



University of  
**Nottingham**  
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Human  
**Trafficking**  
Foundation

# Ten years of the Slavery and Trafficking Care Standards

A review and reflection



September 2024



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Nottingham**  
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## A review and reflection

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This project was a collaboration between the School of Health Sciences and the Rights Lab (both University of Nottingham) and the Human Trafficking Foundation.

## Content Note

This report does not overtly mention any explicit or sensitive topics. However, discussion will refer to subjects related to modern slavery, human trafficking and exploitation.

## Terminology

### Modern Slavery, Human Trafficking and Exploitation

Modern slavery and human trafficking are crimes involving the violation of human, migrant and labour rights. Under the Modern Slavery Act (HM Government, 2015) “modern slavery” serves as an umbrella term encompassing the offences of human trafficking, as well as slavery, servitude and forced or compulsory labour. Although widely adopted in practice in the UK, there remains considerable scholarly and practitioner debate regarding the use of the term modern slavery to describe the spectrum of human exploitation within the Act. As this report concerns care and support provision for survivors within the UK, it has adopted the UK legislative terminology of “modern slavery” but recognises the live and legitimate debate about what is and should be included in the term. Exploitation, in this context, refers to the manipulation of an individual by another for profit or personal gain (UN, 2017). It can take several forms and includes sexual exploitation, forced labour, criminal exploitation (e.g. county lines activities), home based exploitation (e.g. cuckooing) and domestic servitude.

### Victim and Survivor

Most organisations in the UK anti-slavery sector refer to individuals who have lived experience of modern slavery and/or human trafficking as “survivors”. However, it should be noted that “victim” and “potential victim” are used within some academic papers, reports and within official UK Government documentation. Whilst the preferred terminology in this report is “survivor”, when referring to sources or quoting individuals directly, victim and/or “potential victim” may be used.

## Foreword

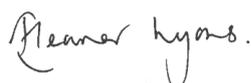
In my role as Independent Anti-Slavery Commissioner, I have listened to stories from survivors of modern slavery and human trafficking across the United Kingdom about the care they have received. Some tell stories of immense gratitude for the exceptional care they received, and awe at the individuals who have helped them in their recovery, and others tell stories of feeling lost, fearful, confused, and misunderstood. Many have experienced a mix of both. Ensuring that every victim of modern slavery, wherever they are in the country, receives the support, and care they deserve is a basic duty, but no small task.

The development of the Slavery and Trafficking Care Standards 10 years ago was a critical step toward fulfilling this duty. The experiences of survivors 10 years ago when the standards were first created and the experiences of survivors now, will be very different. The nature of modern slavery as a crime has changed as has the socio-political backdrop in which care and support is delivered. As this report rightly sets out, now is the time that these Care Standards are updated to reflect this, with an important call to action.

A call to action which is at the centre of my mission as Independent Anti-Slavery Commissioner – that we listen and respond to the needs of victims and survivors, and ensure their involvement is at the heart of the design and delivery of services. This could not be more critical when it comes to designing victim and survivor care and this is needed at all stages of their journey, right from their first contact with professionals through to ensuring access to education and employment at the end of recovery, an underdeveloped area of needed support.

This report is right that our ambition for victims and survivors should not be one where their care is dictated to them. Their lived experience should be integrated into all aspects of service delivery, monitoring and evaluation if we are to step up our efforts and reach and help more victims. To ensure this becomes the norm, I am calling for the establishment of a national Survivor Advisory Council. that can ensure all policy and legislation is informed and shaped by those affected by modern slavery and human trafficking.

As we approach 10 years since the Modern Slavery Act was passed it is right that we reflect on progress made and look to the future about what needs to change now to support victims and survivors. By implementing the recommendations in this report, we can deliver meaningful change through a new set of standards that is centred on improving outcomes for victims and survivors and ensuring they receive the tailored and compassionate care they deserve.



**Eleanor Lyons**

**Independent Anti-Slavery Commissioner**



# Executive Summary

## Background

The Slavery and Trafficking Survivor Care Standards (henceforth the Care Standards) were first published in 2014 and reviewed and reissued in 2018. Co-ordinated by the Human Trafficking Foundation the Care Standards were created in partnership with organisations providing support to survivors of modern slavery. Focussed predominantly on support services within the National Referral Mechanism (NRM), they aimed to build on the practical experiences of organisations to promote a consistent approach to care. Since their inception the Care Standards have been endorsed by the Government and incorporated into policy and practice both within the anti-slavery sector and beyond.

The care and support landscape for survivors of modern slavery has changed significantly since the development of the Care Standards. Legislative changes have affected who can access support, services are seeing an increasingly complex client group, and more support is provided outside of the NRM. This changing context has led to calls for the Care Standards to be reviewed and if necessary updated. This report outlines an evidence-based approach to:

1. Understand what the evidence base is for the current Care Standards.
2. Explore how the Care Standards are being used in policy and practice.
3. Make recommendations regarding a future update or revision of the Care Standards.

