

HMSP Guidance for the National Health Service (NHS) summary

12.43. Victims of modern slavery have been through trauma and should be treated with the same sensitivity as other vulnerable groups, such as victims of domestic violence and child sexual exploitation. Even where a victim has already been removed from a harmful situation, they are at significant risk of re-victimisation.

Potential victims of modern slavery may be taken to NHS providers by exploiters in the case of an injury, illness or pregnancy that impacts the perceived usefulness of the potential victim to their exploiter. Potential victims may also attend NHS providers independently. The NHS is a key setting in which potential victims of modern slavery may be detected, provided with autonomy, care, dignity, and support.

12.44. However, potential victims often have poor access to physical and mental health care services despite their potentially significant and serious health concerns. There are several significant barriers to accessing healthcare which include:

- language and lack of “correct” documentation
- fear towards and a lack of trust in authority (which includes healthcare professionals)
- after years of being controlled, they may lack the autonomy to approach healthcare services
- disclosure may mean recounting a very traumatic history with the shame and risk of re-traumatisation that may occur
- other barriers described in the section on Victims who are reluctant to self-identify

12.45. Raising awareness in healthcare professionals can be key in helping to support this group of patients.

12.46. Safeguarding issues such as modern slavery should always be dealt with as a crucial safeguarding consideration after immediate clinical needs.

12.47. Health staff have a significant role when they suspect that a patient is a potential victim of modern slavery. As with cases of domestic abuse or sexual exploitation, potential victims will often not disclose on the first presentation but may after a relationship of trust is developed. However, healthcare staff must also be aware that a potential victim may not return to that healthcare setting and so addressing immediate clinical needs will be paramount.

12.48. It is vital that NHS health staff are aware of the indicators of modern slavery and understand what to do when encountering a potential victim, including trauma-informed care and following the statutory processes for safeguarding referrals where appropriate.

12.49. NHS health staff also have a role in responding to public health risks presented by individual trafficking victims, including the reporting and treatment of notifiable diseases such as tuberculosis.

12.50. If a healthcare professional is concerned that their patient is potentially a victim of modern slavery, they should take the following safeguarding principles into consideration and act on their concerns by following their local safeguarding procedures. Healthcare professionals must also be alert to their own safety in such consultations and should ensure they have appropriate support available. Health professionals should not offer the victim personal support outside of professional boundaries and referrals.

Overall principles

12.51. Healthcare professionals should adhere to the following principles:

- Ensure your own safety at all times
- Then, prioritise the safety of the potential victim
- If there are immediate threats to the potential victim's safety, try to encourage them to stay with you, remain calm and continue working in a trauma informed way and call 999 for the police
- Follow statutory safeguarding procedures for safeguarding children and Adults at Risk
- An adult with capacity must consent to any help and sharing of information beyond the immediate clinical team. Consider the potential victim's capacity according to the Mental Capacity Act 2005 and see the section on Capacity for more information. In Wales Capacity is explained in the Social Services and Wellbeing (Wales) Act (2014)
- Senior staff members must be made aware of your concerns that this patient is, or may be, a potential victim of modern slavery
- Due to the circumstances of modern slavery, the potential victim may not access healthcare again in the same service. It is therefore vital to attempt to address any emergency and urgent health needs whilst the patient is there
- Healthcare professionals should be trauma-informed when conducting the consultations, speaking with the patient and asking sensitive questions. The Helen Bamber Foundation Trauma Informed Code of Conduct can be accessed here

Principles for the consultation

12.52. Healthcare professionals should adhere to the following principles during consultation:

- Ensure that it is safe to consult with the patient at the current time, in the current location and under the current circumstances
- Prioritise the safety of the potential victim
- Where possible, conduct the consultation in the most private space available, for example, a room with a door and not in a bay with curtains
- Do not raise any concerns with anyone accompanying the potential victim
- Attempt to separate from accompanying persons if safe to do so. If an accompanying person refuses to leave the room, work gradually and sensitively in order to see the potential victim separately
- Do not use any accompanying person as interpreter for the potential victim; if safe to do so, access an independent interpreter, see your local area protocol for access to interpreting services and this section on Working with interpreters
- If the potential victim is alone and it is safe to do so, consider asking relevant questions about living and working conditions
- Address health needs of the potential victim as thoroughly as possible, with investigations and treatment whilst the potential victim is there, rather than delayed options. For example, giving a full course of antibiotics now, rather than as delayed prescription or requesting specialists to review the potential victim in an Emergency Department rather than as an outpatient. In other healthcare settings similar principles apply but the healthcare professional should attempt to find reasons for encouraging the potential victim to return for follow up, for example, arrange blood tests the next day in general practice, or to collect results in a sexual health clinic
- Address the potential victim's wishes for help and support
- Always reiterate to them that healthcare settings are a safe and confidential place to come and disclose any concerns. They will be heard, believed and have access to independent support and help
- Arrange individual follow up with the potential victim, ideally without the knowledge of anyone accompanying
- Document the consultation thoroughly with objective reasons for your concerns that the patient is a potential victim of modern slavery and the actions taken

Principles for referring a victim

12.53. The NHS is not a First Responder Organisation and healthcare professionals can not refer directly into the National Referral Mechanism (NRM). Instead the following procedures should be followed to refer a victim into the NRM:

- If there is an immediate, dangerous threat to the staff or patient's safety, try to encourage the patient to stay. Remain calm, and continue working in a trauma-informed way, and call 999 for the Police
- Safeguarding the victim must always be the first priority. Adult victims of modern slavery have experienced complex physical and/or emotional trauma and may be Adults at Risk. Even where an adult has already been removed from a harmful situation, they are at significant risk of re-victimisation
- If there is no immediate fear for welfare, discuss your concerns with your Designated Safeguarding Professional or Local Authority Safeguarding Adults Team and follow your local adult safeguarding policies and procedures. These procedures are governed by separate legislation in England and Wales
- If there is no immediate risk and the adult consents/requests police involvement call the police non-emergency number 101 - request to speak to the Anti-Slavery Unit for specialist input
- All victims, or suspected victims, of slavery under the age of 18 must be referred to the Child Safeguarding team and thus Children's Social Care urgently under child protection procedures. Children in these circumstances must not be allowed to leave the department. Police must be contacted if the child absconds or is removed
- The usual principles of consent apply to all referrals
- Usual principles of mental capacity apply as set out in the Capacity section; individuals should be presumed to have the capacity to make decisions, including about their care and decisions on whether to agree to, or refuse, an examination, investigation or treatment, unless it is established that they lack capacity
- Mental capacity is decision and time specific
- For more information on mental capacity and what may limit someone's capacity to make decisions, see the Social Care and Support Guide and the Mental Capacity Code of Practice or the Social Services and Well-being (Wales) Act 2014 in Wales
- If there are questions about whether a victim has capacity to make a certain decision, advice must be sought from senior safeguarding leads
- The named safeguarding professional is responsible for discussions with the patient as to whether they should be referred onto a First Responder

Note: All information in this guidance sheet is lifted from the statutory guidance available [here](#).