generally denied for children of trafficking victims as those needs do not fall into the narrow 'arising out of trafficking experience' category. In turn, this means that survivors have no option but to bring their children to appointments where they have to talk about their trafficking and exploitation, which all parties find distressing. The alternative is to miss meetings and have their future support disrupted.
- **Every survivor said that they had, at times, been destitute.** By failing to provide for basic needs, the RNA hinders recovery, increases debt and heightens the risk of re-trafficking.
- **The RNA is not trauma-informed or person-centred.** The focus is on meeting procedural requirements and providing evidence which can be traumatic and challenging. Survivors say they felt mistrusted and that information demands are invasive. There was a stark lack of consultation with survivors and the anti-trafficking sector in the development of the RNA. The Home Office publicly commits to embedding survivors' voices into policy making, but there is scant evidence of this. The UK is failing to uphold the Trauma-informed Code of Conduct (TiCC), which it has endorsed.

"A client was allocated two MSVCC support workers because their needs are so complex. A support worker submitted an RNA requesting financial support and support worker contact for at least six months. Evidence was provided by a variety of sources attesting to their need for significant ongoing support. The decision came back, refusing financial support and extending support worker contact for just six weeks. The SCA refused to extend the support for any longer because 'The SCA bases RNA decisions on the current recovery needs of a recognised victim of trafficking and not on their future circumstances'. The exit date from all support was just days before Christmas. Charities and other services (who the SCA say the survivor can rely on) are really limited.

The client only received £8 from the Home Office and was unable to eat meals provided due to digestive problems. The advice from the SCA was for the support worker to advocate for the client's individual requirements to be taken into consideration by the Home Office, without acknowledging that his recovery needs were separate to his essential everyday needs. The SCA asks support workers to explain delays which are caused by another part of the same government department – for example, why someone hasn't been moved or received their Biometric Residence Permit.

As support was only granted for a further six weeks, the client had to repeat this process over and over again. A third RNA request was made, requesting three months of support worker contact. On this occasion, contact was extended but only on a limited basis, despite evidence being provided of the client having outstanding recovery needs and being a person with disabilities.

The decision only allowed for limited contact, stating that 'RNA guidance does not contract a general provision for chaperoning' and therefore support worker contact was not granted for the client to access health care services. It only granted to allow the person to source trousers that were lost when he moved accommodation."

**An NGO worker who supports survivors going through the RNA process
Some details have been amended to protect anonymity**

Key recommendations

- **Improve procedures.** Survivors should not be required to repeatedly provide the same documentation, and at least three months should be allowed after they have been confirmed as a victim of trafficking (known as a conclusive grounds decision) before the first RNA is submitted.
- **Extend support.** There should be standardised timeframes with a minimum of 12 months support that is tapered down in line with a person's recovery.
- **Provide better and consistent training.** All support workers and decision makers should receive standardised training.
- **Improve survivor understanding of, and engagement in, the RNA.** Survivors should know at the earliest possible stage what will happen to their support when they receive their conclusive grounds decision and be provided with copies of all their RNA documents.
- **Ensure that the assessment of needs is holistic, person-centred and recognises the fundamental best interests of adults and their dependent children,** rather than being unfairly limited to needs arising out of their trafficking experience and current needs.
- **Involve the anti-trafficking sector and, above all, survivors of trafficking in this review of the RNA in any subsequent development of policies and practices affecting victims and survivors of trafficking.**

A full list of recommendations can be found in Chapter 6, page 38.

CHAPTER 1

UK government's legal obligations

The UK government has various national and international commitments that underpin its support to survivors of trafficking and are relevant for the Recovery Needs Assessment process.

In 2008, the UK signed the Council of Europe Convention on Action against Trafficking in Human Beings (ECAT)⁴ and must adhere to its provisions. ECAT sets out measures to promote and protect the rights of trafficking victims including identification, assistance, recovery and reflection, residence and legal redress. Article 12 states: "Each Party shall adopt such legislative or other measures as may be necessary to assist victims in their physical, psychological and social recovery."

This is in line with the wider international agreement found in the Palermo Protocol, as part of the United Nations Convention against Transnational Organized Crime which states: "Each State Party shall consider implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organizations, other relevant organizations and other elements of civil society."⁵

In 2015 the UK introduced the Modern Slavery Act⁶ to combat modern slavery and human trafficking, protect victims and create the role of Independent Anti-Slavery Commissioner.⁷

In line with its obligations, the UK went on to develop the National Referral Mechanism (NRM), a procedure for identifying and supporting trafficking victims. As part of this, the Home Office provided a fixed 45-day period following a positive conclusive grounds decision (that a person is a confirmed victim of modern slavery) in which a survivor's physical, psychological and social recovery would be supported. However, in June 2019, in response to a legal challenge brought by two survivors of trafficking, the Home Office conceded that the 45-day policy was incompatible with Article 12 of ECAT as it limited support to a fixed period without reference to the individual's actual needs.⁸

As a result, in September 2019 the Home Office introduced the Recovery Needs Assessment (RNA) process and published *RNA: Process guidance*.⁹ In accordance with the guidance, if someone receives a positive conclusive grounds decision, they will then enter the RNA process. Support is provided in the UK via the Modern Slavery Victim Care Contract (MSVCC).¹⁰

Since its inception, the anti-trafficking sector has registered concerns about the RNA process, particularly because of the lack of consultation with the sector. Serious concerns were raised by the anti-trafficking sector (see RNA: creation and process, page 13) and by UN experts that the UK government had failed in its duty to consult with survivors and civil society in developing the guidance.¹¹

UN Special Rapporteurs expressed their concern "At the reported ineffective and insufficient consultation with civil society organisations and trafficking specialists in the development of the statutory guidance, which in turn might be detrimental to address the needs and the rights of victims of human trafficking."¹² They provided an annex to their letter (replicated in Annex II of this report) to remind the UK government of international human rights law, wherein the requirement for consultation and co-operation is specified. This report has found from the testimony of survivors and support workers that

⁴ <https://rm.coe.int/168008371d>

⁵ <https://www.ohchr.org/en/professionalinterest/pages/protocoltraffickinginpersons.aspx>

⁶ <https://www.legislation.gov.uk/ukpga/2015/30/contents/enacted>

⁷ <https://www.antislaverycommissioner.co.uk/>

⁸ NN & LP vs The Secretary of State for the Home Department [2019] EWHC 1003

(Admin) <https://www.duncanlewis.co.uk/OnlineLinks/Consent-Order-And-Statement-of-Reasons.pdf>

⁹ <https://www.gov.uk/government/publications/recovery-needs-assessment-rna-process-guidance>

¹⁰ The Home Office contract to provide care to adult victims of modern slavery in England and Wales includes accommodation, financial support and access to a support worker.

¹¹ <https://www.antislavery.org/what-we-do/uk/anti-trafficking-monitoring-group/letter-msu-rna-4-11-19/>

¹² <https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?gld=24281>

the RNA is failing once again to adequately and fully provide for the recovery needs of survivors, including by: making support difficult and complex to access, failing to fully provide the financial needs of survivors, failing to provide support for childcare, providing far too short periods of support that require frequent further applications, undervaluing emotional support and problems in the decision-making process. Not only are people's lives being unfairly and negatively affected by the RNA process, but in its inconsistent and insufficient delivery of these provisions, the UK is not upholding its commitments. Also, by not developing or implementing the RNA in line with the TiCC,¹³ the UK government is falling far short of meeting effective and good practice despite its commitment to do so.

¹³ <https://www.helenbamber.org/sites/default/files/2022-01/HBF%20Trauma%20Informed%20Code%20of%20Conduct%202nd%20Edition.pdf>

CHAPTER 2

Methodology

The research for this report was conducted between January and December 2021. The research team included members with lived experience of the RNA.

With the goal of speaking to support workers and survivors with experience of the RNA process, the team contacted more than 50 organisations that provide support to survivors of modern slavery and human trafficking, both through and outside of the NRM, as well as survivor-led and other engaged organisations. Information on the project was published in various newsletters including of The Human Trafficking Foundation and Survivor Alliance, and via social media.

The project included desk-based evaluation, two round table events and 28 semi-structured interviews with participants, both in groups and on a one-to-one basis, depending on the participants' preference. These were with:

- People with lived experience of trafficking.
- Support workers under the Modern Slavery Victim Care Contract (MSVCC).
- Managers of sub-contractors under the MSVCC.
- Officials from the prime contractor, The Salvation Army.
- Home Office officials.
- NGOs who support survivors going through the RNA.
- Medical and public health professionals.
- Other professionals in the anti-trafficking sector.

Those with lived experience had either been through the RNA process, were about to do so or had been exited from support before going through the RNA process. Written feedback from two other people with lived experience was also received.

To ensure the meetings covered all areas of support, informal questionnaires were formulated to provide prompts for areas of discussion. Separate questionnaires were formulated for support providers and those with lived experience.

Initial conclusions of the research were shared with key professionals involved in anti-trafficking policy and practice, as well as with those who contributed to its findings. Their comments were considered in finalising the report.

To preserve the anonymity of the interviewees, unless otherwise stated, they are generically referred to by their job role, a 'survivor'¹⁴ or a 'support worker'.¹⁵ At the end of the data collection process, the team sent out feedback forms to ascertain any strengths and weakness in the study, barriers preventing or reducing participation, and potential improvements for future projects.

¹⁴ Whilst we are using the term 'survivor' to identify those with lived experience of modern slavery, we recognise that not all of those with lived experience may self identify under this term. For further information see the ATMG report 'Agents for change: survivor peer researchers bridge the evidence and inclusion gap'.

<https://www.antislavery.org/wp-content/uploads/2021/06/Agents-For-Change-PDF.pdf>

¹⁵ Refers specifically to support workers under the Modern Slavery Victim Care Contract.

Challenges encountered in conducting the study

Research was hampered by limited access to some key documentation including copies of the RNA form and a sample journey plan, lack of access to Home Office data and a range of inhibiting concerns felt by survivors and support workers (see 'Working with survivors' below).

Home Office data collection

At the outset, it was anticipated that five partner organisations would be involved, capturing data on issues such as the total number of RNA requests submitted, the outcomes of RNA applications and the reasons for those decisions. However, the Home Office informed all subcontractors under the MSVCC that they were conducting a review of data sharing and stated that no data could be shared with anyone outside of the contract while the review was taking place. This prevented organisations from sharing any data with us. It was consequently agreed that the team would gather feedback from focus groups, round table meetings and one-to-one discussions with survivors and stakeholders in the sector without requesting information that would breach the Home Office's instruction.

