

Human Trafficking: improving the UK's health-care response

This policy brief presents evidence, from the PROTECT Report¹ to encourage implementation of key recommendations to improve identification, referral and healthcare for trafficked people in the UK.

Key messages and recommendations for the Home Office

Trafficked people are at high risk for physical and mental health problems. Findings from this large programme of work provide evidence to improve the healthcare responses to trafficked people's needs in the UK. Specific recommendations for the Home Office are outlined below.

- **Recommendation 1:** Lead the development of policy on human trafficking
- **Recommendation 2:** Provide guidance to relevant organisations
- **Recommendation 3:** Revise and amend the UK National Referral Mechanism guidance
- **Recommendation 4:** Remove barriers to accessing healthcare

Introduction

Human trafficking is the recruitment or movement of people, by the use of threat, force, fraud, or the abuse of vulnerability, for exploitation. Trafficked people experience multiple health risks prior to, during, and following their trafficking experiences, and many suffer acute and long-term health problems. Healthcare professionals in the National Health Service (NHS) have an essential role in the identification, referral, and clinical care of trafficked people in England. The PROTECT research programme addresses the paucity of research in this population, and provides evidence on access to healthcare services by trafficked people, and on the knowledge and training needs of NHS professionals.

About the research programme

PROTECT aimed to provide evidence to inform NHS responses to human trafficking, specifically the identification and safe referral of trafficked people and the provision of appropriate care to meet their health needs.

This research programme was designed based on three core objectives, to:

1. synthesise evidence on the number of trafficked adults and children identified and using NHS services in England, the healthcare needs of trafficked people, and their experiences and use of healthcare
2. document NHS experience, knowledge and gaps about trafficked people's health care needs
3. provide recommendations to support NHS staff to identify, refer and care for trafficked people



A great strength of this programme was the range of research designs and data sources used to meet these objectives. These included cross sectional surveys^{2,3}, systematic reviews^{4,5}, historical cohort studies⁶, qualitative interviews^{7,8} and case series. Data collection was conducted from 2013 to December 2014.

Study results and conclusions

Results demonstrate the diversity of individuals who have been trafficked within and into the UK and their complex physical and mental health needs. The findings also highlight challenges associated with the access to care and to service provision for this population.

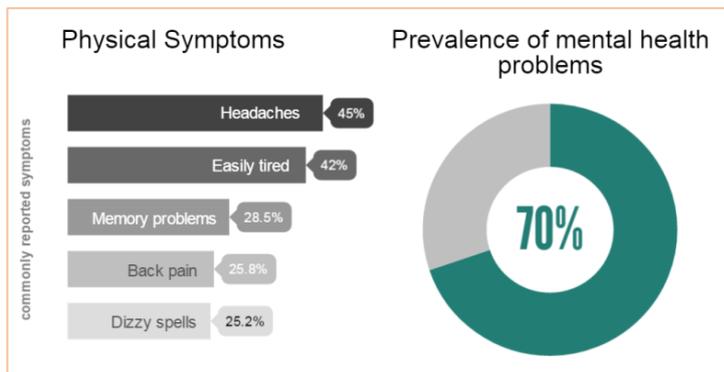


Figure 1. Physical and mental health problems experienced by people who have been trafficked (results from a cross-sectional survey of 150 adults²).

Key findings: health risks of trafficked individuals.

A diverse range of physical and mental health problems are experienced by trafficked individuals in the UK (Figure 1). Women trafficked for sexual exploitation and for domestic servitude experienced high levels of sexual violence while trafficked (Figure 2), and both men and women reported a high prevalence of diagnosed sexually transmitted infections.