## Methodology

Four interlinked work packages were conducted to address the following research questions:

1. **Literature Review:** What is the evidence base for the current Care Standards?
2. **Review of Policy and Practice Documents:** How are the Care Standards used in policy and practice documents?
3. **Stakeholder Engagement (1): Policy Makers and Practitioners:** How are the Care Standards used in practice? Should they be updated? If so, how?
4. **Stakeholder Engagement (2): Survivors:** Do survivors know what the Care Standards are? What should the Care Standards focus on from a survivor perspective?

## Findings

The Care Standards are a valued and respected resource with an international and national reach beyond support providers within the NRM. Evidence of their use was identified in statutory care provision, by the police and in legal advocacy. In terms of their purpose there were differences in perspective between practitioners, policymakers and survivors. Survivors were clear that the Care Standards could only provide a baseline for service provision. “Gold Standard” care should be person centred and tailored to individual need. Practitioners and policymakers were less certain in their views. Despite their use and value, overwhelming support for updating the Care Standards was identified. For example, the straw poll of attendees at the HTF forum found 94 of 97 attendees voted yes to the question of whether the Care Standards should be updated. The literature review highlighted that despite an increase in research attention there remain significant knowledge gaps related to support provision for survivors. Any update should, therefore, combine the best available evidence with practitioner and lived expertise.

## Recommendations

1. The Care Standards are an important and valued resource promoting the provision of high-quality care and support services to survivors of modern slavery and human trafficking. However, there is recognition that they need to be reviewed and updated to consider the current legislative and socio-political context.
2. There is a growing evidence base to inform the delivery of support services to survivors of modern slavery. However, there continues to be large gaps in terms of what works (or does not

work), for whom and in what circumstances. Key areas of importance to survivors such as employment and education are under researched.

3. Services are providing support to a heterogenous survivor population with complex physical and mental health needs. The evidence base and the current Care Standards do not reflect the increasing level of complexity and diversity. Any revision to the Care Standards needs to be EDI (Equality, Diversity and Inclusion) compliant and consider factors such as protected characteristics (HM Government, 2010) and type of exploitation experienced.
4. Partnership working between statutory services (including health, law enforcement, local authorities and social services) and NGOs providing direct support to survivors is crucial to the delivery of the ideal of the Care Standards. Involving a wider group of stakeholders in the development of any new iteration should be considered.
5. Any update of the Care Standards should be co-produced with survivors. In addition, guidance should be included on how to integrate lived experience into service delivery, monitoring and evaluation.
6. Government endorsement of the current Care Standards has been central to their implementation in some areas. Securing this for future iterations should be a priority.
7. The Care Standards have significantly impacted support and care provision for survivors locally, nationally and internationally across a range of different sectors. However, tracking this is challenging. Monitoring and evaluation processes should be integrated into the development of any revisions.
8. Individuals and organisations have implemented the Care Standards in different ways. Whilst flexibility is to be encouraged, the core purpose should be considered as part of the revision process.

## Introduction

The eradication of modern slavery and human trafficking is one of the UN's (2015) Sustainable Development Goals (SDG 8.7). Since 2015, there has been an increase in state, institutional and public awareness of the issue. For example, Google trends interest data demonstrates a rising number of searches on the topic of modern slavery since 2015 (see figure 1). The issue has also been consistently discussed within the UK Parliament during this period (see figure 2).

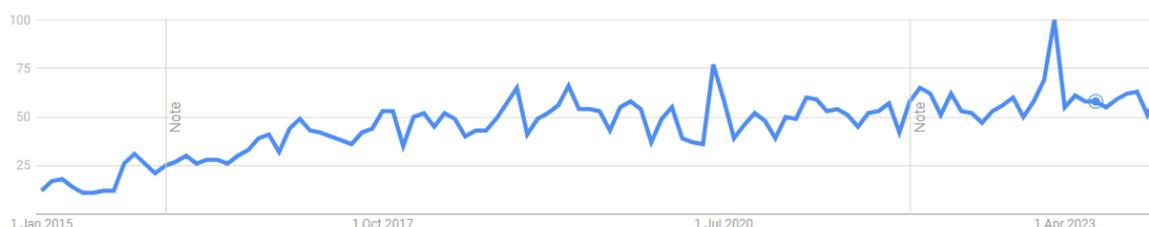


Figure 1: UK Google Trends Search of "Modern Slavery" Interest (2015 to 2024).

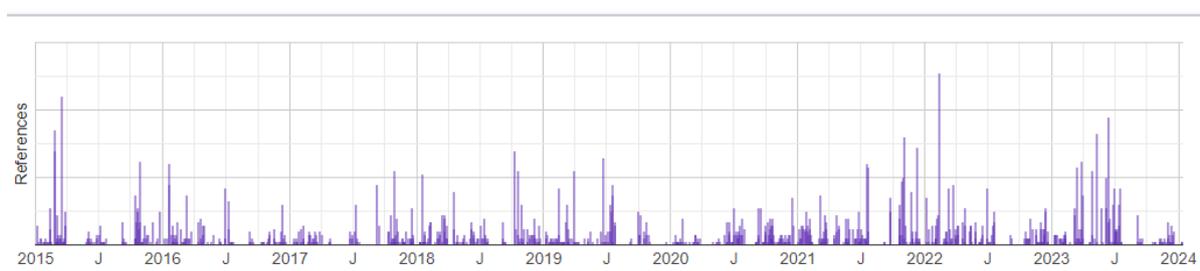


Figure 2: Hansard Parliament UK Data for References to Modern Slavery in the House of Commons and House of Lords (2015 to 2024).