Working with survivors

The research team received more than 20 expressions of interest following a call for evidence. This included many with lived experience. However, many survivors were reluctant to participate. The following explanations were given:

- Some survivors feared that if they shared information their support would be withdrawn.
- There was reluctance to use interpreters who held a contract with the Home Office because of fear that information would be shared with the Home Office.
- Some support workers were concerned that survivors still going through the NRM and RNA would find it distressing to speak about their experiences or potentially exiting the support system.
- Some people with lived experience declined to take part as they could not be adequately remunerated for their involvement. Those without the right to work could not be paid for their involvement.
- There were communication issues with those who spoke limited English.
- Despite offering flexibility, the team only worked on a part-time basis and the online meeting times were not always suitable.

CHAPTER 3

Recovery Needs Assessment

3.1 RNA creation

In 2019, the Home Office committed to establishing a needs-based system to support confirmed victims of trafficking in continuing to access vital services (e.g. support from a key worker, access to safe house accommodation and financial support) beyond the previously mandated 45 day period which the Home Office had conceded. This was in response to a legal challenge¹⁶ brought by two survivors of trafficking – finding that it was incompatible with the Council of Europe Convention on Action against Trafficking in Human Beings (ECAT¹⁷) because it limited support to a fixed period of time without reference to the individual's needs.

It was widely anticipated in the anti-trafficking sector that the ensuing system would be person-centred, that survivors would not have their support ended prematurely, and that reducing the risk of re-trafficking would be at the forefront of policymakers' minds.

The Recovery Needs Assessment process was consequently introduced – with a stark lack of consultation with survivors and the anti-trafficking sector (see the following two paragraphs). In accordance with RNA: Process guidance, published by the Home Office in September 2019, if someone receives a positive conclusive grounds decision they then enter the RNA process.

How a survivor's journey progresses to the RNA is illustrated in Figure 1.

¹⁶ Victims of Trafficking: LP and NN

[https://www.duncanlewis.co.uk/publiclaw_news/Home_Office_concedes_that_their_45_day_policy_for_providing_support_for_victims_of_trafficking_is_unsatisfactory_\(28_June_2019\).html](https://www.duncanlewis.co.uk/publiclaw_news/Home_Office_concedes_that_their_45_day_policy_for_providing_support_for_victims_of_trafficking_is_unsatisfactory_(28_June_2019).html)

¹⁷ Treaty Series No. 37 (2012)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/236093/8414.pdf

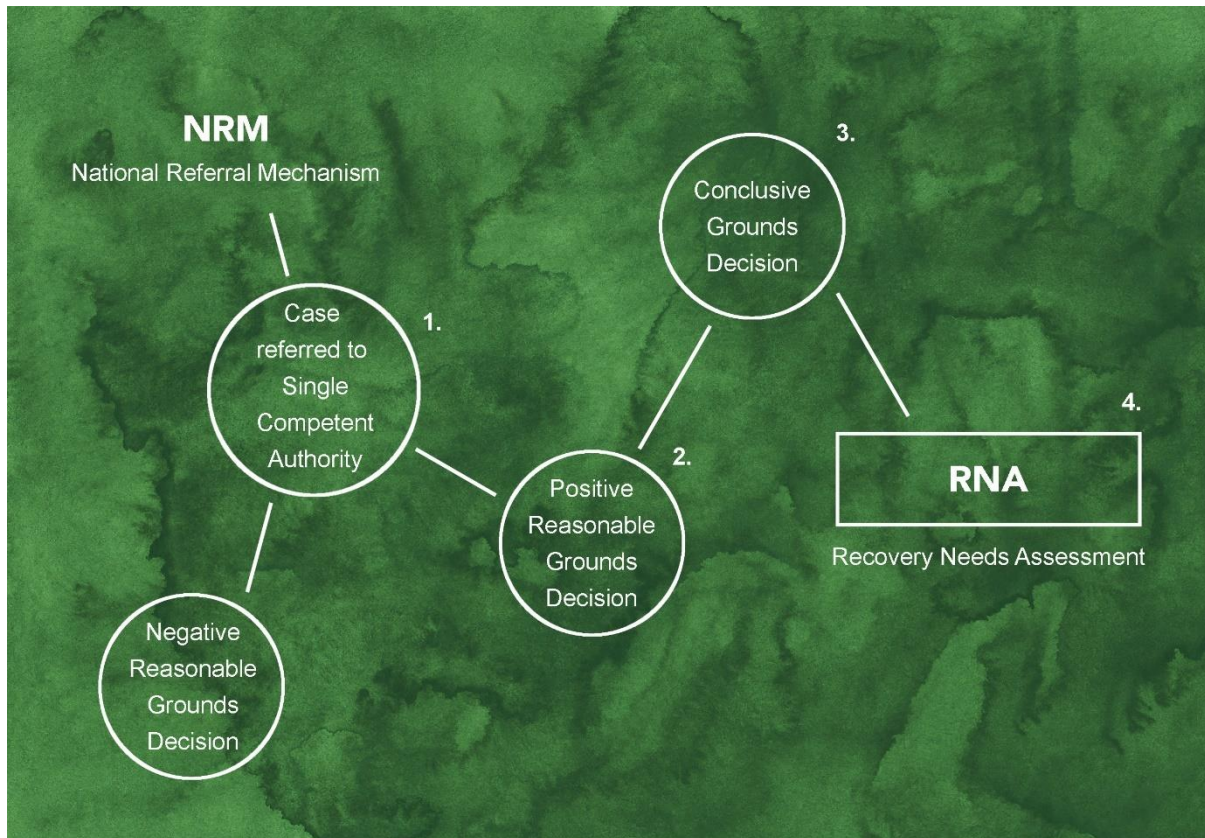


Figure 1: Journey to the RNA

Produced and sourced by: Survivor Collective

In November 2019, organisations in the anti-trafficking sector submitted a letter to the Modern Slavery Unit (MSU) raising serious concerns about the absence of consultation with stakeholders prior to the publication of the guidance.¹⁸ The letter stated:

We are surprised and extremely disappointed that in advance of the product of the Guidance, the Modern Slavery Strategy and Implementation Group's (MSSIG) Victim Support Task and Finish Group were not consulted. The Modern Slavery Unit (MSU) set up this group for the purposes of drawing on expertise amongst stakeholders on victim care and support. The first sight which the group had of the Guidance was when the group's Co-Chairs were emailed an embargoed PDF of the Guidance during the day on the 26th September 2019, the day before publication. We were not invited to feedback or comment. We were simply told that the Guidance would be published at 10am on the 27th September 2019.

As stated in 'Chapter 1: UK government's legal obligations', UN experts also expressed their concerns about the lack of consultation. Later, the MSU called for evidence on the RNA. The ATMG, Anti-Slavery International and the Human Trafficking Foundation responded with a seven-page submission in which they raised concerns with the RNA including the need for consultation.¹⁹ No response has been received to either document.

The RNA evolved out of, and functions alongside, the National Referral Mechanism (NRM), which works to identify victims of modern slavery. In 2017, reforms to the NRM included the creation of a single decision-making unit, later known as the Single Competent Authority, and an independent panel of experts to review all negative decisions.

¹⁸ Letter to the Home Office on RNA guidance (4 November 2019). <https://www.antislavery.org/what-we-do/uk/anti-trafficking-monitoring-group/letter-msu-rna-4-11-19/>

¹⁹ <https://www.antislavery.org/wp-content/uploads/2020/10/Call-for-evidence-RNA.pdf>

Once a person is referred into the NRM there is a two-stage decision-making process around their identification as a victim. Decisions in England and Wales are made by the Single Competent Authority (SCA) or the recently – and controversially²⁰ – created Immigration Enforcement Competent Authority (IECA).²¹ Following a positive first stage decision (a ‘reasonable grounds’ decision) a person will be eligible for financial support, access to accommodation and an allocated support worker.²² They will then receive a recovery period of at least 45 calendar days before the second stage decision (a ‘conclusive grounds’ decision) is made during which they will continue to receive support to assist with their recovery.

Until now there has been no formal assessment of how the RNA is working in practice and there has been limited data published that would indicate how successful it is in supporting the needs of survivors of human trafficking and modern slavery. The recent Home Office report ‘2021 UK Annual Report on Modern Slavery’ includes some limited data on the RNA. The research underlying the data remains unpublished.

3.2 RNA process

All individuals who go through the NRM are allocated a support worker. The guidance states that the allocated support worker who is providing assistance under the MSVCC must complete an RNA form on behalf of the survivor as soon as possible after they have received a positive ‘conclusive grounds’ decision. The assessment will consider whether there is an ongoing need for any or all financial support, accommodation and/or support worker contact. The RNA guidance states that the RNA includes:

*A tailored transition plan for each confirmed victim, with the aim of ensuring that MSVCC services continue, in part or in full, until other services are able to meet any ongoing recovery needs arising from their modern slavery experiences or until the victim has no such ongoing recovery needs.*²³

The RNA form²⁴ itself is comprised of the following sections with a total of 76 questions:

- Client Information (17 questions)
- Details of Client Support Provision (9 questions)
- Personal Circumstances (7 questions)
- Summary of RNA Recommendations (9 questions)
- Ongoing RNA – Accommodation (10 questions)
- Ongoing RNA – Financial Support (11 questions)
- Ongoing RNA – Support Worker Contact (10 questions)
- RNA Declaration (3 questions)

²⁰ <https://www.labourexploitation.org/publications/bad-decisions-creation-immigration-enforcement-competent-authority-will-undermine>

²¹ The IECA was created 8 November 2021 and is the decision-making body responsible for a specific cohort of adult cases. For more information, see 4.14 of ‘Modern Slavery: Statutory Guidance for England and Wales and Non-Statutory Guidance for Scotland and Northern Ireland’ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055834/Modern_Slavery_Statutory_Guidance_EW_Non-Statutory_Guidance_SNI_v2.7.pdf

²² These benefits are needs-based and it is not a guarantee that a person will receive all or any strands of support.

²³ Recovery Needs Assessment (RNA), Home Office, version 4.0 published 8 November 2021, page 8. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031733/recovery-needs-assessment-ie-sca-update_041121.pdf

²⁴ Accurate as of 21 January 2022. We have been informed that this is currently under review but there is no date for the implementation of any changes.

