Modern Slavery Incident Response Framework

Version 2.3

NHS England– South West

Modern Slavery Incident Response Framework

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Consultation Timetable

Consultation Group	Date sent document	Date comments received by	Date of Review
Directors of Nursing- ICBs	02/02/2021	01/03/2021	21/06/2023
Designated Professionals	02/02/2021	01/03/2021	21/06/2023
Anti-Slavery Partnership Chairs	02/02/2021	01/03/2021	21/06/2023
EPRR Managers- ICBs and Trusts	02/02/2021	01/03/2021	21/06/2023
Regional Anti-Slavery Partnership	02/02/2021	01/03/2021	21/06/2023
SW Regional Safeguarding Steering Group	02/02/2021	01/03/2021	21/06/2023

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the South West EPRR Team on england.sw-eprr@nhs.net.

Equality Impact Statement

The Modern Slavery Incident Response Framework is committed to ensuring a working environment where we treat individuals fairly and in a consistent way. As organisations, we work within the Equality Act 2010 and the spirit of the Act by promoting a culture of respect and dignity and actively challenging discrimination, should it ever arise.

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1 Background

Modern slavery is a complex crime and may involve multiple forms of exploitation. It encompasses:

- human trafficking
- slavery, servitude, and forced or compulsory labour

An individual of any age could have been a victim of human trafficking and/or slavery, servitude and forced or compulsory labour. It is also a violation of human rights.

Victims may not be aware that they are being trafficked or exploited and may have consented to elements of their exploitation or accepted their situation. The Home Office Statutory Guidance (updated in May 2023) requires key partner organisations including the NHS to work collaboratively with partners to ensure that victims are identified, protected and safeguarded.

The National Referral Mechanism (NRM) is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Compared with previous years, the number of referrals with a South West region police force responsible for crime investigation rose sharply in 2022-23, to 676, the highest annual figure in the four years analysed. The previous three years saw in the region of 450-500 referrals per year. This 2022-23 increase was also mirrored in the National England referral numbers.
This is regarded as the most useful indicator in understanding the level of incidents of modern slavery/human trafficking by region from the Home Office dataset.

NHS organisations and staff are not recognised as a first responder to make a referral into the NRM process. However, where there is a risk of abuse, neglect or significant harm we all have a duty to safeguard individuals from harm under the Children Act 1989 and the Care Act 2014. It is a requirement for NHS organisations to highlight concerns of modern slavery through their local processes, for a first responder organisation to make a referral to the NRM. Consent is required from a capacitated adult to be referred to the NRM.

Where a health professional is concerned about a potential victim of modern slavery a referral can be made to the modern slavery victim care contract which is provided by the Salvation Army. This contract began in January 2021 with an initial term of 2 years. Further details can be found here https://www.salvationarmy.org.uk/modern-slavery/new-victim-care-contract.

Modern slavery can have severe consequences for the health and wellbeing of victims. It is an exploitative crime that impacts on physical and mental health and has future public health implications. Planned and unplanned operations by partner agencies such as Police and Border Force may identify multiple potential victims and requiring a coordinated response from the health services.

2 Scope

NHS England (SW) have developed this framework to support Integrated Care Boards (ICBs) and NHS providers in the SW in preparedness for responses to both planned and unplanned incidents involving modern slavery.

The framework provides overarching guidance to enable a consistent approach across the region to support ICBs and Local Health Resilience Partnerships (LHRPs) in developing more detailed local plans and protocols for professionals on required actions, how to access resources and risk assess in a timely manner, ensuring victims of modern slavery are given the best start to their recovery and reintegration into society.

The term incidents in the context of this framework refers to:

- Spontaneous events where an LRF Operation LINK notification is activated to bring partners together to enact a response.

- Significant events where the NHS is supporting LRF partners in planned operations, likely led by the Police.

This framework does not include broader elements of the NHS support to victims of modern slavery, such as individuals attending general healthcare settings, though local system planning may include these elements.

Command, control and co-ordination mechanisms for the NHS and multi-agency partners are well documented in both LRF and LHRP plans and should be referenced in conjunction with this framework where necessary. It is not the intention of this framework to detail these arrangements.