Despite the increased awareness, interest and understanding of the subject, the estimated number of people living in modern slavery in 2021 was 49.6 million, with 122,000 in the UK (International Labour Organisation et al., 2022).

The evidence base for the catastrophic effects of modern slavery on survivors' physical and mental health has grown significantly since 2015 with researchers such as Zimmerman & Kiss (2017) and Such et al. (2021) arguing that it presents a significant public health concern. Survivors experience multiple forms of abuse during exploitation. This includes violence, psychological abuse, sector specific occupational hazards and dangerous living conditions (Ottisova et al., 2016). Whilst data from high income countries such as the UK is limited, what is available presents a complex picture of multiple health needs. Oram et al. (2016) found that 78% of female and 40% of male survivors reported high levels of mental health needs such as depression, anxiety and PTSD (Post-Traumatic Stress Disorder). In addition, physical health conditions such as sexual health problems, headaches, fatigue and back pain were widely reported. For young people, attention deficit hyperactivity disorder (ADHD) and adjustment problems are common (Stanley et al., 2016).

As well as high prevalence rates of physical and mental ill health, broader wellbeing and reintegration outcomes are also adversely affected by modern slavery. For example, studies by Idemudia et al. (2021) and Balfour et al. (2022) identify that structural issues such as poverty and discrimination affect survivors access to employment, education, and healthy relationships, even whilst receiving support. A lack of social support and unmet social needs have also been reported in the literature (Ottisova et al., 2016).

## Survivor Support Provision

Given the multiple and complex issues associated with modern slavery, the provision of support for survivors is a critical area of international and national policy. For example, one of the key purposes of the Council of Europe on Action against Trafficking in Human Beings (ECAT, 2005) is to:

*“Protect the human rights of the victims of trafficking, design a comprehensive framework for the protection and assistance of victims and witnesses whilst guaranteeing gender equality and ensuring effective investigation and prosecution”.*

Schwarz & Williams-Woods (2022) highlight, that given this context, survivor support and assistance is not a domestic concern or a moral imperative, but an international obligation of the UK. To meet the UK Government obligations under ECAT, the National Referral Mechanism (NRM) was implemented in 2009. The NRM provides the framework for identifying and supporting survivors within the UK. For those adults (aged 18 years or over) who consent, it is the mechanism that ensures individuals receive Government assistance after exiting exploitation. Since its inception, there have been year on year increases in referrals to the NRM from 529 in 2009 to 17,004 in 2023 (Home Office, 2024).

At the time of writing, the NRM provides a centralised system for managing and delivering support via the Modern Slavery Victim Care Contract (MSVCC). The current MSVCC is administered by The Salvation Army and outsourced to several sub-contracting, Non-Governmental Organisations (NGO). The type of support available to survivors is outlined in ECAT and actioned in the Modern Slavery Act Statutory Guidance (Home Office, 2020) and includes: access to accommodation, material assistance, financial support, translation and interpretation services, provision of information and advice, outreach support, medical care and access to legal aid. However, not all survivors receive support from the NRM. Several scholars have highlighted that survivors may fear authority figures or deportation and so do not come forward for help (see Khalifeh et al., 2016; Oram et al. 2016). They may also choose to exit the NRM prematurely or continue to have significant needs when official support provision ends. For these individuals, access to support is via statutory agencies and NGOs operating outside of the MSVCC.

## Slavery and Trafficking Survivor Care Standards

The Slavery and Trafficking Survivor Care Standards (henceforth the Care Standards) were first published in 2014 and reviewed and reissued in 2018. Co-ordinated by the Human Trafficking Foundation (HTF) the Care Standards were created in partnership with organisations providing support to survivors of modern slavery. This included: NGOs, legal services, academic institutions, health care and law enforcement. They aimed to build on the practical experience of these key agencies to offer guidance on care provision and promote a consistency of approach across the plethora of different services supporting survivors through the NRM. The 2014 edition of the care standards (HTF, 2014) summarises this goal as:

*“To promote an integrated, holistic and empowering approach that places the real needs of survivors at the centre of the process of sustained recovery”.*

Covering topics such as outreach, provision of material assistance, accommodation and accessing healthcare, the Care Standards sought to provide a framework of guiding principles, examples of best practice and practical recommendations for support agencies to incorporate into their existing policies and procedures. Endorsed by the Government in 2017, Sarah Newton (Under-Secretary of State for the Home Office) announced in the House of Commons (*House of Commons: Modern Slavery Act 2015: Volume 630, 2016*):

*“We must ensure that the care they [survivors] receive is consistent and meets minimum standards, regardless of where in the country they are being cared for. That is why the Government will adopt the Human Trafficking Foundation’s Trafficking Survivor Care Standards as a minimum standard for victim support”.*

Since their inception the Care Standards have been incorporated into several frameworks, contracts and guidance documents. For example, the Care Standards form the basis of the Care Quality Commission (CQC) safehouse and outreach inspection framework (CQC, 2023), are referenced within the Modern Slavery Act S49 Statutory Guidance (Home Office, 2020) and the 2020 version of the

MSVCC includes a commitment to adhere to the Care Standards. At an international level, the Care Standards are cited within the Office for Democratic Institutions and Human Rights (ODIHR) 2022 version of the National Referral Mechanism Handbook (ODIHR, 2022). As one of the first Care Standards for survivors of modern slavery and human trafficking, they have provided a blueprint for other countries who wish to develop their own.

