

# **A Public Health Approach to Modern Slavery – Opportunities and Challenges**

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A public health approach to modern slavery is emerging as a potential alternative to the criminal-justice based responses that have dominated attempts to address modern slavery to date. In November 2020, and as part of the 2020 Economic and Social Research Council (ESRC) Festival of Social Sciences, King's College London and the Office of the Independent Anti-Slavery Commissioner hosted an event to discuss the opportunities and challenges afforded by a public health approach to modern slavery.

## **Background**

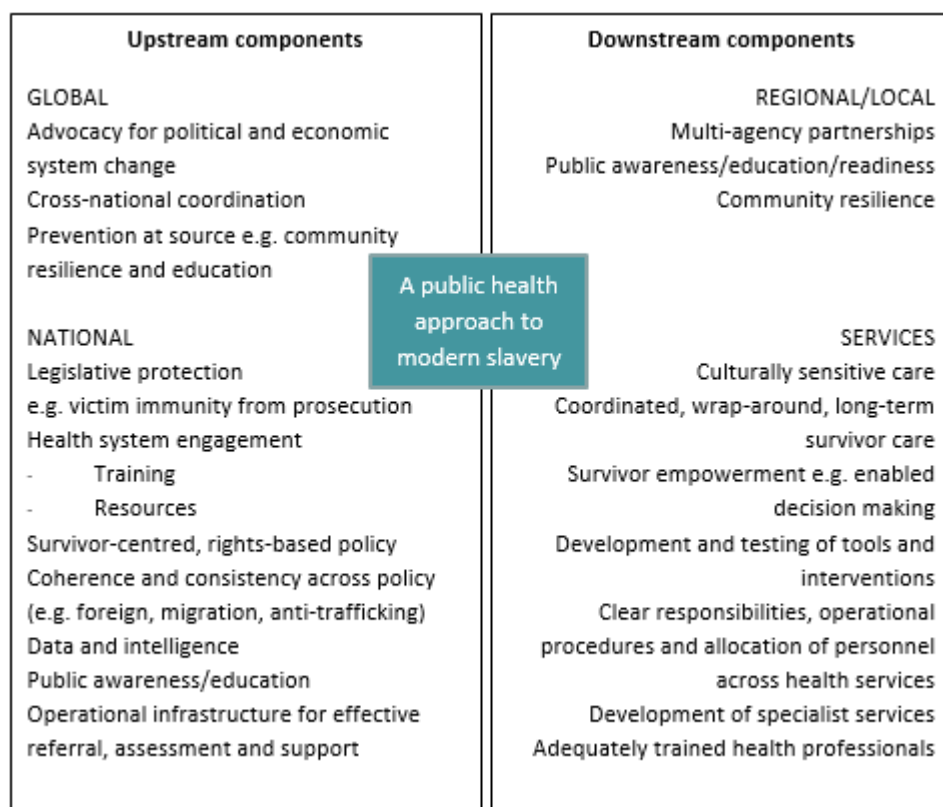
Public health is the promotion and protection of health and wellbeing, reduction of health inequalities, the prevention of ill-health, and the prolonging of life through the organised efforts of society. It goes beyond the efforts of the health services focusing on the needs of individuals and taking a place and population-based approach with roles for multiple professionals and agencies, including education, welfare, the economy, housing, planning and transport and allied health professionals including police and fire services.

Previous work has sought to develop the case for public health leadership and engagement in addressing and preventing modern slavery. Dr Liz Such (University of Sheffield) summarised arguments for such an approach, including the significant scale and complexity of the problem; the associated health burden; the opportunities to identify victims of modern slavery within health care settings; and alignment with human rights approaches. It is suggested that a public health approach to modern slavery could inform the development of strategy, assessment of policy, and construction of practice. In particular, it could add value by:

- Deepening understanding of modern slavery at a population level, including patterns of risk;
- Identifying potential points of intervention and harm through an analysis of modern slavery as part of a complex and interdependent system;
- Contributing evidence on what works, using a data-driven approach;
- Embedding a dual focus on prevention and protection, including through increased emphasis on upstream determinants of risk and harm;
- Strengthening multi-agency working;
- Mainstreaming equity, social justice, advocacy, and human rights, which place victims at the centre.

This work has also sought to elucidate the potential components of a public health approach to this problem, illustrated in Figure 1. In order to develop this work further, and as summarised below, speakers and participants at the Festival of Social Sciences event considered (1) how could the framework illustrated below be developed, strengthened, and extended; (2) what opportunities were afforded by a public health approach to modern slavery; (3) what were the challenges and risks associated with a public health approach to modern slavery; and (4) what examples of good practice already existed.