3 Objectives

The objectives of this framework are to:

- Ensure modern slavery victims are integrated into commissioning strategies for serious violence, exploitation and abuse, using a Contextual Safeguarding and Trauma Informed Approach.

- Support ICBs and LHRPs in developing local planning for modern slavery incidents.

- Support ICBs and LHRPs in identifying appropriate NHS providers to deliver the necessary health assessments in both planned and unplanned response.

- Enable a consistent approach for the planning of NHS support to modern slavery incident response across the South West.

The objectives of the NHS response to modern slavery incidents are as follows:

- All victims should be offered the opportunity to speak with a health professional, in order for their Mental Health and Physical Health needs to be

assessed as soon as possible when identified, ideally within 48 hours using appropriate communication and/or interpretation services.

- All victims should be offered access to specialised services, such as Sexual Health, Addiction Recovery Services and advocacy services, if required.

- All potential victims of modern slavery are to be treated with sensitivity, having due regard to the religious and cultural traditions.

- All victims should have the provision of appropriate healthcare until they enter the NRM (referred by one of the key partners identified as a first responder for example, Local Authority or Police Constabulary) or an alternative decision or provision is made.

- Once a concern has been raised the victim should be treated as a victim by all agencies until notified differently.

4 Response Pathways

4.1 Planned Operations

Planned operations are likely to be initiated and led by the Police and/or Border Force.

Local partner agencies should, via Safeguarding Partnerships/Boards and Community Safety Partnerships, be working together to support the needs of vulnerable people and families. As such, these partnerships should be encouraged to actively involve ICBs, Public Health, Local Authority Public Health and health providers, when planning any operations in relation to modern slavery. This should take the form of a multi-agency meeting where the logistics of the operation should be discussed. The discussions should include the use of resources, the source of resources, skills required and identification of a safe location where professionals may in reach and suitable pathways established for example for adults that lack capacity or children.

This meeting should discuss the potential for media interest and media related issues should escalated appropriately within all organisations following the serious incident policy/Patient Safety Incident Response Framework (PSIRF), which is currently being implemented during 2023.

The scale of planned operations varies considerably, ranging from the rescue of one victim to the rescue of multiple victims. Whilst ideally all initial assessments should be completed on the day the victims are discovered, it is acknowledged that these assessments may need to be prioritised and could take up to 48 hours to complete.

4.2 Emergency Care and Initial Health Assessment

Adults and children with emergency medical needs should be treated by South Western Ambulance Service NHS Foundation Trust (SWASFT). The Trust does not have responsibility to carry out screening of suspected immigrants or victims of suspected modern slavery unless they are presenting as unwell.

It is essential therefore that ICBs identify competent healthcare professionals to clinically assess identified victims. There should be an identified co-ordinator to support the operation likely led by the ICBs, unless the scale of the incident and number of victims is of a sufficient level to require regional coordination by NHS England.

In situations where the medical needs of the victim cannot be met within the place of safety, then transfer or referral to acute or specialist services should be considered and the lead agency informed of the rationale for this decision.

Initial assessments should be offered by a healthcare professional face to face and directly to the victim, with consent being sought and mental capacity considered in the context of potential language barriers and the need for interpreters. Any immediate safeguarding concerns for unaccompanied children should be considered and assessed. These assessments should, wherever possible, be provided at the place of safety where the victim is being accommodated. Furthermore, these assessments should be holistic in nature, embedding trauma informed practices throughout and encompassing both the physical and mental wellbeing of the victim. It is best practice that these initial assessments should be offered and undertaken within 48 hours of being identified as a victim and record keeping is essential in order to support continuation of care. Where required assessments should take place with an interpreter or chaperone

Police evidence gathering should be conducted separately to the initial health assessment and by suitably qualified healthcare professionals.

In the planning phase following initial assessments additional needs may be identified, requiring specialist services to participate in the initial assessment. This could include assessments such as Sexual Health or Addiction Recovery, or country specific input from Public Health.

Throughout the clinical assessment consideration should be given to whether specific safeguarding needs or referrals are required. Appendix 1 outlines the expectation of the health community in response to planned operations.