As illustrated in Figure 2, if it is considered there is an ongoing need for support, the RNA request, along with the transition plan, is then submitted to the prime contractor of support under the MSVCC, The Salvation Army. They will conduct a 'quality assessment' of the information provided before sending it on to the SCA, who make the final decision on whether, and to what extent, a person's support can continue. This will include reference to which element of support is granted and for what duration. The maximum period for which support can be granted is six months at a time.

Irrespective of whether an RNA request is made, there is a minimum of 45 calendar days of MSVCC 'move-on' support to facilitate transition into alternative services. That period starts at the date of receipt of a positive conclusive grounds decision. After this 45-day period, a survivor may be exited from the MSVCC entirely.

If the victim is assessed as having no ongoing recovery needs requiring support, or the SCA decides to not agree with the support recommendations, the victim must exit the service no later than nine working days after receipt of the RNA decision or at the end of their minimum post-CG [conclusive grounds decision] 45 calendar day move-on period, whichever is later.²⁵

The RNA process is clearly complex and challenging to understand and navigate.

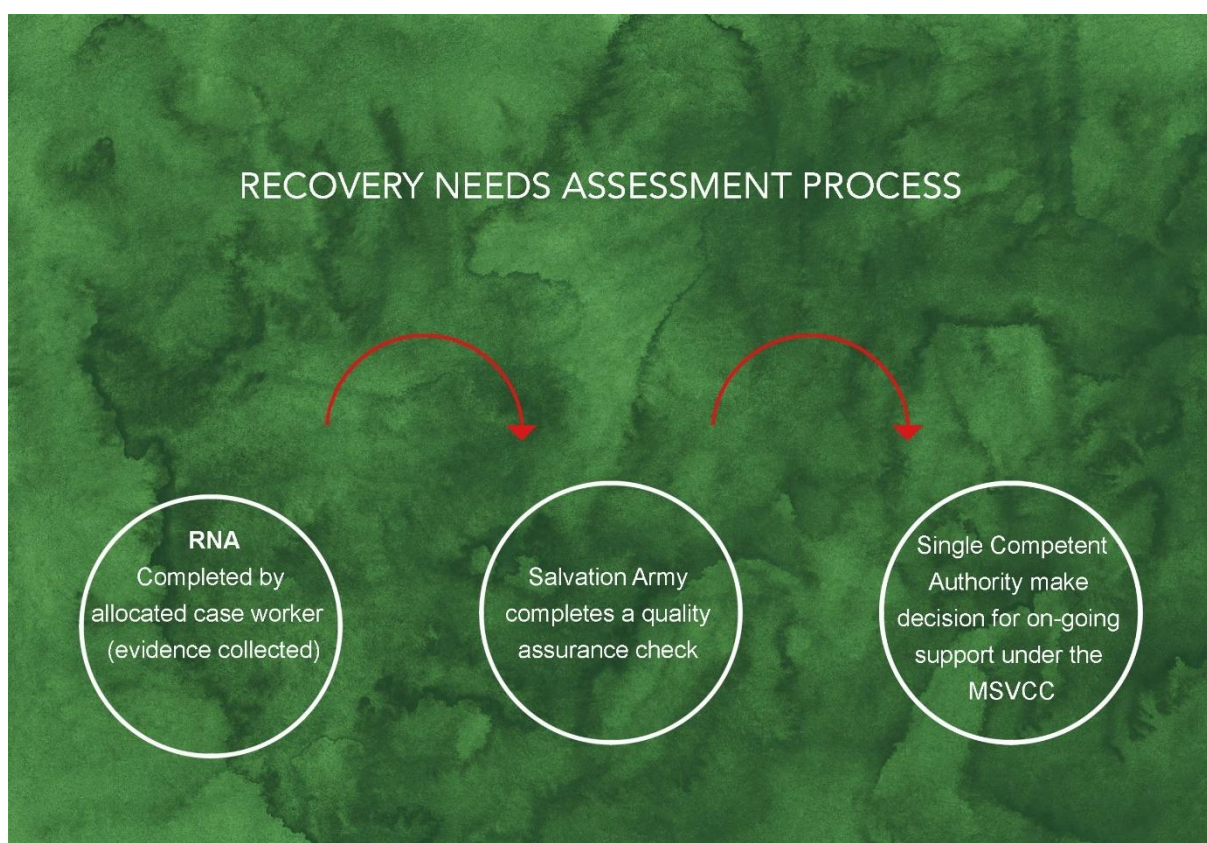


Figure 2: Processing an RNA form
Produced and sourced by: Survivor Collective

²⁵ Recovery Needs Assessment (RNA), Home Office, version 4.0 published 8 November 2021, page 9.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031733/recovery-needs-assessment-ie-sca-update_041121.pdf

CHAPTER 4

Research findings

4.1 Excessive and intrusive procedures

“The paperwork is overtaking the care, the extraordinary amount of time it takes to do is outrageous”

Support worker

The complex demands of the RNA process and the wider framework that it is part of, are excessively time-consuming for all. Support providers expressed that the forms and overall process are causing substantial difficulties in obtaining support. The lengthy RNA completion process requires survivors to repeat information multiple times. All survivors stated that having to answer the same questions repeatedly is intrusive and causes distress. The repetition underscores an underlying, widespread feeling that survivors are disbelieved. Repetition is not only time consuming but is, moreover, not a trauma-informed way of working as it can trigger prior trauma.

“In the space of a year I’ve submitted seven RNAs. Two support sessions per RNA are consumed with gathering evidence. Two sessions per RNA submissions lost to paperwork. Over the course of the year, I’ve lost over three months of support as a result of RNA submissions.”

Survivor

“It [the form] does not really allow you to add the information and the reasons behind it. It feels like we do not always get to provide the important information. It needs to be more person-centred.”

Support worker

“It’s hard to keep up with all the documents happening around you. There’s always so much happening. You’ve got police requests, therapy commitments, case worker and lawyer interactions, and then this time-precious RNA thing to think about. My head is full and I’m still trying to justify why I need support. Try putting my shoes on and tell me you’re okay.”

Survivor

Survivors often going through the process did not understand, and crucially it had not always been explained, why certain information was being requested.

“They’re asking me to prove certain things. Why am I proving that I’m destitute? Because for me to be in the NRM, I’m destitute. So why should I prove again that I’m destitute? They’re harassing me for all those things.”

Survivor

There were examples of people leaving the RNA process because they found it too difficult and felt they were not going to get anywhere with it. As a consequence, they would go without basic housing, financial or legal support being met as well as being at increased risk of re-exploitation.

“They are asking people who have been accepted as victims of trafficking to justify their needs.”

Support worker

“[The survivor] decided not to continue with the process because they felt utterly disbelieved by the Home Office at every stage. They felt they were constantly having to prove themselves in terms of being believed.”

Support worker

4.2 Lack of guidance

“The goalposts changed depending on the client and depending on the person who was the decision maker.”

Support worker

“It has been an adaptation... the guidance document that's been provided by the Home Office or the SCA to us. It's been a go ask questions, come back, feedback, collate then create a guidance document within our organisation.”

Support worker

Many support workers interviewed said the statutory guidance is often not adequate for navigating the RNA process. They requested that additional guidance be added to each section of the assessment to help them best demonstrate a need for a survivor's continued support.

When uncertainties or problems arise, support workers said they find it difficult to contact decision makers to seek guidance. Even experienced support workers found that the information required varied from one decision maker to another. This lack of consistency continues during the quality check by The Salvation Army and by the SCA after the RNA has been submitted. This results in support workers either having to withhold support or provide support without agreement from the SCA. Several support workers stated that this could result in them incurring a fine, but they were unsure about the rules relating to this.

4.3 Inconsistent training

The question of training came up during our research, both in interviews with survivors and support workers, but also in the background research we conducted into Home Office protocols. Overall, we uncovered some confusions about the training process, and inconsistencies in the quality and rigour of the training provided.

New RNA decision makers receive good training, according to Home Office officials, though this was contested by those aware of many inconsistent decisions (see '4.5 Inconsistent and unaccountable decision-making'). But training for support workers varies from organisation to organisation, and survivors themselves are not given any training or explanation by the Home Office.

Home Office officials provided our research team with a detailed outline (see Annex I) of what appears to be a comprehensive training programme for its new RNA decision makers. Support workers and survivors did question its effectiveness given the many concerns they raised during this research regarding inconsistent decision-making. Nevertheless, the training outlined does contrast with varied levels of training for support workers and no training at all for survivors.

The SCA advised us that they held nine interactive workshops for support workers, in partnership with The Salvation Army, between February and July 2021. These sessions provided an overview of RNA best practice, including the information that is required to support decision-making and common reasons for return of the RNA forms. Each workshop included an open question and answer session to provide advice and clarification to support workers on the RNA process. Although support workers interviewed generally found these sessions useful, several highlighted how they were too focused on "What they [the support workers] might be doing wrong" rather than being a collaborative process.

In contrast to the training provided to SCA decision makers, the level of training received by support providers and the support workers they employ varied from organisation to organisation. Some interviewees reported that their organisations had good procedures in place, which included opportunities for learning to be shared and provided further refresher training. However, others told us they had received no training on the process whatsoever.

The variation in training provided to MSVCC support workers raises concerns about the quality and consistency of RNA applications being submitted to decision makers, particularly by those new to the procedure. Consequently, it seems they are learning through a process of hit and miss, with the designated bodies (The Salvation Army and/or the SCA) asking for further information when they feel it is required, but with serious negative consequences for survivors when applications fail. This is particularly problematic as the vital support needs of survivors in this process should not be used as a learning tool.

Several support workers reported that even when they correctly followed the advice given at these training sessions, they still received negative decisions. This indicates a disparity between those running the sessions and other decision makers regarding what should be considered a recovery need and/or what evidence needs to be provided to support an application.

While training is provided for support workers, those with lived experience reported that they are not given the opportunity to attend similar sessions. Survivors reported that this lack of inclusion removes their sense of agency, is ill-informed and creates communication issues. It was also reported that decision makers do not do any shadowing or engagement with survivors surrounding the support they are being provided with. For an approach to be truly person-centred, there must be inclusion.

"Most learning has been from doing the requests and learning what the SCA and The Salvation Army want."

