



Pre-NRM Accommodation Experiences of Survivors of Modern Slavery

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Survivor Alliance

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West Midlands Anti Slavery Network

The West Midlands Anti Slavery Network unites and enables partner organisations to work in collaboration to end modern slavery, human trafficking and exploitation. We do this by identifying gaps, influencing change and facilitating solutions in order to protect and advocate for the vulnerable in society. Our vision is to be recognised worldwide as leaders in multi-agency partnership working to eradicate modern slavery, whilst ensuring the victims are at the centre of every aspect of our work.



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Views expressed belong solely to the interviewees and do not necessarily represent the official stance of Survivor Alliance or West Midlands Anti Slavery Network.

“It is very important to know very well each case, so then you are prepared to talk to them and support them.”

- Peter¹



Executive Summary

In response to a request from the West Midlands Anti Slavery Network (WMASN), Survivor Alliance UK conducted interviews with survivors of slavery living in the UK. These interviews were focused on survivors’ accommodation experiences prior to entering the National Referral Mechanism (NRM). Data collected will inform a new place of safety, operated by the WMASN, that will house male survivors of modern slavery after they are identified by law enforcement.

Survivor Alliance UK interviewed five (5) male survivors over the phone. Participants were recruited through Survivor Alliance’s membership email list, and by direct referral from trusted NGO partners. Participants were of European and African nationalities and their ages ranged between early twenties and early forties. All participants went through the NRM and most are still waiting for a resolution of their NRM case.

The primary findings from the interviews are:

1. The interviewees placed a higher priority on support services available to survivors rather than on the place of safety itself.
2. Interviewees emphasised the need for proactive support with the challenges of cohabitation among distressed and vulnerable people.
3. The support services of utmost priority *outside* of accommodation are health care, availability of staff, and the need for distractions in order to maintain wellbeing.

In the pages that remain, we provide additional context that led the writing of this report. We then present participants’ responses to specific questions about the place of safety. Finally, we outline the key findings in more depth and make recommendations for practice.

¹ All names are changed throughout this report in order to protect the identities of the interviewees.



Introduction

Amber Cagney, Development Manager, West Midlands Anti Slavery Network (WMASN)

Why did WMASN seek information about survivors' pre-NRM experiences?

Together with the expertise and support of partners, the West Midlands Anti Slavery Network identified a gap in provision for survivors at the point of first contact with service providers after exiting modern slavery. Currently, if a survivor is identified they may be placed in a bed & breakfast, hotel, and/or may be interviewed and informed of their rights in a police station or other public place. The impact of this approach can mean that survivors are not properly informed of their rights and entitlements, do not have the time to process a decision such as being referred to the UK's National Referral Mechanism (NRM) or understand the implications of accepting or declining support.

In October 2019, our SafePlace^{WM} 'Place of Safety' accommodation opens for referrals, initially from West Midlands Police in our pilot phase, with the intention of opening to wider referring partners to provide accommodation and specialist support at the pre-NRM stage.

Why did we commission Survivor Alliance (SA)?

It was essential that survivors of modern slavery were able to feed into the planning stages of the project development to ensure that the project accurately represented what survivors need from this new area of support. Unfortunately, not many survivors will have accessed formal "pre-NRM" care and support that would enable us to gather their views. We developed a set of questions that aimed to ascertain survivors' needs at the point of identification, their priorities for recovery, and their assessment of the most important elements of support required for survivors, regardless of whether they personally were able to access this support.

We were given the option of approaching survivors ourselves or commissioning SA to ask the questions on our behalf. We chose to ask SA to gather survivors' views, as we felt it was important that survivors were speaking to a familiar organisation and would

feel they could speak anonymously and honestly about their experiences. SA also offered a vital part of support which was post-questionnaire follow ups to ensure interviewees were adequately supported after disclosing personal views and information.

How have we used the findings?

Although the project was developed with the Human Trafficking Care standards and place of safety principles as a foundation, the addition of direct views from survivors would mean that we could provide a service that is based in good practise and lived experience. The key findings from the report reassured us that the direction in which we were working was on the right track.

For example, interviewees in this report expressed that the services survivors received was more important than the accommodation itself. We have responded to this recommendation in several ways. The recruitment process for our staff was extensive to ensure we hired a team with experience of working with survivors of trauma with multiple needs and we commissioned and planned an extensive training period with continuous professional development to ensure the team members are equipped to support survivors in an ever-changing crime. We also extensively scoped out organisations that will support us with survivor care during our service users' stay, such as requesting the support of Public Health England to commission appropriate access to health care to ensure external services were more easily accessible in the short timescale of support.