4.3 Unplanned Operations

Local arrangements should be in place, with direct links to Emergency Preparedness, Resilience and Response (EPRR) plans, to ensure that health services can react to the needs of victims of modern slavery or trafficking whether single or multiple victims.

In the event of a multiple victim event activations are likely to come from Local Resilience Forum cascades such as the Op Link system or via SWASFT who may be responding for urgent medical attention. This may involve a notification to the

Regional NHSE England and the local ICBs EPRR team or on call staff. NHS England and the ICB will then discuss next steps in the response. ICBs should determine in and out of hours response mechanisms with considerations to the involvement of the Designated Safeguarding Team and on-call Managers/Directors.

The principles of delivery should be identical to those for planned operations, ensuring timely and appropriate assessment of physical and mental health. Appendix 2 outlines the expectation of the health community in response to unplanned operations.

4.4 Continuation of Care

Following initial assessment, a victim centred treatment plan should be developed, to ensure that safe and appropriate care can be provided until each victim moves on from the place of safety. Ideally, where practical, these services should be continued to be provided in the place of safety, as movement of the victims could pose an increased risk to their safety and wellbeing. This process should be conducted in partnership with NRM Support Workers and other agencies as appropriate. Specific consideration should be given to unaccompanied minors.
The availability of services can vary dependent on the victim's NRM status and their recourse to public funds. However, the underlying principle is to ensure that health needs are met for victims.

It is acknowledged that it can take up to 5 days for victims to be accepted into the NRM or for an alternative exit from the place of safety to be actioned, so it is essential that continuity of care is maintained for the victim.

4.5 Exit

Ordinarily there are 3 routes through which victims will leave the place of safety.

These being:

- Acceptance to NRM.
- Support from universal services (housing, social care, Department of Work and Pensions).
- Signposted to local support services (for instance if lack of consent for NRM).

4.6 Healthcare and Risk when leaving the NRM

If victims leave via the NRM, ongoing health needs will be met by services in the locality of the NRM Provider. If the victim consents, a handover to health services in that area should be facilitated. The detail for this will be included in the local plans.

Where victims choose not to enter the NRM or are not accepted, the victim should be supported to register with a GP and a handover to health services in that area should be facilitated.

Anyone in England can register and consult with a GP without charge. The practice will ask the patient to complete a GMS1 form as part of their application to register. GP practices are not required to ask for proof of identity, address or immigration status

from patients wishing to register. NHS guidance on how to register with a GP surgery clearly outlines that a practice cannot refuse a patient because they do not have proof of address or immigration status.

Where a patient applies to register with a GP practice and is turned down, the GP must still provide any immediately necessary treatment that is requested by the applicant, free of charge, for up to 14 days (this can vary according to circumstances).

If a practice refuses to register a patient, they must notify the applicant of the refusal and the reason for it, in writing within 14 days of the decision.

If a person has difficulty registering with a GP practice, they can contact:

- their local NHS England area team
- the local Patient Advice and Liaison Services
- third sector organisations that may be able to offer support to access healthcare and explain their entitlements such as: Get help as a refugee or asylum seeker | British Red Cross or Contact us - Refugee Council

Where there are concerns about an individual who has not entered the NRM or is not accepted, local safeguarding processes should be followed as appropriate. Risks may arise from homelessness, rough sleeping or ongoing risk of trafficking. Multi-agency risk management meetings may be an appropriate framework to facilitate discussions or interventions tailored to the person's individual circumstances.

5 Developing Planning Arrangements

5.1 Local Planning

NHS England have produced this framework to enable ICBs in partnership with their LHRPs and LRF, to develop or review local plans to enable consistency across the Region.