Support worker

“It would be helpful to know who to send it to and speed up that process. It would be easier to contact the decision maker direct. Filtered down communication delays things.”

Support worker

“Clearer information from the SCA is needed. The training was helpful but I’d like something written to work from, so there’s something to refer to.”

Support worker

“The reason it does not translate is because policymakers do not engage sufficiently with practitioners and operational parties to ensure the policy is operationally viable. It would have been better if the SCA was engaged with subcontractors about how it ought to be applied.”

NGO worker

4.4 Problematic and over-demanding ‘evidence’

This research found that the RNA requirements for evidence are often of too high a threshold, leading to dangerous situations of indebtedness and vulnerability to re-exploitation, and potentially traumatic situations for those with children and for children themselves. These thresholds are also invasive, with too demanding a timescale in the context of RNA deadlines where the consequences of missing deadlines are severe.

MSVCC support workers and others working with people going through the RNA process thought that the evidence requirements of demonstrating a ‘need’ are too high, particularly around proving financial need. Support workers and survivors are told that they must provide receipts to evidence their financial need. Survivors therefore must pay for their own recovery costs without a guarantee that they will be compensated, often having to borrow money from others and incurring debts to do so. Incurring debt has consistently been shown to result in the risk of being re-trafficked and increased vulnerability.²⁶ And it is important to keep in mind that survivors may have experienced debt bondage.²⁷

Some support workers and survivors said that the evidence requested was sometimes invasive. Reports were received of survivors being asked to provide evidence of the internet data they have used and of routes taken to appointments – making survivors feel untrusted or disbelieved.

Support workers repeatedly stressed how difficult it was to obtain evidence and properly complete the RNA within the timeframe provided. The first RNA has to be submitted within five days of a positive conclusive grounds decision and, if further support is needed after the expiry of the initial RNA period, the next RNA submission has to be made before the previous one expires. This often means that the process of preparing a further RNA must begin shortly after the original RNA is granted, which is clearly distressing for survivors and frustrating for support workers.

²⁶ University of Nottingham Rights Lab and the Independent Anti-Slavery Commissioner, ‘Re-trafficking: The current state of play’ (November 2021). <https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/resources/reports-and-briefings/2021/november/re-trafficking-the-current-state-of-play.pdf>

²⁷ International organisation for migration’s, ‘Debt bondage in human trafficking’ https://www.iom.int/sites/g/files/tmzbdl486/files/our_work/DMM/MAD/07312017/Newfactsheets-DebtBondage.pdf

Support providers were also concerned that the limited timeframe and accompanying demands for evidence was leading to vital support being stopped or delayed. In many instances such evidence is simply not available, or is too difficult or time-consuming to obtain. This underlines the finding above regarding excessive bureaucracy, wasted time and inefficiency.

Some people raised concerns that the level of evidence and paperwork required displays a lack of understanding of the precarious situations in which many of the survivors may be living and the challenges they may face in accessing, storing and sharing the relevant paperwork.

“She lived with friends and people would give her money and stuff, so proving all that for her was really stressful because you need letters from different people, and her landlord needed to say that she was living there for free, and she was terrified of asking for these letters signed by these people because she was afraid they would ask her to leave, or that they didn’t want to be involved.”

Support worker

These concerns continue when requesting further support after the initial RNA. Issues with the lack of clarity around the information and evidence needed remain and so delay the decision-making process further.

“The hurdle for getting evidence is high and when it’s back and forth... it does create a massive delay. You can say ‘We can’t get that’ but they just ask again, and then it is just more back and forth, almost like you’re not being heard.”

Support worker

“Policy does not take account of the fact that just because you are working to a deadline, the service user is not always going to be in the state of mind to be able to provide the information... it can cause extra work as you then have to provide evidence on why you have not been able to provide evidence within deadlines.”

Support worker

“It’s hard to ask for a supporting letter from friends that I live with. They know I’m destitute and it’s shameful enough for me not having my independence.”

Survivor

4.5 Inconsistent and unaccountable decision-making

“They need to more clearly define their requirements – we need guidance and it needs to be objective and measurable.”

Support worker

Support workers interviewed invariably highlighted inconsistent decision-making as a key problem with the RNA process which does not adequately follow the recommendations of support workers, despite the RNA policy stating that: The SCA will make the decision on the support worker's recommendations, as to whether the victim has ongoing recovery needs arising from their modern slavery experiences which can only be met through the MSVCC and for how long.²⁸

These inconsistencies in decision-making indicate that both the guidance and training provided are substantially below what is required. Support workers reported that they were frustrated that when they submitted the same level of information and evidence for cases with similar needs they would receive very different responses from the SCA. They would frequently be asked for additional information.

“I put two almost identical RNAs in, one was accepted and one was refused.”

Support worker

“It depends who makes the decision [on what the outcome will be]. The decision-making is inconsistent – for one person the evidence will be enough but for others it will not.”

Support worker

Our research suggests that one of the principal reasons for these inconsistencies in the RNA decision-making process is a result of different perspectives on what constitutes a recovery need and how that need can be met.

“There is no framework on how to determine needs.”

Support worker

“We want to know what the SCA considers ‘recovery needs’ to be. It should be informed from trauma specialists and those with lived experience. We need to know how that interacts with all the other systems.”

Support worker

Understanding of what recovery needs are and how they can be met would be improved by meaningfully engaging survivors in the training and reviews of the RNA process.

²⁸ Recovery Needs Assessment (RNA), Home Office, version 4.0 published 8 November 2021, page 9.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031733/recovery-needs-assessment-ie-sca-update_041121.pdf

Support workers interviewed invariably highlighted inconsistent decision-making as a key problem with the RNA process which does not adequately follow the recommendations of support workers. The RNA policy states: The SCA will make the decision on the support worker's recommendations, as to whether the victim has ongoing recovery needs arising from their modern slavery experiences which can only be met through the MSVCC and for how long.²⁹

All survivors interviewed were unaware they could challenge a negative decision if they did not agree with it. However, as there is no formal process for appealing a decision, the only option available to a MSVCC support worker is to submit a further, full RNA. This is an inefficient way of addressing inconsistent decision-making and is detrimental to the recovery of the survivor. If a further RNA is not accepted, only a legal challenge remains on the table. This is impractical and unviable for most people. Survivors often do not have a copy of the RNA decision or other relevant documents; and judicial review is a significant undertaking and very costly, beyond the means of almost everyone, noting too the restrictions on legal aid.

This inconsistent and often unaccountable decision-making results in further stress for the survivor, is needlessly time consuming for them and their support worker, and comes at financial cost to all – especially to the survivor who can be left without support and at risk of destitution.

4.6 Child dependents excluded and potentially exposed to emotional harm



Illustration 1: Mother navigates recovery with her child

Those with dependent children are left particularly vulnerable to financial hardship and debt as the RNA process is not comprehensive for supporting children. None of the survivors with dependents interviewed for this research received any financial child support. A survivor with a dependent child, but without a family support network, is therefore repeatedly placed into a position of having to bring them to meetings. Survivors must choose between bringing their children to possibly traumatic appointments relating to their trafficking or legal case, or finding their own childcare which, again, can result in further financial hardship and in turn increase the risk of re-trafficking or exploitation.

²⁹ Ibid.

The research team heard from both survivors and support workers that the SCA is not recognising childcare costs for therapy, legal and support worker meetings as they do not fall into the category of 'needs arising out of trafficking experience' or are 'not current needs'.

This is despite the Secretary of State for the Home Department having a duty under Section 55 of the Borders, Citizenship and Immigration Act 2009 to act, in all functions, in the best interests of children, taking the welfare and safeguarding of children as a primary concern.³⁰

"If a support worker puts in expenses connected to children, they will automatically reject that because they say children are nothing to do with the trafficking experience and they should be covered by other financial support – but ECAT requirements include dependents."

Support worker

"If an RNA was submitted requesting funds for childcare to attend therapy sessions during school holidays and it needed to be submitted in June, it will be refused as childcare isn't required until July. The survivor will be left to meet this cost themselves, placing them into financial hardship and debt. When the next RNA is submitted, three months or so later, the child no longer needs childcare and the SCA will refuse to backdate any payments, in spite of having included evidence of the costs incurred. Another request will be made for the next school term break... and the cycle continues."

Survivor

4.7 Limited support

Participants overwhelmingly confirmed that the first strand of support to be stopped was almost always the financial element, which puts survivors at a heightened risk of destitution and re-trafficking.

Financial support is commonly refused, respondents said, because a person is in receipt of other financial assistance, for example asylum support or other benefits. This approach shows a failure to comprehend that support under the NRM and RNA is to aid recovery, and not simply provide daily essentials. An example given by one NGO supporting those going through the RNA:

"Financial support was refused despite the person otherwise receiving only £8 from the Home Office and being unable to eat, due to dietary needs, the meals provided at the hotel. Advice from the SCA was for the support worker to advocate for his individual requirements to be taken into consideration by the Home Office (which is what valiantly trying to do and had been for months). Often it seems that they ask support workers to explain delays which are caused by another part of the same government department – for example, why someone hasn't been moved out of an unsuitable hotel yet or received their Biometric Residence Permit."

NGO casework manager

³⁰ Borders, Citizenship and Immigration Act 2009.
<https://www.legislation.gov.uk/ukpga/2009/11/part/4/crossheading/children>

Similarly, survivors detailed how detrimental these decisions had been on their recovery, particularly their mental health.

“It would be better if I had more to do. Sitting alone [because of having no income] is the worst thing – it makes you think about all the things again and again. If I sit for a long time, it makes me feel bad. If I am sitting, I remember. If you can make yourself busy, then you can go forward. It doesn’t matter if a thousand people are helping you, if you are just sitting, you will still feel bad. Not being able to work so I will end up just sitting.”

Survivor

“Since I got the PCG (positive conclusive grounds decision) my support stopped. At the moment I do not get any financial support. I am still [a number of months later] waiting for my ASPEN [a pre-paid card onto which subsistence support is automatically allocated].”