Acknowledgements

WMASN were extensively supported by Birmingham City Council, West Midlands Police and Wates Group to respond to this area of need. We thank them for their generous support.

We are incredibly grateful for the time of the participants who took part and to Survivor Alliance for the professional and thoughtful approach to supporting us this research. We look forward to working together again in the future.



Place of Safety

Safety and Infrastructure

It is no surprise that safety at the house is a significant issue for all five participants. They agreed that good conditions in the house are really important, and the locks should work. Ideally, there should be a shared common area as well. Kaspar illustrates these recommendations, and compares them to his current situation:

“In the house everything is safe, even with a camera inside to see how everything goes. With a good key or access card and good furniture. The furniture is not in very good condition [and] I have been here 7 almost 8 months.” Kaspar.

House Rules

Interviewees are aware of the need for house rules, however they agreed that some houses have strict rules that do not contribute to the process of recovery and integration in society. They experience these rules as narrowing their capacity to make their own choices again.

“Sometimes the rules make feel you are in prison, All these rules do not make me feel at home. They make feel like I am a child, not able to make decisions by myself.” - George.

Participants are interested in rules that make it easier for everyone to live together as housemates.

“Ideally we will have some rules respecting people culture. We have different habits. Perhaps we could discuss about the house like a welcome meeting and discuss rules. I will called ‘Family house’. We should care about us and help each other. We are brothers and sisters.” - Peter

Length of Stay

Survivors acknowledge that every individual has a different set of needs. They explained that the time to adjust to their ‘new’ context varies. They recognized that the recovery process is extremely personal and individuals are unique. However, they all agreed that at minimum, between three weeks and three months is enough time to settle physically and emotionally, and move on to the next step. To them, three or five days are equally insufficient lengths of time.

Naming the Place of Safety

Participants mainly rejected the name “Safe House”, preferring a ‘homely’ name such as shelter, family house, or home. As George suggests,

“A name that make you feel at home, something that sounds like freedom. Shelter could be a better name. The name should not lead to stigmatisation.”

Interviewees suggest thinking about the place as a recovery centre instead of house - a place equipped to attend to each individuals’ needs, with properly trained staff there to assist.

Alternative Accommodations

Participants expressed divided opinions on staying at a hotel or guest house instead of safe house. On the one hand, it can prevent stigmatization from neighbours, but on the other, less support may be available and participants might feel lonely and unprotected.

“Usually, the conditions of the [safe]house make people in the neighbourhood look at you a bit suspicious. Everyone perceives something is going on in this house. Perhaps it could be better a hotel, you have less risk to be stigmatised. The people in the area knew this house was different. However, I think we still need support.” -George

“I think a guest house or hotel makes you feel more vulnerable, lack of security, and to many people around and you don’t know what is going on...I remember once the fire alarm went on and I was scared to leave my room.” -Kike

Prior to the NRM

We were unable to collect enough information regarding pre-NRM experiences. Some participants did not want to speak about it. However, participants did remark that there is a need to provide accurate information about the alternatives to the NRM process, and the consequences after the resolution of each case. They strongly recommend giving detailed information regarding the length of the process.

Contact with Other Survivors

Participants suggested that it would be beneficial to speak with other survivors who have been through the process. They indicated it would be helpful to talk to someone who is able to share that it is possible to overcome the hard times, even when it might seem impossible in a specific moment. As Kike says, survivors can tell people in the safehouse,

“Look! I have been a victim and now I am a survivor. I could do it,

you can also do it!”

Survivors can highlight the hazards and complexities of the experience of slavery and human trafficking to one another. Interviewees also implied that contact with other survivors will decrease the anxieties within the first days and increase the sense of hope.



Support Services

“I think safety is the first thing, then health, and after people to support you within the house, people to share your experience.”

- Kaspar

The most important finding of this study is that participants wanted to speak more about the support services that are provided to them during their stay, than the place of safety itself. Beyond meeting basic building and liveability standards, participants were not concerned about the specifics of the place of safety. The following section outlines the support services that were of utmost concern to interviewees.

Challenges in Living with Others

In addition to the need for more effective house rules, interviewees emphasised their desire for support in living with other people. Participants mentioned the special care required for the varying levels of mental health and distress among housemates. In order to protect everyone in the house, participants would like support in how to relate to one another, given that everyone in the house is dealing with high levels of stress. As mentioned earlier, participants also suggested support for how to relate across different cultures.