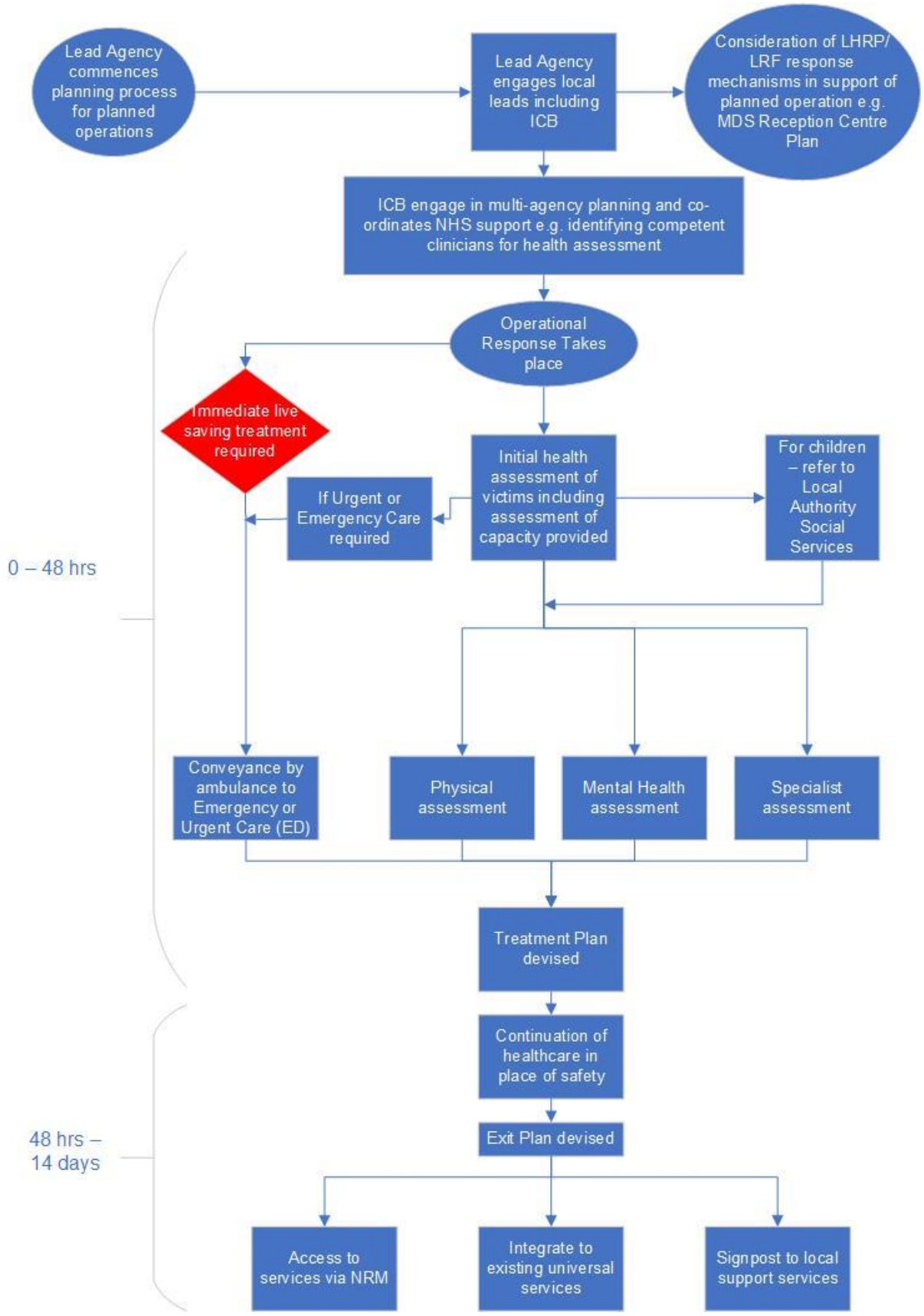
ICBS Designating Safeguarding Leads should engage with their EPRR Lead in ensuring that EPRR principles of co-ordination are embedded through any planning for the modern slavery incident response.

ICBs should identify appropriate NHS organisations to provide the initial health assessment for modern slavery incidents and engage with them to develop the local planning.

ICBs and LHRPs should engage with their LRFs to ensure that the NHS provision of healthcare support to victims of modern slavery or trafficking are understood and documented in all elements relevant of partnership plans.

6 Appendices

6.1 Appendix 1 – Planned Operation Flow Chart



6.2 Appendix 2 – Unplanned Operation Flow Chart