Survivor

Unfair refusals or prematurely stopping support also increases survivors’ vulnerability to being re-trafficked or further exploitation. One survivor told us how they were still being contacted by their trafficker, who was offering them work and a fake ID. They felt that they could not report him or cease contact with him because if they were left without support, they would need him. A casework manager working at an NGO supporting those going through the RNA expressed concerns about people being exited from the process when they had clear identifiable future needs:

“Because of the timeframe between someone getting a positive conclusive grounds decision and then (potentially) being granted asylum later on, many, many survivors are exited from support in the meantime, meaning that when they desperately need casework support and advocacy, and are at high risk of becoming homeless and/or destitute (and therefore at much higher risk of re-exploitation), they have already been swiftly exited. If someone is granted status, they have to wait for their Biometric Residence Permit, then open a bank account and apply for Universal Credit, or they will be destitute when asylum support stops (for survivors who receive asylum support from the Home Office), all of which is likely to take two months minimum, and is a pressure point for survivors with leave to remain being re-exploited and/or becoming destitute and homeless. The RNA process doesn’t seem to take this into account at all. In one case, the support service had exited a client just days before she was granted refugee status and couldn’t submit a new RNA to request further support to make sure she was housed safely after being evicted from asylum support accommodation.”

NGO supporting survivors outside of the MSVCC

The support providers interviewed gave several examples of items that survivors had said would assist with their recovery but that frequently would be refused, such as specific dietary and cultural foods and internet data packages to remain in contact with their support networks. Likewise, a survivor who was not receiving any financial support because they were in a ‘full board hotel’ explained that due to their ongoing health problems they could not use the sanitary products provided by the hotel, but as these were not deemed to be connected to the needs arising out of their trafficking experience, they were not entitled to financial support for them under the RNA. They reported how humiliating it was not being able to buy their own sanitary pads and having to rely on others to provide them.

Another survivor was told that they were entitled to and granted financial support, only to then be told that this was paid in error and that all the money they had received had to be paid back. The survivor was having to repeatedly request food parcels from food banks. All of the survivors interviewed reported that at some point they had or were suffering from complete destitution and homelessness. One survivor had no access to any public funds and was unaware that financial support could be requested through the RNA. A survivor also stressed that the reason they were not able to do anything was because their financial support had been stopped and they were still waiting for asylum support to be reinstated. This had been going on for several months.

In addition, the guidance only enables 'current needs' to be covered and excludes future needs related to the trafficking experience.

"It's often nonsensical. The SCA bases RNA decisions 'on the current recovery needs of a recognised victim of trafficking and not on their future circumstances'. But when a vulnerable survivor of trafficking is moved to other Home Office accommodation, across London, in an area they don't know and will need increased support to access services etc and feel safe there, this is obviously a need relating to recovery from trafficking, and a valid need to be supported under the NRM."

Support worker

"Having to quantify recovery needs is difficult. A survivor may need the extra support to feel safe, and safety takes different forms. For example, one person needed finance to get food from a specific place so they could have food from their own country because eating it made them feel safe. But they say it's not a recovery need. Recovery is not just counselling. Telling a person that their needs are not a recovery need is dehumanising."

Support worker

"Finance was always the first thing they would refuse. We would ask for additional funds for college or healthy food, but they would refuse especially if the survivor gets asylum support money or other statutory services. They refuse if it's anything to do with family."

Support worker

"I need big sanitary pads so I cannot use the ones the hotel has. My support worker had to try and get some from charities."

Survivor

"On the day I was told I could not have financial support and had to repay the money I had received from The Salvation Army, my benefits stopped so on the same day and my support worker had to arrange for a food parcel."

Survivor

A survivor described feeling particularly anxious when their support was stopped because they felt unprepared to support themselves due to their experiences:

“When you’ve been away from the system for so long, I had no idea how to apply for a job because I had never done it, because all those years I didn’t have the right to apply for a job.”

Survivor

4.8 Inadequate periods of support



Illustration 2: Too much to do, so little time

While the RNA policy states that support workers can make recommendations seeking up to six months continued MSVCC support at a time, none of the interviewees for this research had direct experience of anyone being granted six months support, despite it being requested. Several respondents said they did not even know it was possible to apply for support for this long. Consequently, not only do countless more RNA requests need to be made – draining the time and resources of survivors, support workers and decision makers – but the survivor must endure yet further anxiety and distress as the processes and uncertainties unfold.

“I do not recall anyone getting support, for anyone, for longer than three months.”

Support worker

MSVCC support workers said they would initially request longer periods of support, but these would frequently be refused, and shorter periods granted, often without justification. That meant they would then request shorter periods of time than needed because they hoped that this would increase the chances of them being granted in a timely manner. However, the shorter the time period, the more times the survivor and support worker need to apply for the RNA.

The periods of time being granted can be as short as a few weeks. This means that support workers are routinely having to complete multiple RNAs for the same person, one after the other, and there are concerns that this negatively impacts the recovery process. Support workers say they will not hear until just before the deadline whether support will be continued, and they might simply get a notification that says, 'X has to exit tomorrow'. This is especially damaging for survivors as it does not allow sufficient time to process the changes.

Caseworkers outside of the Modern Slavery Victim Care Contract as well as support providers within, say that the time and resources taken to complete RNAs could be better spent providing support. Due to the variance involved in each request it was not possible to state how long each RNA request took but one support provider estimated that on average it could take a support worker one to two hours to fill in the form, depending on the level of detail required. This could sometimes be the only contact that a survivor will have with their support worker during a week. This did not include gathering the supporting documents to give context or the time taken to respond to and follow up on the RNA. Constant re-applying for continued support within short timeframes causes survivors distress. They know their essential support can be stopped at any time, heightening anxieties about what is going to happen, which is retraumatising.

In early 2021, the SCA issued guidance to all support providers preventing them from sharing any data for research purposes. It has therefore not been possible to obtain data surrounding the average length of time that a person remains in the RNA process. However, there were several reports of ongoing RNA submissions of more than 18 months.

One MSVCC support worker told us they had completed 13 RNA applications for the same trafficked person in the two years since they received their positive conclusive grounds decision. This current RNA process is inefficient, time consuming and costly. It is also contributing to serious delays in the system and negatively impacting the recovery process itself.

“Timeframes do not provide enough stability to facilitate recovery. The extensions (support periods) are too short and do not allow enough time for transition.”

Support worker

“There are problems with short timeframes. Decisions often come back that may partially or fully agree with an RNA but might only be for a month and then you have to do another one – which leads to multiple RNAs.”

Support worker

“Just because I was eligible for the therapy didn’t mean I would automatically get it. And when I did get it, it was stopped multiple times. I would be told ‘We are waiting for approval so that you can continue’.”

Survivor

“My trafficker hadn’t even been arrested by the time I received my conclusive grounds. He was arrested eight months later. I need ongoing support still, particularly with my mental health.”

Survivor

“One of our most vulnerable clients, who was allocated two MSVCC support workers because of how vulnerable he is and how complex his multiple needs are, received a positive conclusive grounds decision, and his excellent main support worker submitted an RNA swiftly after that. A few weeks later, they received the RNA decision back, refusing financial support for any more time, and extending support worker contact for just six weeks (they had asked for an extension of six months, along with a wealth of evidence outlining why this was required, including from medical professionals). This was in no way sufficient for our client, but also they set the exit date from all support just days before Christmas, at a time when many charities and other services (who the SCA say the survivor can rely on when they don’t have NRM support anymore) will be closed or really limited. Thankfully his support was extended again but only for a few weeks and so he and his advocate are now in the position of most likely having to repeat this process over and over again.”

NGO worker providing support outside of the MSVCC

4.9 Failure to meet recovery needs

A strong feeling expressed by the support workers we surveyed was that there is a lack of trust from decision makers about their expertise, experience and recommendations. They felt that as the people working closest with individuals going through the process, they, along with the survivors themselves, were best-placed to make recommendations on their ongoing needs. However, they were frustrated that RNA requests, which set out the reasons why ongoing support was needed and the length of time it was needed for, would be disregarded by either The Salvation Army or the SCA. This frustration was shared by the survivors interviewed.

Support workers also stressed that this is resulting in vulnerable people with high needs being exited from support before they are ready, which in turn places them at higher risk of being re-trafficked or further exploited.

Support providers expressed concern that the SCA decision makers routinely determined that once someone was provided with accommodation they no longer needed a support worker. These decisions result in the contradiction of someone being in a safe house but, technically, the support workers there are unable to offer support.

One survivor stated that after they were exited from the support system, and had to seek their own accommodation, and other women who had been in a safe house with her were subsequently re-exploited.

“We would get a response ‘not accepted by SCA’ when asking for support worker and safe house accommodation – it was clear the reason the request was not accepted was because they assumed support was in place as part of the safe house.”

Support worker

“There were so many areas where I was still struggling. I had to make phone calls back to the safe house and ask them for their assistance and a support worker for help.”

Survivor

“The charity said they had to close down immediately, something about insurance, and I was living there in the house and not being assessed for benefits. So they asked us to leave. It was sad because the other girl was re-trafficked.”

Survivor

Some support providers saw the SCA as seeking to limit, rather than facilitate, access to support through the RNA, while some held the view that the SCA wanted to exit people as soon as possible.

“Sometimes I was so helpless and I wish that someone on my behalf could speak to the council and explain the things I was going through. My main needs were housing, because I didn’t have a place to stay, and I was sofa surfing from one friend to another and I didn’t have a proper job to pay my rent or bills.”

Survivor

“Generally, the feeling is that the SCA does not want the person to get support. Support workers have to fight for continuing support. I feel it should be the reverse – they should be asking for evidence that we have done everything to meet ECAT needs and should not be able to exit until that has been done. It should be about ‘Has everything been done to make sure this person’s needs have been met’.”

Support worker

“Professionals are providing information and it seems to be dismissed as not relevant or important.”

Support worker

4.10 Lack of person-centred approach and survivor inclusion



Illustration 3: Survivor seeks autonomy in decision making

There is a striking disconnect here. Supporting the recovery of survivors of modern slavery may be the stated aim of the RNA process, and the Home Office recognises the vital role survivors can play in policy making, but for so much of the RNA journey, this report finds, survivors feel excluded.

Many survivor interviewees were unable to describe the purpose of the RNA or to outline its process. Most were unaware of the contents of their own RNA requests and were not given copies of the requests or the decisions. Many survivors feel distrusted by the system, they feel questions are invasive and repetitive, and that the whole process is burdensome, unclear and anxiety-ridden. Debts incurred during the process heighten the risks of a life-threatening descent back into re-exploitation. The lack of childcare support places parents/carers in dreadful dilemmas and lends itself to traumatising the child and re-traumatising the parent or carer.