## The Care Standards in 2024

The landscape for survivor support has changed significantly since the Care Standards were developed in 2014 and revised in 2018. Gilmer (2022) noted in her analysis the following:

1. A shift in Government stance in relation to modern slavery.
2. A proliferation of inspection frameworks and guidance documents for MSVCC support organisations. For example, the new MSVCC (January 2021) included Key Performance Indicators (KPIs) for support providers.
3. More investment in outreach and longer-term support (although emergency provision remains the hallmark of most services).
4. Changes to the client group seeking support from services. Including those who have experienced criminal exploitation and those with complex needs (e.g. substance misuse, significant mental health difficulties and physical and intellectual disabilities).
5. Increasing numbers of survivors seeking support outside of the NRM, e.g. pre and post NRM support and groups such as British citizens for whom the NRM may not be perceived to be useful.

In addition to the points raised by Gilmer (2022), there has also been:

1. A changing legislative context. The Modern Slavery Act Statutory Guidance (Home Office, 2020) provides a framework for care which did not exist when the Care Standards were developed in 2014 and revised in 2018. More recently, the Nationalities and Borders Act (HM Government, 2022) and the Illegal Migration Act (HM Government, 2023) have significantly changed the criteria for who can access support. In addition, legal challenges, have brought changes to support provision including the introduction of the Recovery Needs Assessment (Home Office, 2024).
2. Increased research conducted in the modern slavery sector, including studies exploring “what works” and what should be measured to determine effectiveness, for example, the Modern Slavery Core Outcome Set (Jannesari., et al. 2024).
3. A growth in survivor advocacy and the involvement of people with lived experience in developing research, policy and practice.
4. Recognition of diversity within the survivor populace and the need for guidance and frameworks for supporting EDI (equality, diversity and inclusion) and culturally competent care for service providers (BASNET, 2021).
5. Increased focus on what survivors need rather than what Government provides.

This changing context has led to calls for the Care Standards to be reviewed and if necessary updated. This report outlines an evidence-based approach to:

1. Understand what the evidence base is for the current Care Standards.
2. Explore how the Care Standards are being used in policy and practice; and
3. Make recommendations regarding a future update or revision of the Care Standards.

## Methodology

Figure 3 summarises the four interlinked work packages that were conducted and the research questions they aimed to address:

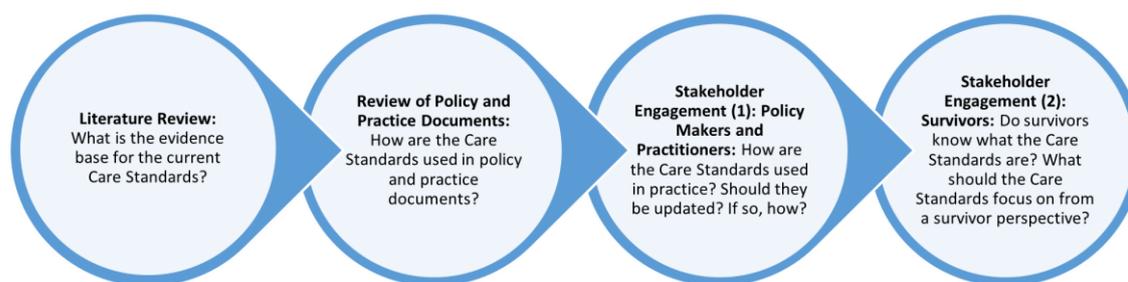


Figure 3: The Project Work-Packages and Associated Research Questions

## Literature Review

To understand the evidence base for the current Care Standards, a transparent literature search and review process was undertaken. Five medical and social science databases were searched to identify relevant articles: MEDLINE, EMBASE, CINAHL, ASSIA and SCOPUS using the search string below (figure 4). Searches were limited to English Language and within the date range 2014 to 2023 to correspond with the publication of the Care Standards.

traffick\* AND (human OR sex\* OR people OR child\* OR victim\* OR survivor\* OR person\* OR men OR women OR labour OR labor) OR forced AND (labour OR labor OR prostitution OR marriage OR crim\*) OR "domestic servitude" OR "exploit\*" AND (crim\* OR sex\* OR financ\*) OR "sex\* slav\*" OR "modern AND slav\*" OR "modern adj2 slave\*"

Figure 4: Electronic Database Search String

Two researchers conducted the searches and independently screened the titles, abstracts and full texts. The software Mendeley was used to manage this process. To decide an articles' eligibility, inclusion and exclusion criteria were developed (see Table 1).