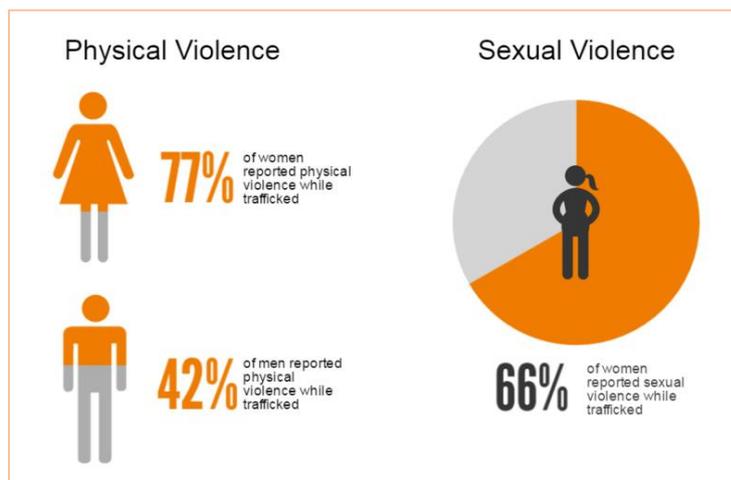


Figure 2. Physical and sexual violence reported by men and women while trafficked (results from a cross-sectional survey of 150 adults²).

Results specifically emphasized the psychological harm and mental health care needs of trafficked people, showing high prevalence of serious psychological distress; nearly half of trafficked individuals reported symptoms indicative of post-traumatic stress disorder (PTSD) and two-fifths reporting symptoms of suicidal ideation.²

Key findings: barrier to healthcare for trafficked people in UK.

Reported barriers to healthcare included language difficulties, insecure immigration status, logistics of finding healthcare providers, lack of identity documents and difficulty registering with GPs, misunderstanding of individual's rights to services and the knowledge and attitudes of service providers (Figure 3).

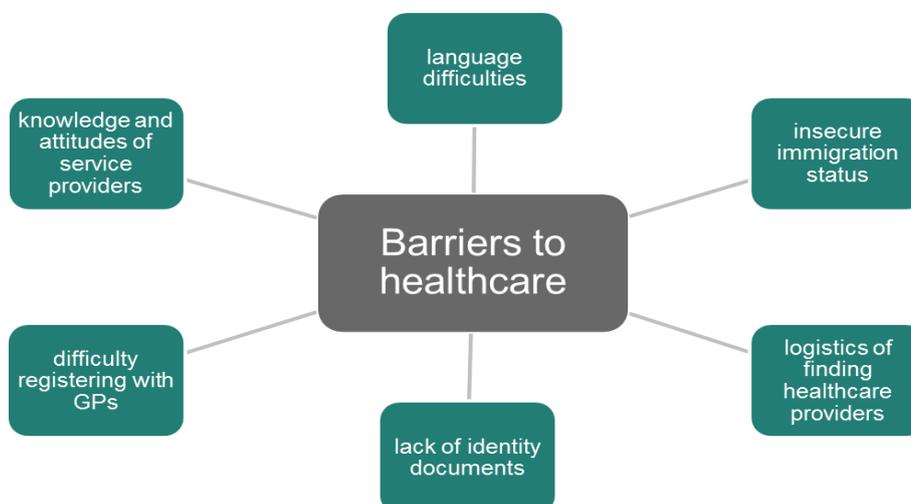


Figure 3. Barrier to healthcare faced by trafficked people (results from qualitative studies^{7,8}).

“The problem is that unless you can come up with some relatively simple way of supporting the NHS [staff] to deal with patients in that situation, they’d rather not open the can of worms... staff just wouldn’t have asked the question, because what, what are you gonna do then?”

[General Practitioner]

Key findings: NHS staff’s opportunities, barriers and willingness to provide appropriate care.

Results indicate that one in eight NHS professionals (13%) have had contact with a patient they knew or suspected were trafficked. The clinical specialties most likely to come into contact with a trafficked person are in mental health, maternity (Figure 4), and emergency medicine.

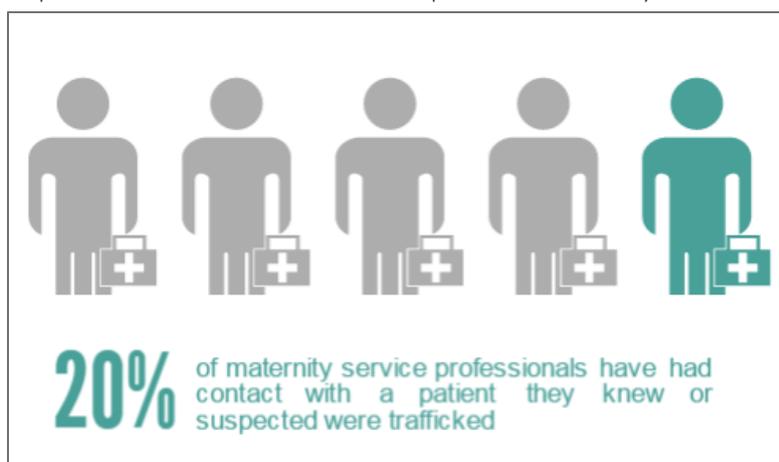


Figure 4. Maternity service professionals in contact with trafficked individuals.