The RNA is not a person-centred, survivor-inclusive process. These disappointing findings reflect that the RNA was developed without consultation with survivors. Researchers were advised that there had not been any consultation with members of the ATMG and they were unable to find any evidence of consultation with the wider anti-trafficking sector.³¹ Survivors hold life experience and can make unique, vital contributions to policy making and system building.

³¹ We were unable to find any evidence of a Home Office consultation when developing the Recovery Needs Assessment.

The Home Office acknowledges this in its 2021 annual report: We remain committed to embedding the survivors' voice in future policy.³² We recognise the vital role survivors have in improving our understanding of and response to modern slavery. Involving survivors in policy making will help to ensure we have robust and effective policies that allow us to react to new forms of exploitation as they arise.

Trauma-informed methods of working are best laid out in the Trauma-Informed Code of Conduct (TiCC), produced by the Helen Bamber Foundation in 2018. TiCC is a guide for best practice when working with survivors of modern slavery. It states that trauma informed methods of working 'Are based upon an understanding of the harmful effects of traumatic experiences, together with fundamental principles of compassion and respect'.

TiCC has been actively endorsed by the UK government and the Independent Anti-Slavery Commissioner and, as such, is specifically referenced in both the Modern Slavery Statutory Guidance³³ and The Slavery and Trafficking Survivors Care Standards.³⁴ TiCC is designed to enable professionals to establish mutual relationships of trust with survivors, impart a consistent sense of calm, and increase the confidence of survivors while minimising the risks of distress.

The UK government may endorse TiCC, but a common thread throughout this report is that the RNA process, as experienced by those who use it on a day-to-day basis, falls substantially short of its standards.

This research shows that the power dynamics between those providing support and the survivor can be reminiscent of the survivor's experience of modern slavery and can be retriggering.

Only survivors themselves experience the repercussions of any systemic failures of support. It should be up to the survivor to decide whether they feel they are fit to involve themselves or not. Ultimately, they are best placed to measure their levels of success and recovery before anyone else.

The importance of engaging with survivors and ensuring they are aware of the next steps in their journey is widely acknowledged as an aid to recovery.³⁵ If they do not know what will happen next or if support is taken away while needs are still outstanding, they may be vulnerable to further exploitation. It was apparent from feedback received that the level of survivor engagement varied, not only from organisation to organisation but from support worker to support worker.

It was encouraging to hear clear examples from support workers who were approaching each case in a sensitive person-centred way. However, this was restricted by a lack of guidance on how to prepare the RNA. Support workers reported feeling the need to go 'above and beyond' what was expected of them to ensure survivors received the support they needed. Some support workers stated that without adequate guidance and training, they found it difficult to engage survivors and manage expectations. This was further hampered by the lack of consistency in the process.

³² Home Office '2021 UK annual report on modern slavery' Para 2.4.55.

<https://www.gov.uk/government/publications/2021-uk-annual-report-on-modern-slavery>

³³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1051135/Modern_Slavery_Statutory_Guidance_EW_Non-Statutory_Guidance_SNI_v2.6.pdf

³⁴ <https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf>

³⁵ Ibid

The RNA policy is vague about whether survivors should be provided with copies of their RNA requests and decisions. They can receive final decision notices, but not submissions, if copies were requested by either the survivor or their legal representative. There were mixed responses from support workers as to whether they provide copies of relevant documents to survivors.

It was clear that all the survivors interviewed had an incredibly limited understanding of the assessment process, their entitlements and the thresholds to be met. None of them knew when they would be exited, leading to confusion and distress surrounding their future. The survivors interviewed who had been exited from the process clearly still had outstanding needs at the point of exiting. None of them had received compensation and all were continuing to suffer financial hardship, among other issues.

“When people enter the system, they need to have it all explained to them. The whole journey should be explained – better communication across everyone involved in the case is needed. The systems are so slow and when we cannot get through to decision makers it makes things even more difficult.”

Support worker

“There needs to be a more collaborative approach with survivors – there is currently a lack of informed consent and we cannot see how people can meaningfully own their recovery if they are not aware what the goals are.”

Support worker

“I feel I am the best person to say what my recovery needs are, but my sense of agency has been removed by this process.”

Survivor

“I don’t know if I signed a legally binding contract. I have no paperwork telling me what I have agreed to, I haven’t even been given a leaflet.”

Survivor

“I worry that I’ll get into trouble for speaking up. I don’t know who is safe to confide in if I have any concerns. I’ve been told by other survivors that the Home Office is the police and I could be arrested by them.”

Survivor

4.11 signposting issues



Illustration 4: Survivor finds directions difficult to navigate

Support workers repeatedly raised concerns about referrals to statutory support services outside of the MSVCC, such as support provided by local authorities. Several support providers noted that RNA applications were likely to be refused once someone had been referred to statutory services, without appreciating that they are often then stuck on a waiting list and that the support is not always appropriate or specialist. As a result, survivors are likely to be exited from support before their needs are met. Furthermore, accessing these services is often difficult and many survivors would need assistance from a support worker in order to do so.

Concerns were raised by support workers, those working directly with survivors and those working for local authorities themselves, about the referrals being made to statutory services. Support workers and survivors noted that when being asked to make a statutory service referral, the SCA were failing to consider relevant factors such as:

- The geographical location of the survivor.
- The specialist experience needed.
- How a person would engage with external services.
- Any barriers which would require the assistance of a support worker.
- The capacity and resources of statutory services to provide the support.
- The lack of specific funding that is given to councils to support victims of modern slavery.
- The lack of specific funding this is given to councils to support victims of modern slavery.³⁶

³⁶ It is not clear whether or not the SCA have recruited those with social work training to enable them to consider needs effectively or whether they are provided with specialist training outside training for decisions on whether the person is a victim of Modern Slavery. This would be essential in enabling the SCA to make effective decisions.

The Local Government Association continues to urge the UK government to provide more funding for councils to help tackle modern slavery and support its victims. They estimate a £3.1 billion funding gap in children's services, and a £3.6 billion funding gap in adult social care services by 2025.³⁷

It was also reported that SCA decision makers frequently cited the reach-in service³⁸ and the existence of other services outside the MSVCC as suitable alternatives when refusing further support. While this report does not specifically cover the reach-in service, the feedback received was that this is problematic because it's an information and signposting service only, and staff do not provide casework support. It is an inadequate response to merge signposting with support. Signposting can clearly not replace practical support because it is not a guarantee of services. It is particularly problematic when there is a lack of knowledge or relationship with potential local services that could offer support, but often the local services do not exist or do not have capacity. Support providers raised that the reach-in service does not monitor the issue, leading to ineffective and inadequate referrals.

"It took 11 months just to signpost somebody and get them the support they need."

Support worker

"There's a complete non-understanding of what's available in statutory services and mainstream health services, which is a huge thing. So the word 'signpost' isn't helpful because signposting doesn't help anyone... It doesn't get them into the system they need to be in, even when we do make that bridged referral, to like, mental health teams or whatever is needed. If the client can't engage for whatever reason, there's no follow up."

NGO supporting survivors outside of the Victim Care Contract

³⁷ Local Government Association: Modern Slavery Referrals by councils soar nine-fold (2019). <https://www.local.gov.uk/about/news/lga-modern-slavery-referrals-councils-soar-ninefold>

³⁸ Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland Version 2.5, November 2021.

4.12 Undervaluing emotional needs

“Sometimes I’m in pain when I’m going for appointments and the support workers are able to speak on my behalf. Sometimes when you go for services and you go alone, you want to say something, you don’t have the power when you’re alone.”

Survivor

There is a reported lack of understanding, by decision makers, of the importance of emotional support and the role that the support worker plays in enabling survivors to engage with other professionals. According to the Home Office report ‘2021 UK annual report on modern slavery’, in the year up to 31 July 2021, the most requested support pillar is support worker contact – with 94% of RNAs requesting support worker contact.³⁹ Many of the survivors interviewed gave details of how invaluable the emotional support they received from their support workers was, particularly for those who have reservations or difficulties opening-up to other professionals. One survivor confirmed that without emotional support they were not sure they would have felt able to engage with therapy.

Survivors of trafficking spoke to us about the difficulties they had trusting people and how long it took them to build up trust with their support workers. They also stressed the value of the emotional support provided by their support worker, and how it helped in building their confidence and engaging with different people. For example, one survivor explained how they did not feel comfortable talking with their GP and relied on their support worker to assist with this. Survivors reported that support was often stopped while they still had outstanding needs. Support workers also underlined how important the continuity of this relationship was in facilitating recovery, effectively accessing services and transitioning to independence. They felt the SCA did not adequately understand the role of the support worker and that they often undervalued the importance of maintaining this role.

Health professionals stressed the need for a holistic approach to recovery and were unable to decipher how needs arising out of a person's trafficking experience could be separated from any other needs, if the ultimate goal is a person's recovery and protection from further exploitation.

“Assessing need within the RNA must be in addition to the default of supporting all survivors to develop agency, choice and an empowered future where there perhaps never was. The overall aim should be to reduce vulnerability and provide an environment where health and recovery may be achieved. This includes support for direct trafficking trauma.”

Support worker

A mental health academic interviewed recommended that a healthcare and public health approach should be taken, whereby the assessment will take a multi-disciplinary approach and will come from many relevant areas, but always person-centred so each assessment is individual. This was endorsed by other healthcare professionals. An example of this is a Care Act assessment⁴⁰ which will consider the views and opinions of those close to the survivor, personally and professionally.

³⁹ Para 2.4.52; SCA-held data on Recovery Needs Assessments, unpublished.

⁴⁰ <https://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/assessing-needs/enacted>

There were several reports of the SCA refusing further access to a support worker when a person is in therapy or, in some instances, even when they are only on the waiting list for therapy. Support providers reported that the approach being taken to therapy, and failure to appreciate the need for and importance of emotional support, is undermining recovery. This includes offering emotional support to assist survivors to engage in therapy in the first place or continue in therapy. This approach also fails to consider the limitations of a therapist in the support they can offer outside of sessions and assumes that therapy will begin as soon as a referral is made and that a survivor will continue with it without any additional support.

Conversely, where a support worker is given adequate time to assist an individual, they will be better prepared to make a full recovery and exit the RNA.