Papers were included if they:	Papers were excluded if they:
<ul style="list-style-type: none"> <li>• reported empirical studies using quantitative, qualitative, and mixed methods.</li> <li>• contained extractable data related to survivors of modern slavery/human trafficking.</li> <li>• focused on areas relevant to the Care Standards.</li> <li>• reported findings related to adults (over the age of 18 years).</li> </ul>	<ul style="list-style-type: none"> <li>• reported non-empirical or peer reviewed studies such as literature reviews, opinion articles, editorials, theses and dissertations.</li> <li>• did not contain extractable data related to survivors of modern slavery/human trafficking.</li> <li>• focused on areas not relevant to Care Standards. For example, prevalence estimates; intimate partner violence outside of a modern slavery context; evaluation of staff training programmes; historical slavery; trafficking in a medical context (e.g.in pathology, immunology and hepatology); and drug trafficking.</li> <li>• reported findings related to children and young people (under the age of 18 years).</li> </ul>

Table 1: Eligibility Criteria for Papers to be Included in the Literature Review

The included papers were grouped according to one of nine categories. Six (provision of support and assistance; access to healthcare; advocacy and decision making linked to identification; legal advice; the police and criminal justice system; and accommodation) related specifically to the 2018 version of the Care Standards. Three additional areas were added as these had been highlighted in Gilmer's

(2022) analysis as potential areas for inclusion (access to work; access to education; and holistic therapies). To assist with consistency a short description of each category was developed. Table 2 summarises the categories and descriptors as applied in this review.

<b>Categories</b>	<b>Descriptor</b>
<b>Provision of Support and Assistance</b>	Included papers describe the types of support and/or assistance provided to survivors of modern slavery and human trafficking. This could incorporate services, interventions and programmes, as well as the barriers and facilitators to accessing these. Examples include material assistance, financial advice and psychological support.
<b>Access to Healthcare</b>	Included papers describe the barriers and facilitators survivors of modern slavery and human trafficking experience when accessing physical and mental healthcare. They may also consider services, interventions and programmes that have been implemented to support survivors to access healthcare.
<b>Advocacy and Decision Making linked to Identification</b>	Included papers describe survivor experiences of initial identification. In addition, they may also consider factors that impact the decision-making process and advocacy services available. Papers may also consider services, interventions and programmes that have been implemented to support survivors of modern slavery and human trafficking.
<b>Legal Advice</b>	Included papers describe legal services and assistance available to survivors of modern slavery and human trafficking. They may also consider the barriers and facilitators survivors experience when accessing legal advice.
<b>Working with the Police and Criminal Justice System</b>	Included papers describe mechanisms and processes for supporting survivors to engage with the police and criminal justice system. They may also consider services, interventions and programmes as well as barriers and facilitators to engagement.
<b>Accommodation</b>	Included papers describe the types of accommodation available to survivors of modern slavery and human trafficking. Barriers and facilitators to accessing appropriate accommodation may also be considered.
<b>Access to Work</b>	Included papers describe the benefits and challenges of engaging in paid employment for survivors of modern slavery and human trafficking. They may also describe services, initiatives and programmes that support survivors to become ready for employment.
<b>Access to Education</b>	Included papers describe educational programmes available to survivors of modern slavery and human trafficking. They may also consider the barriers and facilitators to accessing educational opportunities.
<b>Holistic Therapies</b>	Included papers describe alternative or complementary services/therapies delivered to survivors of modern slavery and human trafficking. Factors affecting engagement with these (e.g. barriers and facilitators to access) may be considered.

Table 2: Literature Review Categories and Descriptors for Inclusion.

## Policy Review

Policy and practice documents were included in the review if they:

1. were current at the time of the search (Spring 2023).
2. were related to the provision of support to survivors of modern slavery and/or human trafficking.
3. referred to the Care Standards.

Relevant documents were identified by searching the websites of:

1. NGOs providing support to survivors of modern slavery and human trafficking via the MSVCC.
2. NGOs providing support to survivors of modern slavery and human trafficking outside of the MSVCC either as a specialist organisation or as part of a service offer to other groups.
3. Advocacy and campaigning organisations in the modern slavery sector not involved in direct care provision.
4. Relevant Government and statutory offices with responsibility for modern slavery support provision and oversight. This included Home Office, Office of the Independent Anti-Slavery Commissioner and the Care Quality Commission.
5. Key international organisations associated with modern slavery and human trafficking.
6. Organisations that fund research or service provision in the anti-slavery sector.

Included documents were mapped against the nine categories used in the literature review (see Table 2). In addition, direct quotes related to the Care Standards were extracted and analysed for common themes.

## Stakeholder Engagement

To supplement the literature and policy reviews a series of stakeholder engagement activities were undertaken. These are summarised in Table 3 below.

Engagement Activity	Methods
<b>Conversations with key informants.</b>	Individual, online discussions focussed on the following areas: interpretation of what the Care Standards are, how the Care Standards are implemented into practice (considering policy changes since their inception), the function of the care standards (baseline, framework for practice or gold standard) and what should be added/removed/amended.
<b>Call for submissions via the HTF newsletter.</b>	Individuals and/or organisations were invited to submit good practice examples of how the Care Standards were used to the HTF.
<b>Review of HTF website data for views and downloads of the Care Standards</b>	Review of the hits to the HTF news page announcing the launch of the Care Standards and the number of downloads of the Care Standards from the resources section of the website.
<b>Poll of attendees at the HTF Forum</b>	A face-to-face forum was hosted by the HTF in February 2024. Participants were provided with an overview of the project. Using menti.com individuals were prompted to answer the following questions: Do you use the Care Standards in your work? How do you use the Care Standards in your work? What is the purpose of the Care Standards? Should the Care Standards be updated? What needs to be included in the Care Standards? What format should the Care Standards take?