Attending to Health Needs

Participants were consistent in raising the urgent need for a health check. All participants emphasised the lack of medical and dental assistance during their time in captivity and the long term self-medication. George indicated:

“It is very important to have a health check and access to health services. During my experience of exploitation I didn’t see a doctor for a long time. I was buying stuff without proper prescription. I had issues going on that only sorted out with painkillers or paracetamol because I could buy them just in the shop.”

Lack of Availability of Committed Staff

Participants highlighted the need for round-the-clock availability of staff who are committed to supporting individual needs. Particularly, they requested medical support and counselling 24-hours a day, 7 days a week, during the first few days.

“I think should be medical staff there, to regulate medication, see what medication is out there for each individual, because everyone is different. We don’t want zombies without capacity to decide or made them more vulnerable. A good combination/balance of medication and therapy. Group therapy could be a good idea in a safe house for men.” - Kike

Additional recommendations included the ability to call or video call someone at any time of day, due to night terrors and the recurrent feeling of hopelessness. Participants also made it clear that they would like consistency in the staff and/or volunteers working with them during this time. When volunteers change every day, it is difficult to build rapport or trust. They suggested that this consistent person could be another survivor.

Providing Distractions to Enhance Wellbeing

The distressing conditions for survivors regarding the uncertainty about their future creates a strong need for distractions within the house. Kike recommends recreational activities that allow men to physically work out their feelings. He states:

“The idea is to connect with the person with what was before the incident. So, hopefully, a homely environment, with games, or game console...Garden, weight for weight lifting or punch backs, kick back, these are good ways to take a way frustration...these men probably were bitten. I personally was very angry with myself. And weight lifting or punch backs, kick back make create endorphins that make you a lot of happier...you can exorcise your demons as well.”



Recommendations

- 1. Ensure that people are able to access health and dental care immediately.** If participants are moved within a short amount of time, it is important that this does not delay follow-ups on health needs. Additionally, we

recommend providing support to participants to gather documentation from each GP visit. This will help expedite working with new GPs who ask survivors to report

Recommendations (cont'd)

on what previous GPs have said to them, or what treatments they have received. Survivors may not be able to easily recall this information or explain it in medical terminology. This is especially true when survivors are moving cities regularly.

2. **Increase the length of stay as much as possible.** All interviewees indicated that 3-5 days was too short a time period. The initial place that individuals land is critical in facilitating long-term recovery. This time period is very stressful, given that survivors will need to make a life-altering decision about whether or not to enter the NRM. Lack of sleep or making up on lost sleep will add challenges to receiving all of the necessary support. It is imperative that this time period does not feel like one appointment after another with many different support workers.

3. **Explore options for expanding staff roles to include 24/7 on-call support, conflict management and community building.** Survivors did not know who to turn to outside of regular business hours. If it is not possible to provide 24/7 support, make sure that people know about other resources such as the Samaritans hotline and ensure there is a phone they can use. Although the current plans to have people stay for 3-5 days does not easily facilitate community, there may be activities that can help facilitate more successful cohabitation. Consulting with past participants or survivor leaders may shed light on what these activities might be. Survivors might also be able to play a role in helping one another in these early days.

4. **Provide furniture and house furnishings of good quality.** Ensure that locks work, appliances are functioning, and the furniture is not broken. Not only is this a basic standard, this communicates respect and care for survivors.



Conclusion

This project revealed the importance and relevance of hearing survivors' voices in the development of programs and initiatives that will impact them. It was clear that survivors saw a place of safety as only one component of a larger system of support for their immediate needs after exiting slavery.

The project also highlights the urgent need to respect each survivor as an individual with strengths and capacities. Throughout these interviews, survivors described their experiences of being treated without respect through excessive rules that monitor their behavior and an underestimation of their skills and knowledge.

In addition to the suggestions made throughout this report, survivors will need places of safety to address language barriers, culturally appropriate care, and recognizing the diversity of experiences among survivors.



Limitations

The data in this report is not necessarily representative of the population of male survivors of modern slavery in the UK. Some interviewees were not speaking in their native language, and may have expressed additional information if this was the case. Lastly, we were unable to obtain information about pre-NRM experiences of accommodation. We think the key limiting factor is that most people still have unresolved NRM cases, making it difficult to reflect back on the process (which includes the time when they were either learning about or being shepherded into the NRM). Additional interviews should be conducted with survivors of modern slavery who are in a more settled situation.



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