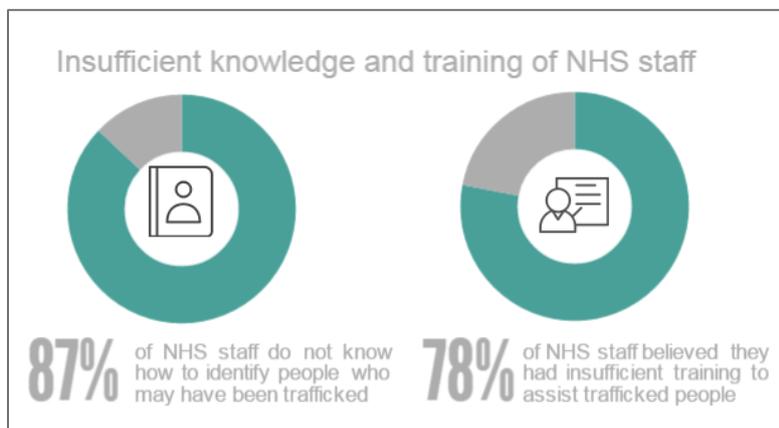


Figure 5. Knowledge and training of NHS staff (results from a survey of NHS staff).

However, current healthcare provider knowledge about safe and appropriate approaches to identify and care for trafficked people are hugely limited (Figure 5). Specific training and guidance resources to support healthcare professionals to identify and respond to human trafficking are scarce (illustrated by the quote above). Despite this, providers are very interested in learning more about how to care for people who have been trafficked.

E-learning would be a convenient way to meet these needs, although service provider’s opinions differed on the usefulness of these resources. However, results specifically highlighted the importance of having a single, clearly designated number to call for referral and information on trafficked people’s needs.

Limitations

Despite the renewed focus on human trafficking since the revision of the Modern Slavery Act, 2015, there remains extremely limited evidence to inform health service response to human trafficking. Specifically, very limited evidence exists on the needs of trafficked children, men and of women trafficked for domestic servitude and labour exploitation. Greater effort must be made to further inform the health needs of these populations.

Key Recommendations

Recommendation 1: Lead the development of policy on human trafficking

As the lead department on the development of policy on human trafficking and modern slavery, request the membership and participation of the Department of Health and Arm's Length Bodies (e.g. NHS England, Public Health England, and Health Education England, and Local Government) in committees involved in strategic planning and the development of legislation, policy and regulations pertaining to human trafficking and modern slavery, including the UK National Referral Mechanism (NRM).

Recommendation 2: Provide guidance to relevant organisations

Provide guidance for relevant organisations (e.g. The Salvation Army and support providers) on making representations to extend the minimum 45-day reflection and recovery period for potentially trafficked people, including with regards to physical and mental health issues, pregnancy, and complex social needs. Review guidance for Competent Authorities on considering such representations.

Recommendation 3: Revise and amend the UK National Referral Mechanism guidance

- Require that individuals suspected of having been trafficked are asked in safe ways about their health concerns at the first point of contact with First Responders
- Revise NRM referral form guidance to highlight that immediate medical need should be met prior to a NRM referral form being completed
- Amend NRM decision letters issued following positive reasonable grounds and positive conclusive grounds decisions to state that as a potential/identified trafficked person the person is exempt from charges for primary and secondary NHS care
- Commission outreach support for individuals who have left safe-house accommodation after the NRM reflection and recovery period

Recommendation 4: Remove barriers to accessing healthcare

- Ensure that people referred into the NRM are provided with user-friendly information about NHS services, registration with GP services, and confidentiality and how it is defined
- Ensure that those who make an immigration application for leave to remain as a trafficked person will have a 'Green: Paid or exempt from the health surcharge' banner on their NHS record, to reduce any difficulty accessing healthcare

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