Table 3: Summary of Stakeholder Engagement Activities and Methods Employed

## Survivor Engagement

The importance of involving survivors in policy and practice decision making has gained increased traction in the period since the Care Standards were developed and updated. A Lego Serious Play workshop was facilitated with a group of survivors to answer two questions: Do survivors know what the Care Standards are? What should the Care Standards focus on from a survivor's perspective?

Lego Serious Play was developed in 1996 as means of facilitating group-based creativity and innovation in strategy and problem solving. Since its inception Lego Serious Play has been used in many different settings including nursing (Warburton, Brown & Sandars, 2022), engineering (Lopez-Fernandez et al., 2021) and tourism (Wengel, McIntosh & Cockburn-Wootten, 2022). Central to the method is the assumption that “we think with our hands” alongside the use of narrative and metaphor. The combination of activity, thinking, reflecting and sharing has been found to have a significant impact on reducing anxiety, overcoming group hierarchies and supporting individuals to engage with difficult topics (Bab & Boniwell, 2016; Harn, 2018; McCusker, 2020).

Lego Serious Play workshops are made up of six elements (Bab & Boniwell, 2016):

1. Purpose of the session.
2. Framing the model building.
3. Sharing narratives and metaphors.
4. Exploring and reflecting together.
5. Combining and connecting to identify patterns and shared stories.
6. Capturing insights and moving forward.

Table 4 summarises how these elements were used to structure the survivor workshop.

Lego Serious Play Element	Project Implementation
<b>Purpose of the session</b>	To understand the core elements that should be included within the Care Standards from a survivor perspective.
<b>Framing the model building</b>	A short presentation outlining what the Care Standards are, how they were developed, and the main topics covered was provided. Participants were asked whether they were familiar with the Care Standards and if they had seen them used in relation to their care. They were then asked to envision what “good care” looked like and to use this as the basis of their model building.
<b>Sharing narratives and metaphors</b>	Participants worked in pairs with a facilitator to build a Lego model that represented what good care should look like and therefore the core elements that should be included in the Care Standards. The facilitators prompted participants to explain what they were including in the models and why they were using particular metaphors.
<b>Exploring and reflecting together Combining and connecting to identify patterns and shared stories</b>	Participants presented their models to the other groups and explained what they had included and why. After all the groups had presented, participants worked together to identify both the factors that were common across all the models and those that were different. Participants had the opportunity to ask questions of each other and get further clarification of what the models represented.
<b>Capturing insights and moving forward</b>	Facilitators made notes of the discussions and combined them into one document. Photographs were taken of the models.

Table 4: Summary of the Lego Serious Play Method

## Findings

### Literature Review

A total of 38,182 articles were identified via the search process. After screening the titles, abstracts, and full texts 78 articles were included in the review. Reasons for excluding articles included: not relevant to modern slavery/human trafficking; focussing on historical slavery; theoretical or conceptual discussions related to definitions of modern slavery and/or human trafficking; and focussed on a child rather than adult population. The 78 included articles were then themed into the nine categories discussed in the methods (see Table 2). Most of the included articles investigated issues related to accessing health care (46%) and the provision of support and assistance (20%). Access to work (4%), Legal Advice (3%) and Access to Education (3%) had the least research attention (see Figure 5). Qualitative methods were used in 69% of identified studies (quantitative and mixed methods used in 23% and 8% respectively). Although there were examples such as Jannesari et al. (2024) of studies which had explored outcome development to support the evaluation of services, overall, there was a dearth of literature evaluating and assessing the effectiveness of service provision.