Figure 1: The components of a public health approach to addressing modern slavery.<sup>1</sup>



### 1. How does the framework need to be developed, extended, and strengthened?

Participants suggested that the framework shown in Figure 1 provided a good summary of the components of a public health approach to modern slavery. However, participants also questioned whether and how it could be used by specific services, agencies, and policymakers in its current form – more clarity was needed about who it was for, and how it should be applied. Supplementary information was needed to describe in detail each component of the framework. Also highlighted was the need for clarity on what the framework was aiming to achieve – what were the desired outcomes and how its success could be evaluated? It is important to involve survivors of modern slavery in determining this, as well as in the further development and extension of the framework taking an interprofessional approach.

Although participants found the separation of upstream and downstream components helpful, they highlighted both the need for “bottom-up” change in upstream components and for “top-down” leadership, decision-making and resourcing to drive change in downstream components. However, in presenting the framework it should also be emphasised that it describes the sum of all necessary actions: there is no expectation that any individual or organisation could or should be working across all components as a systems approach is required.

<sup>1</sup> Such, Laurent, Jaipaul, Salway (2020). Modern slavery and public health: a rapid evidence assessment and an emergent public health approach. Public Health. Reproduced with the permission of Elsevier Ltd (License Number 506525147480).

Participants emphasised that there was more to consider moving towards the realisation of the framework; for example, impacts of policy decisions for example the NHS Overseas Visitor Charging policies can be inconsistent with a public health approach to modern slavery.

## 2. What are the potential benefits afforded by a public health approach to modern slavery?

Dame Sara Thornton (Independent Anti-Slavery Commissioner) highlighted several potential benefits of the public health approach to modern slavery, including (1) a dual focus on prevention and protection could help to address some of the disadvantages of the law enforcement approach to modern slavery; (2) the use of a systems-approach, with attention to the combined impacts of multiple factors in determining the risk of exploitation and harm; (3) the provision of an organising framework for multi-agency working, which could help direct and maximise the value of anti-slavery work; (4) synergies with violence reduction work and other wider work. In relation to violence reduction work Dame Sara highlighted Brohi et al's formulation of "immunise the general population to violence, protect those who are exposed, and rescue those at risk", asking whether such an approach would transfer to this context.<sup>2</sup>

Potential benefits discussed by participants during the facilitated breakout sessions included:

- **Extending engagement with the issue of modern slavery.** Participants suggested that a dual focus on prevention and protection would strengthen existing and bring new partners to anti-slavery work and/or increase the engagement of partners that are only peripherally involved under the current law-enforcement led approach. Some participants suggested that agencies that work with vulnerable and sometimes stigmatised groups, such as homeless people, asylum seekers and sex workers, may be more inclined to collaborate in multi-agency partnerships under the auspices of a public health approach to modern slavery. The opportunity for greater community engagement and use of lived experience was also discussed under this topic. It was suggested that a public health approach would offer advantages over a law enforcement approach in working with communities to build trust, understanding, and engagement in identifying and responding to modern slavery.
- **Building further partnership working.** Several participants spoke about the problem of siloed working, and that explicitly identifying the required contribution of each agency within a multi-agency framework - and detailing how modern slavery integrated with other societal problems - would allow for silos to be broken down. Participants suggested that although there were some very good examples of agencies working together, action

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<sup>2</sup> Brohi, Vulliamy, Marsden, Carden, Griffiths, Bew, Carver (2019). A Public Health Approach to Knife Violence Reduction: Immunize, Protect & Rescue. London Major Trauma System 2019 v10. <https://www.c4ts.qmul.ac.uk/downloads/pdf-downloads/a-public-health-approach-to-knife-violence---lmts-v10.pdf> (accessed 22.04.21)

is often police-led and more could be done to build alliance across other agencies. Similarly, partnership working requires collaboration across government departments.

- **Focus on structural drivers.** Participants were positive about the focus on upstream causes of modern slavery as part of prevention work within a public health approach and the longer-term approach to addressing modern slavery that this implied. Some suggested potential wider benefits, as many of the underlying causes of modern slavery are common across multiple forms of health inequalities, vulnerability, violence and exploitation, including domestic abuse, County Lines and radicalisation. There was a call to reconnect responses to violence and exploitation, for example through the work of the Violence Reduction Units, where issues can be further connected.
- **Improved response to victims and survivors.** A public health approach was suggested to offer multiple benefits for victims and survivors of modern slavery. These included (1) the identification and evaluation of points of intervention/system touch-points; (2) the identification and mitigation of unintended harms; (3) improved understanding and coordination of victim/survivors' interactions with and journey through systems and services; (4) greater focus on the needs and experiences of victims/survivors', with law enforcement-led approaches possibly focused more on the perpetrator than on the victim/survivor; (5) working with victims/survivors over the long-term, including through supporting them out of exploitation and recovery; (6) support for treating individuals who have committed a criminal offence while trafficked as victims rather than as criminals.
- **Evidence-led and data driven approaches at national, regional, and local level.** Participants suggested that a lack of data was a challenge in the development of more targeted responses to modern slavery. In this context, a public health framework could provide a useful mechanism for thinking about how to collect and improve data across agencies to further generate knowledge, intelligence, and information. This was relevant at all levels of the system with participants highlighting that gaining a more detailed understanding of modern slavery risks and protective factors would allow for more targeted responses. There is also a need to further develop the evidence base and research, building on the work of Dr Such and publications in public health journals.<sup>3</sup>