A support worker gave the following example of how this has worked in practice:

“When the survivor first entered the support system they were suicidal. They did a significant amount of work together and ensured there was appropriate support in place. They remained in the RNA for a significant amount of time. At the time of exit, the survivor told them that they cared about their life again and they were ready to leave the system. It was a decision they made together.”

Support worker

Emotional support, including having a support worker's physical presence at meetings and appointments that are often emotionally charged, plays a huge role in aiding a survivor through their recovery journey. But frequently this is being downgraded by the Home Office to the simple term 'chaperoning'. A support worker works closely with the survivor, helping facilitate engagement with service providers, regaining confidence in society and rebuilding independence. This role can often be pivotal to a survivor's engagement, for example it can be key to a survivor continuing in the justice system and therefore seeing their trafficker(s) prosecuted. If the support worker is not able to provide the level of emotional support a survivor needs, there should be an examination of how this can be provided on top of the current statutory provision and services.

It is important to remember that most survivors do not have support from family members for a multitude of reasons. Maintaining close relationships can also be challenging, and the survivor may feel cautious and uncertain about trusting others. As such, emotional support from a support worker is all the more precious. Those with family relationships may also have ties jeopardised by their RNA journey. One survivor reported that they were told they would be exited from the MSVCC if they were to make arrangements to visit family:

“I was told that if I visit my family overseas I would be exited from the MSVCC, even though my needs wouldn't have changed when I returned. I hadn't seen my family in almost five years and I'm supporting a trial later this year. I didn't even tell my family I'd been trafficked.”

Survivor

Our research found that decision makers do not seem to appreciate the importance of the emotional support role played by support workers, but assume that any service provider can perform the role. One support worker provided an example of contact being refused because the survivor had been referred to an immigration solicitor and therefore their legal needs were being met. They failed to consider that the support worker had been appointed to act as the person's 'litigation friend', which meant they had a formal responsibility to support the survivor in all legal matters.

"I was not ready to be open with counsellors or mental health doctors. My support worker was saying to me, 'Nobody can force you, just do it when you feel you are ready'. So, I think now I am ready."

Survivor

"They had been supporting me with hospital appointments, but they stopped it because they were saying if I'm able to speak English, I should go on my own. But to me, I thought it's not the case because I have problems... I need support most of the time. But I was told to do all of those things myself because I am able to speak English."

Survivor

"A person I was working with was exited from support worker contact but was still receiving financial support. We decided that due to the pandemic we would keep doing welfare calls, even to the clients who did not have support worker contact. During one of these calls we discovered this person had been re-trafficked. We wrote to the SCA to say they need to be re-entered for casework contact for support surrounding this. It took a month to make a decision and even then they only gave one more month for support worker contact."

Support worker

"The so called 'chaperoning' is misconstrued by decision makers, about what this is really about and why people need that kind of accompanying support. We call it 'bridging'."

NGO supporting survivors outside of the MSVCC

CHAPTER 5

Conclusion

This research demonstrates that the current Recovery Needs Assessment process is failing survivors of modern slavery and human trafficking. It is falling significantly short of meeting individuals' needs and, at times, is exiting people from the process prematurely – before they have had the chance to recover.

One cause of these failings – which can easily be addressed – is the well-evidenced lack of consultation with survivors and the anti-trafficking sector in the development of the RNA policy and its guidance. Excluding and marginalising those with expertise, particularly those with lived experience, is further demonstrated by the lack of information provided to victims when they are introduced to the RNA and need to navigate it.

There are concerns that the RNA application process is using up valuable resources that would be better spent on supporting and providing for the recovery of survivors. Survivors are being failed because the process is overly complex, cumbersome and repetitive, meaning that survivors and support workers are spending a significant amount of time just putting together applications. Not only is the system complex and time consuming – heightened by the need for multiple back-to-back RNAs as the period of support is too short – but survivors report that the process itself is not trauma-informed. They said that they had lost critical support from the RNA, such as legal and financial support, because they had been signposted elsewhere.

The RNA does not meet the recovery needs of survivors. The RNA was set up to meet the needs that arise directly from the trafficking experience but the resounding informed position from those working in this sector and relevant fields, including health professionals, is that it is impossible to separate these needs from other long-term needs relevant to a person's recovery. The restrictive nature of the RNA process means that survivors might find it challenging to meet their needs outside of the system. Childcare is a crucial example of this.

Throughout this report, we have shown the dangers of not meeting a survivor's needs in full. They could be at greater risk of re-exploitation, recovery being delayed, being re-traumatised, left without basic financial stability, and access to vital products such as sanitary pads. Ultimately resulting in more money and resources needed down the line.

As a tool to meet the needs of survivors while they recover from their trafficking experience, it is vital that support is comprehensive enough to prevent further exploitation. In this regard, we believe the RNA is not sufficient to prevent people from being re-trafficked.⁴¹

The training given to support workers is inconsistent, meaning the process can be subjective. Support workers reported that similar or identical applications might be accepted in one process and rejected in another. Thus, leading to a lack of clarity around the decision-making process and further time being misspent on collecting evidence trying to second-guess what may be required for the completion of an RNA.

Due to lack of inclusion of survivor input into the guidance and lack of engagement in their own RNA applications, survivors were often left in the dark as to their entitlements and very few had any understanding of the process itself. With financial aid often being the first support to be withdrawn, it is important to note that every survivor that fed into this research claimed they had suffered complete destitution and had, at some point, been dependent on food banks and they were often left meeting the costs of their own recovery. Many survivors felt retriggered and retraumatised, leading to lack of engagement, increased vulnerabilities and at risk of re-trafficking, in some cases leading to survivors deciding to withdraw from support completely. The following recommendations are made on how the

⁴¹ The Causes and Consequences of Re-trafficking: Evidence from the IOM Human Trafficking Database.
<https://publications.iom.int/books/causes-and-consequences-re-trafficking-evidence-iom-human-trafficking-database>

Recovery Needs Assessment process could be improved, considering the views and feedback of survivors and stakeholders in the sector.

CHAPTER 6

Recommendations

A full review and overhaul of the RNA is required and should be carried out with meaningful input from all relevant stakeholders, including survivors.

Procedural processes should be streamlined to reduce the administrative burden on support workers, cut waiting times, increase the time spent on assisting the trafficked person, improve the quality of support survivors receive, and bring the RNA more in line with ECAT.

6.1 Improve procedural issues

- An independent review and reform of the two-stage approval process of RNAs is required, with a focus on a multi-disciplinary approach and the inclusion of experts outside of the Home Office who can more accurately identify support needs.
- The Home Office should recruit people with a social work background for the Recovery Needs Assessment and have appropriate training to assess survivors needs which goes beyond training on decision making and process.
- Support workers, decision makers and survivors should have opportunities to discuss together how the system is working in practice.
- The Salvation Army and Single Competent Authority should link all relevant forms to case management in the RNA (for example, the journey plan) to avoid multiple interviews at which survivors are asked similar questions about their needs and experiences.
- Support workers should not be required to submit an RNA until three months after a positive conclusive grounds decision. This will allow more time to assess the survivors' needs, provide additional time for the evidence gathering process and for the survivor to process the conclusive grounds decision. All NRM support should continue until such a time that a decision is made.
- The SCA should commit to publishing full data and independent supporting research on the successful and failed applications to the RNA, as well as data on the number of concurrent RNAs.
- There should be a review process in place for support workers and survivors to be able to challenge any negative decisions without recourse to legal action.

6.2 Increase support timeframes

- The SCA should standardise support timeframes and support should be provided for longer periods (12 months) tapering down gradually in line with the person's recovery. This should be agreed between the survivor and support worker, with the survivor being able to leave and re-enter the system should they require support.

- The SCA should include 'leave to remain' and the 'right to work' in support packages for those who require it.

6.3 Improve and increase provision for training

- All support workers and decision makers should receive consistent, standardised training from the Home Office on the RNA as part of their induction. Training should have meaningful input from relevant experts outside of the Home Office with a monitoring and evaluation framework.
- The Salvation Army should receive the same training as the SCA.
- The SCA should provide publicly available written guidance for support workers on their expectations regarding the information and evidence required for each section of the RNA form.
- Training should be supplemented by regular top-up training and workshops, in addition to the Q&A sessions currently held by the SCA. Those with lived experience should be offered access to workshops to increase understanding of the process. They should include expert input where relevant, for example from health professionals.

6.4 Increase survivors' understanding, engagement and autonomy in the RNA process and wider anti-trafficking framework

- The SCA should provide accessible information packs on the RNA process to survivors at the outset of their 'survivor journey' to ensure that they understand the process. These should be available in their native language, if requested, and should be culturally sensitive.
- Survivors should have control over their involvement in the process. They should have the choice to write or contribute to their own RNA, with assistance from their support workers if needed.
- Survivors should be provided with copies of their RNA requests, supporting evidence and decisions automatically – the option to receive RNA copies via password protected email should be available. Paper copies present a risk to both survivor and support worker in transfer (for example, if left on the bus or train).
- Survivors and the anti-trafficking sector should be meaningfully consulted and actively involved in the development, implementation and review of policies and practices relating to anti-trafficking, in line with international standards.

6.5 Provide guidance for support workers and decision makers to improve continuity

- The Home Office should provide publicly available guidance to support workers, The Salvation Army and the SCA detailing information and evidence required for the RNA decision-making.

- Guidance should make clear that:
 - Due weight will be given to recommendations made by the support worker and outside agencies supporting the survivor given their professional expertise and knowledge of the specific needs of the survivor.
 - Emotional support and continuity of support are key to ensuring a survivor's recovery and this should be provided to supplement statutory provision, where appropriate.
 - Recovery needs will vary from individual to individual and should not be defined narrowly (ie, needs can include things like top-ups for phones and healthy food, as well as accommodation and counselling).
- Any guidance should be created with consultation from survivors, support providers and key organisations in the anti-trafficking sector.

6.6 Improve understanding of recovery needs

- Survivors' recovery needs should be addressed holistically and not limited to needs 'arising out of their trafficking experience' or their 'immediate current needs'. These phrases should be removed from the policy. Any needs expected to arise during the RNA period should be addressed alongside immediate current needs.
- The approach should be fully person-centred and trauma informed.
- Consideration of the best interests of any child dependents should be part of the RNA process and support with childcare should be provided when needed.

6.7 Ensure signposted services are adequate

- No survivor should be exited while they are placed on a waiting list for alternative support services. Case worker support should continue once a survivor has been signposted to other support services. Support should then be gradually reduced, once it is confirmed their needs are met and they have a secure relationship with the agency referred to.