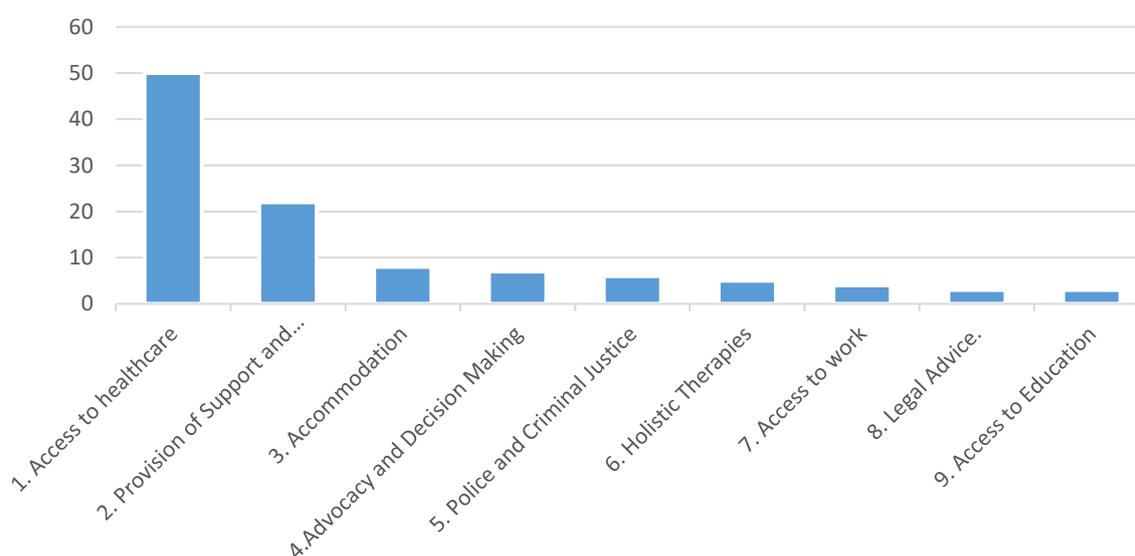


Figure 5: Summary of Included Papers by Subject Area

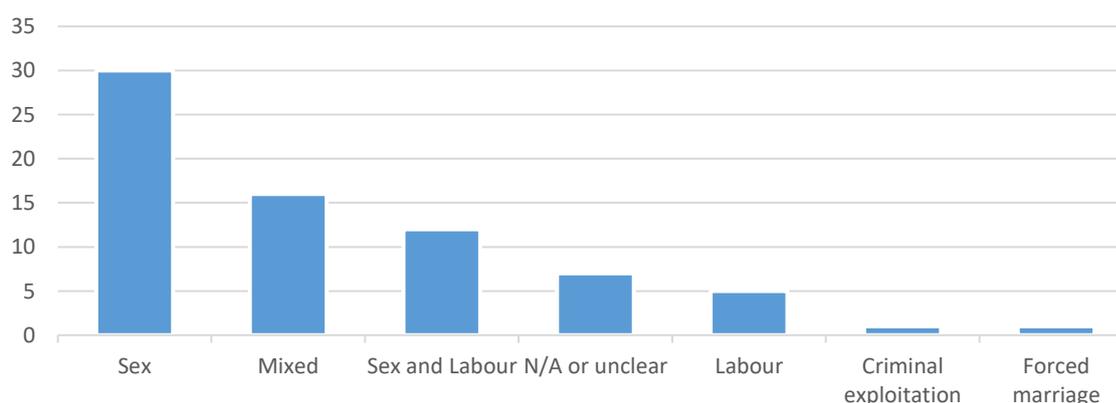


Figure 6: Summary of the Types of Exploitation Identified in the Literature Review.

Sixty-seven percent of identified papers focussed on a cisgender female population, 32% on cisgender males and only 1% on transgender survivors. Where specific types of exploitation were mentioned (10% of papers did not specify) trafficking for sexual exploitation was most frequently cited (42%). The least frequently researched forms of modern slavery and/or human trafficking were criminal exploitation (1%)

and forced marriage (1%). Figure 6 summarises the breakdown of articles in relation to type of exploitation.

In terms of geographical focus, most included studies were conducted in North America (42%) and Europe (23%), with a lack of research identified from Global South countries.

The literature review demonstrates that research in the modern slavery arena has proliferated since the inception of the Care Standards. Whilst areas such as access to healthcare have received a large amount of attention, others such as legal advice, access to work and education remain under researched. It should be noted that the definition of “healthcare” within both the Care Standards and the literature is dominated by medical conceptualisations of illness and by prevalence studies of mental and physical health conditions within the survivor population. Promoting survivor health holistically and evaluations of service models and interventions are missing. The evidence base is also skewed towards a specific survivor population (cisgender females, engaged in sexual exploitation). This means that the needs of other groups, such as cisgender males, transgender survivors and survivors of criminal exploitation are missing from the evidence base and therefore, large knowledge gaps remain in relation to core parts of the Care Standards and service provision.

## Policy Review

Three national policy documents were identified relating to the provision of survivor support services:

1. Modern Slavery Victim Care Contract (MSVCC) (Home Office, 2020).
2. Modern Slavery Statutory Guidance (under S49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland (Home Office, 2024).
3. How the Care Quality Commission (CQC) Inspects Safehouses and Outreach Services (CQC, 2023). In addition, the CQC inspection framework (CQC, no date) also refers to the Care Standards.

In addition, 43 reports from NGOs, funders (e.g. Modern Slavery Policy Evidence Centre) and public offices (such as the Independent Anti-Slavery Commissioner) were identified using the criteria reported in the methodology section (total number of documents included in the policy review: 46). Like the academic papers, most of the policy reports focussed on a cisgender female survivor population (57%). Access to support and assistance, accommodation and advocacy and decision making were the most frequently reported topics. Access to education and access to work received less attention (see Figure 7).