### **3. What are the potential challenges or risks of a public health approach to modern slavery to be?**

Prof Ian Loader (University of Oxford) suggested there were compelling reasons to seek an alternative paradigm for responding to modern slavery, given the known limitations of law enforcement approaches to complex problems. Although public health approaches would appear to have multiple apparent benefits, there was nonetheless a need to critically engage with

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<sup>3</sup> Dando, Brierley, Saunders, Mackenzie (2019). Health inequalities and health equity challenges for victims of modern slavery. *Journal of Public Health* 41(4):681-688.

their underlying logic. First, what might it actually entail to move upstream and act on the determinants of modern slavery, which have been described as including poverty, gender inequality, the poor regulation of labour markets, and restrictive immigration policy, and to do so on a global level? Second, what might a public health approach to modern slavery look like on the ground and who would co-ordinate joint efforts? Should the aim of a public health approach to modern slavery be to make modern slavery more central to role of health professionals and other professionals, and what are the challenges involved in moving this further up their agenda? Given the existence and dominance of the law enforcement approach to modern slavery, what are the challenges of stopping a reversion to that type of approach? Finally, what is the role and relationship of law enforcement within a public health approach to modern slavery – is the aim to fold law enforcement into the approach, or to treat law enforcement as separate to the approach?

Across several discussion groups, participants suggested that there was a need for health professionals, law enforcement, and other agencies to come together in a public health approach to modern slavery - not to have two separate approaches to addressing the problem. Potential challenges discussed by participants during the facilitated breakout sessions included the challenges of transitioning to a public health approach and the potential risks such an approach might pose.

#### **(a) Challenges of transitioning to a public health approach**

- **Inadequacies of current data and evidence.** Several participants highlighted current data gaps, including with respect to the national and local scale of modern slavery and long-term outcomes for survivors. Participants also spoke about the need to grapple with how to measure and count exploitation on a population level, whether modern slavery is increasing or decreasing/trends, causal factors and whether this is due to a change in the underlying phenomenon or in its detection. Difficulties gathering data and sharing information across agencies need to be considered when strengthening a data-led approach and in this, participants spoke about the restrictive nature and sensitivities of sharing health data.
- **Lack of awareness and understanding of modern slavery.** Participants highlighted that there was a lack of awareness and understanding of modern slavery across multiple sectors relevant to a public health approach to modern slavery, as well as a lack of public awareness and understanding, including in communities affected by modern slavery. There are a range of resources available,<sup>4</sup> including good examples of health led resources

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<sup>4</sup> Home Office (2021). Modern slavery training: resource page. <https://www.gov.uk/government/publications/modern-slavery-training-resource-page/modern-slavery-training-resource-page> (accessed 22.04.21)

to raise awareness and spot the signs.<sup>5,6,7</sup> However, there is more to do to systematically, and at scale, embed knowledge and understanding through education, training, and support and supervision. Accordingly, both a universal and a targeted approach should be taken, prioritising those most likely to encounter cases of modern slavery. It is important to continue work alongside strategic partners in this including for example the Cabinet Office led UK Training Delivery Group, Public Health, NHS, Health Education England, and wider professional bodies.

- **Lack of alignment in organisational priorities and procedures.** A multi-agency public health approach to modern slavery required greater alignment of organisational priorities, policies, and procedures than currently existed for example NHS Integrated Care Systems and Local Authority Joint Health and Wellbeing Strategies and Joint Strategic Needs Assessments. Efforts to embed multi-agency working on modern slavery should be enhanced.
- **Underrepresentation of the health sector.** The health sector can be to be underrepresented in both national and local responses to modern slavery. Some participants suggested that the inclusion of the NHS as a National Referral Mechanism (NRM) First Responder<sup>8</sup> would bolster the sector's role in responding to modern slavery. Others recommended health representation across a range of task forces and groups, not just those focused on victim assistance, for example the Modern Slavery Special Interest Group on Prevention.