6.8 Recognise the emotional needs of survivors

- SCA and support workers should recognise the importance of and provide emotional support alongside bridging with other support services.
- A survivor should be granted the right to visit family abroad if they choose, without the fear of being exited from support. The longevity of the NRM journey for a survivor can often be detrimental to family relationships. Inevitably, the ability to access and see family may aid a survivor's recovery. Some form of break period should be granted.
- The RNA process should be reviewed in order to better meet the guidance within the Trauma-informed Code of Conduct.

6.9 Take further steps to prevent the risk of re-trafficking

- SCA must recognise that accommodation support workers cannot replace MSVCC support workers.
- All accommodation should be monitored to ensure that the needs of survivors are being met.
- Guidance should be in place to support a survivor's transition period from one service to the other (inclusive of a further quality assurance check).
- Financial support should not end because of a positive conclusive grounds decision. It should continue in line with NRM policies while the survivor remains in RNA support.
- Reducing the risk of re-trafficking should be a clear objective of RNA support, so that decision makers better understand the impact of their decisions.
- Receiving agencies have training and specialist understanding of the often complex needs of survivors in order to meet these needs effectively.

Glossary

Access to public funds

Condition that enables individuals to claim most benefits, tax credits or housing assistance paid by the state.

Anti-Trafficking Monitoring Group (ATMG)

Hosted and chaired by Anti-Slavery International, the ATMG is a coalition of 17 organisations formed in 2009 to monitor the UK's implementation of European anti-slavery legislation and policies. It places a particular focus on the protection of survivors of modern slavery. Member organisations include those who directly support vulnerable people affected by modern slavery and trafficking across the UK.

Asylum support/NASS support

Housing and financial support that is available for eligible asylum seekers once they have made a claim for asylum in England and Wales. This ends when a person has received a decision on their asylum claim, except in exceptional circumstances.

Asylum Support Enablement Card (ASPEN)

A pre-paid card onto which subsistence support is automatically allocated, for people in receipt of asylum support to use in UK retail outlets.

Competent authorities

Competent authorities make decisions regarding modern slavery cases. In the UK this is the Single Competent Authority and Immigration Enforcement Competent Authority – both are part of the Home Office.

Conclusive grounds decision

The second-stage decision taken by the Single Competent Authority or Immigration Enforcement Competent Authority as to whether there are sufficient grounds to decide that a person is a victim of human trafficking or modern slavery.

First responder

An organisation authorised to refer a potential victim of human trafficking or modern slavery to the National Referral Mechanism. There are currently 19 statutory and non-statutory first responder organisations in England and Wales, including local authorities, specified NGOs, police forces and government agencies.

Human trafficking

The process of trapping people using violence, deception or coercion, and exploiting them for financial or personal gain.

Immigration Enforcement Competent Authority (IECA)

One of the competent authorities responsible for making reasonable grounds decisions and conclusive grounds decisions for individuals in a particular group.

Mainstream benefits

Benefits, tax credits and housing assistance usually available to those who have recourse to public funds. A victim of trafficking or modern slavery will only be eligible if they are a British citizen or if their right to remain in the UK provides them with recourse to public funds.

Modern slavery

Modern slavery in the UK can take many forms, including forced sexual exploitation, domestic slavery or forced labour.

Modern Slavery Victim Care Contract (MSVCC)

The Home Office contract with an organisation providing care to adult victims of modern slavery in England and Wales, includes accommodation, financial support and access to a support worker.

Modern Slavery Victim Care Contract prime contractor

The prime contractor of the Modern Slavery Victim Care Contract is currently The Salvation Army.

Move-on support

Support provided after a conclusive grounds decision. This period lasts for at least 45 calendar days from the date of a positive decision or nine working days from the date of a negative decision.

National Referral Mechanism (NRM)

The UK's framework for identifying and supporting victims of human trafficking and modern slavery.

National Referral Mechanism referral (NRM referral)

In England and Wales an NRM referral can only be made by a designated first responder. An adult victim is required to consent before a referral is made.

Reasonable grounds decision

The first-stage decision taken by the Single Competent Authority or Immigration Enforcement Competent Authority if they suspect, but cannot prove, a person is a potential victim of human trafficking or modern slavery.

Reach-in service

A post-National Referral Mechanism service that offers transitional support to confirmed victims when they have moved on from the Modern Slavery Victim Care Contract support. This is a signposting and information service only.

Recovery and reflection period

The period of time (at least 45 days) between a positive reasonable grounds decision and a conclusive grounds decision.

Recovery Needs Assessment (RNA)

The process for assessing and making recommendations for ongoing support for confirmed victims of human trafficking and modern slavery, whether through the Modern Slavery Victim Care Contract or other services.

Single Competent Authority (SCA)

One of the UK's decision-making bodies responsible for making reasonable grounds decisions and conclusive grounds decisions regarding individuals referred as potential victims of human trafficking or modern slavery.

Support provider

A body employed or engaged under the Modern Slavery Victim Care Contract to provide care and coordination services for victims.

Support worker

Individual employed under the Modern Slavery Victim Care Contract to provide care and coordination services for victims.

Transition plan

Recovery Needs Assessment form detailing a recommended package of support that facilitates (where possible) a confirmed victim's transition from the Modern Slavery Victim Care Contract, as decided by the Single Competent Authority.

Trauma-Informed Code of Conduct (TiCC)

Produced by the Helen Bamber Foundation in 2018, the TiCC is a guide for best practice when working with survivors of modern slavery.

ANNEX I

Home Office training

An outline of the Home Office training programme for new RNA decision makers, as provided to the research team by Home Office officials.

- An initial week of classroom-based learning hosted by RNA Operational Leads and RNA Technical Specialists. Topics studied include modern slavery offences, Competent Authority structures, an online learning package on the RNA, an introduction to RNA paperwork, and learning from case studies.
- A shadowing system in which the new RNA decision maker shadows an experienced primary mentor for at least two weeks, or for as long as required as determined on an individual basis.
- The RNA decision maker is then assigned an experienced buddy for a minimum of 10 weeks to support them in reviewing RNA decisions, which can again be extended as required in each case. Once assigned a caseload, all RNA decisions made by the new decision maker will be quality assured by Technical Specialists. These quality checks against every decision made will continue until the Technical Specialists and Team Leaders are satisfied that the individual meets the required standard.
- Ongoing support and advice is provided by nominated points of contact within the SCA RNA team, with triaging for general support and complex cases. Refresher learning and best practice opportunities are identified as part of monthly quality review meetings. Decision makers are encouraged to play a full role in their own development and learning.

ANNEX II

International human rights instruments and standards relating to consultation and co-operation

This is an Annex provided by the Special Rapporteur on the situation of human rights defenders; the Special Rapporteur on contemporary forms of slavery, including its causes and consequences and the Special Rapporteur on trafficking in persons, especially women and children, in their communication to the UK government on 3 January 2019.

<https://spcommreports.ohchr.org/TMResultsBase/DownloadPublicCommunicationFile?glid=24281>.

Reference to international human rights law

Article 6 of the Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, which your Excellency's Government has ratified on 9 February 2006, states that each State Party shall consider implementing measures to provide for the physical, psychological and social recovery of victims of trafficking in persons, including, in appropriate cases, in cooperation with non-governmental organizations, other relevant organizations and other elements of civil society. As a general principle drawn from OHCHR Recommended Principles and Guidelines on Human Rights and Human Trafficking, States shall ensure that trafficked persons are protected from further exploitation and harm and have access to adequate physical and psychological care. Such protection and care shall not be made conditional upon the capacity or willingness of the trafficked person to cooperate in legal proceedings. In a previous report, the mandate of the Special Rapporteur on trafficking in persons, especially women and girls, explained that international, regional and national strategies for combating trafficking rest on the following "5 P's"; "3 R's" and "3 C's": 5 Ps: Protection, Prosecution, Punishment, Prevention, Promoting international cooperation and partnership including public and private partnership; 3R's : Redress, Recovery (Rehabilitation) and Re-integration; and 3 C's: Capacity, Cooperation and Coordination (A/HRC/10/16, page 25). Article 35 of the Council of Europe Convention on Action against Trafficking in Human Beings, which Your Excellency's Government ratified on 17 December 2008, also requests State parties to "encourage state authorities and public officials, to co[1]operate with non-governmental organisations, other relevant organisations and members of civil society, in establishing strategic partnerships with the aim of achieving the purpose of this Convention." In this context, we also refer your Excellency's Government to Article 12 (1) of the Declaration on the Right and Responsibility of Individuals, Groups and Organs of Society to Promote and Protect Universally Recognized Human Rights and Fundamental Freedoms, which states that "[e]veryone has the right, individually and in association with others, to participate in peaceful activities against violations of human rights and fundamental freedoms."

We also refer to the report of the Special Rapporteur on the situation of human rights defenders A/HRC/25/55, in which the Special Rapporteur recommended that States "[e]nsure that public policies, including development policies and projects, are developed and implemented in an open and participatory manner, and that defenders

The Anti Trafficking Monitoring Group

The Anti-Trafficking Monitoring Group (ATMG) was founded in May 2009 to monitor the United Kingdom's implementation of the Council of Europe Convention on Action against Trafficking in Human beings (2005), which came into effect in the UK on 1 April 2009. Following the UK's decision to opt into the EU Directive on preventing and combatting trafficking in human beings (2011/36), which entered into force on 5 April 2013. The ATMG also monitors the obligations set out in this framework; member organisations include those who directly support vulnerable people of all ages who are affected by slavery across the UK, and those trapped in specific forms of exploitation such as forced labour, sexual exploitation or domestic slavery.

A coalition of 17 ATMG members:

Anti-Slavery International | Ashiana Sheffield | Bawso | East European Resource Centre | ECPAT UK
Flourish Northern Ireland | Focus on Labour Exploitation (FLEX) | Helen Bamber Foundation | Hope
for Justice JustRight Scotland | Kalayaan | Law Centre (NI) | The Scottish Refugee Council | The
Children's Law Centre | The Snowdrop Project | The TARA service | UNICEF UK

The Anti-Trafficking Monitoring Group
c/o Anti-Slavery International
Thomas Clarkson House
The Stableyard
Broomgrove Road
London SW9 9TL
United Kingdom

For further information see: www.antislavery.org/amtg