#### **(b) Potential risks of adopting a public health approach to modern slavery**

- **Loss of authority and prioritisation.** Participants suggested law enforcement's "ownership" of modern slavery contributed to its prioritisation and resourcing and raised concerns about whether an alternative approach would have the equivalent authority, resources and impetus.

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<sup>5</sup> e-Learning for Healthcare (nd). Identifying and supporting victims of modern slavery: an interactive learning resource to support all health staff in identifying and supporting victims of modern slavery. <https://www.e-lfh.org.uk/programmes/modern-slavery/> (accessed 22.04.21)

<sup>6</sup> Harris (2019). Modern slavery and sexual health services: a literature review. Sexual and reproductive health special interest group professional briefing 2 – April 2019. Faculty of Public Health. <https://www.fph.org.uk/media/2818/shsig-pro-briefing-2-modern-slavery.pdf> (accessed 22.04.21)

<sup>7</sup> Royal College of Nursing (2020). Modern slavery and trafficking: guidance for nurses and midwives. <https://www.rcn.org.uk/professional-development/publications/rcn-modern-slavery-and-trafficking-uk-pub-009300#detailTab> (accessed 22.04.21)

<sup>8</sup> Home Office (2021). National referral mechanisms guidance: adult (England and Wales). <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales#:~:text=The%20new%20online%20process%20allows,is%20an%20adult%20or%20child.&text=The%20online%20form%20will%20identify,verifying%20their%20work%20email%20address> (accessed 22.04.2021).

- **Loss of focus.** Participants suggested that the extension of anti-slavery work to include addressing upstream drivers such as poverty and gender inequality risked a loss of focus. Relatedly, participants cautioned that a public health approach should not mean less effort to bring perpetrators to justice – the prosecution of traffickers should form part of the prevention agenda under a public health approach to modern slavery.

#### **4. What are examples of good practice in developing a public health approach to modern slavery?**

Karen Saunders (Health and Wellbeing Team, West Midlands, Public Health England) described work undertaken to develop a public health approach to modern slavery in the West Midlands, highlighting in particular a matrix working model joining up Directors of Public Health in local authorities, children’s services, violence reduction units, the NHS and voluntary sector and building connections and synergies with wider networks focused on for example safeguarding, vulnerable migrants, asylum seekers, and the homeless. Improved connections enabled better understanding of the collective issues, efficient resource use and supported a more data-driven/evidence led approach for example aligning data from the violence reduction unit vulnerability profiles, asylum data and police data to build the local picture. Capacity building and workforce development work was also crucial in supporting health and allied professionals to identify signs of modern slavery in clinical and wider health settings such as maternity and sexual health and working under the umbrella of [“Making Every Contact Count”](#). Their team was harnessing the spotlight that COVID-19 had thrown on health inequalities, the emphasis on disparities and health inclusion groups, with modern slavery positioned strategically within COVID-19 recovery planning and aligned to the work of Directors of Public Health, NHS Midlands (safeguarding and violence reduction) and the Violence Reduction Unit, providing some longer-term view and sustainability in uncertain times.

Good practice examples highlighted by participants during discussion sessions included:

##### **UK**

- Work by violence reduction units to reconnect violence and exploitation.
- A range of strategic work and advocacy through the [West Midlands Anti-Slavery Network](#), which includes NHS and Public Health representation. Programmes of work include bringing together key partner agencies to map victim support pathways, identifying the points of potential interaction and support, including for those outside of the NRM in health settings.
- The Human Trafficking Foundation have [mapped the services available to victims in different areas](#) of the UK.
- Multi Agency Safeguarding Hubs (MASH) are well developed for supporting a multi-agency response to child safeguarding concerns, including modern slavery. These do not operate for adults, but could provide a model for future work. In Hounslow, the MASH co-locates police, health, and social services in the same building, adding value to decision-making on contacts and referrals, as decisions can be made quickly and more consistently.



- Work by the London Tri-borough Modern Slavery Group to collate local multi-sector data to inform awareness raising and response efforts.
- UK Training Delivery Group re-established by the Cabinet Office

### **International**

- In Texas, recent legislation requires every doctor to have 1 CPD hour per year on human trafficking to validate their license to practice.
- In USA, multi-agency risk assessment conferences (MARACs) are held as well as regular multi-agency meetings to discuss referrals and trainings.
- In Georgia – equal support regardless of whether you go through the police or non-police identification systems

### **5. Progress and Next Steps**

A series of seven research workshops with people working across the counter slavery sector took place in February and March 2021. A refined public health framework has been developed and will be available to local partnerships in summer 2021.