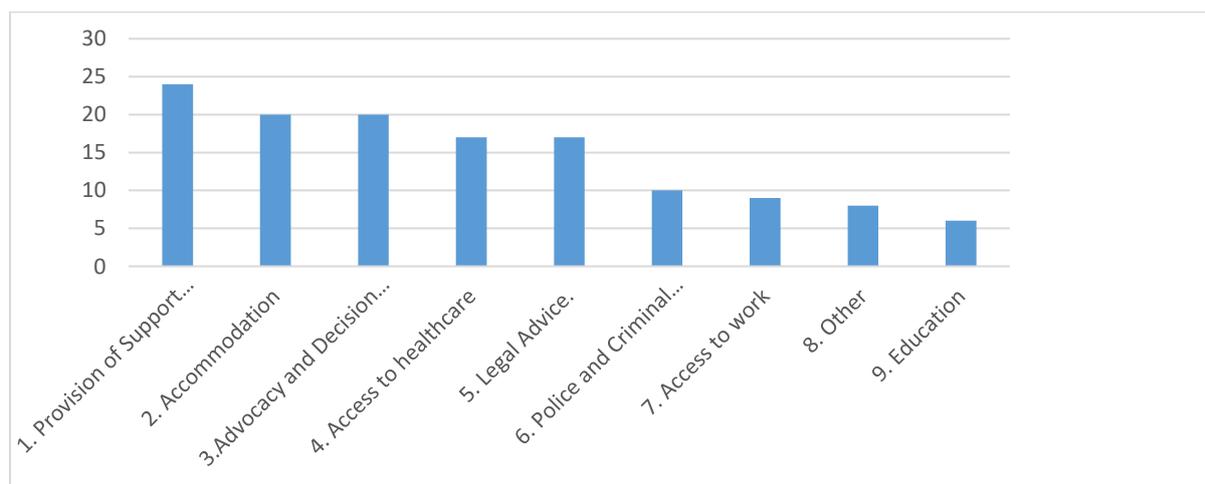


Figure 7: Summary of Included Policy Reports by Subject Area

Of the 46 included reports, 17 referenced the Care Standards. Across these documents the Care Standards were identified as a benchmark for service delivery and provided the foundation on which organisations could develop tailored guidance and frameworks for practice. For example, the “Principles that Underpin Early Support Provision for Survivors of Trafficking” (British Red Cross et al., 2018) states:

*“The primary principal document that forms the basis of the ten core principles is The Human Trafficking Foundation Slavery and Trafficking Survivor Care Standards.”*

British Red Cross et al. (2018) continue:

*“It is essential that any organisation embarking on support to survivors of trafficking and modern slavery will already be capable of following the Care Standards. The ten core principles do not replace the Care Standards but set out what should be in place even at the earliest point of contact before a referral to the NRM or the identification process takes place.”*

Whilst British Red Cross et al. (2018) highlight organisations “should be capable of following the Care Standards” others have called for their mandatory adoption by the NRM and all statutory accommodation providers (BASNET, 2021; Hestia, 2018). This is also reflected in the Modern Slavery Act Statutory Guidance (Home Office, 2024) and the Care Quality Commission Inspection Framework (CQC, 2023):

*“The Government is introducing minimum standards of care in all future contracts providing support to adult victims of modern slavery and an associated inspection regime based on The Slavery and Trafficking Care Standards which contain detailed practical advice on all aspects of working with victims of modern slavery” (Home Office, 2024).*

*“When we inspect, we use our Safehouse Inspection Framework and refer to the requirements in the MSVCC. We developed this based on our assessment frameworks for health care and adult social care services, and the ‘Slavery and Trafficking Survivor Care Standards’ developed by the Human Trafficking Foundation. Our framework reflects our human rights-based approach to inspection. Other stakeholders and services that provide support have also contributed. The Home Office has approved the framework and shared with service providers” (Care Quality Commission, 2023).*

However, some omissions within the current version of the Care Standards were noted. For example, BASNET (2021) in their Equality, Diversity and Inclusion Action Plan recommend an update to the Care Standards:

*“so there is clear guidance on racial diversity, inclusion and its various intersections.”*

## Stakeholder Engagement

On the HTF website, readership of the Care Standards since October 2018 has surpassed 2,500 and requests for physical copies have been received from Europe, North America and Asia. Those requesting copies have worked in private business, academic institutions, law enforcement, legal services and NGOs. Due to multiple websites linking to the Care Standards and the HTF website not being the first hit on google, the likely readership is much higher than these figures suggest. Whilst the Care Standards were “developed by the sector for the sector”, their reach goes beyond this with evidence of their use by the police, fire service and statutory care sector. For example, a response to the call for good practice examples stated that the Care Standards were given to all attendees at the 2021 College of Policing modern slavery investigator course. Working in partnership between statutory and anti-slavery sector organisations was seen as central to achieving the ideal espoused within the Care Standards, as one key informant reported:

*“Our service cannot succeed in isolation of the wider stakeholders. No individual support worker and no individual organisation can fulfil these Standards on their own. It requires the input of a range of services for us to be successful.”*

Key informant conversations were conducted with 6 individuals representing policy and practice either within or connected to the anti-slavery sector. All respondents reported the Care Standards were useful and an important contribution to how survivors are supported in the UK. One individual stated:

*“I see them as a foundational piece that guides the work I do and they have informed the operational interpretation of what support should look like.”*

Informants gave numerous examples of how they had used the Care Standards in their work including underpinning inspection frameworks, staff training and organisational development. In the straw poll of

attendees at the HTF forum informing policy making, planning and providing survivor support and advocating for survivors were highlighted as the most popular use of the Care Standards (see figure 8 below).



Figure 8: Responses from attendees at the HTF Forum

Despite holding the Care Standards in high regard, there was agreement across all stakeholder engagement activities that regular review and updates are required to ensure they remain relevant to the current survivor care and support context. At the HTF Forum, 94 respondents (out of 97) replied “yes” to the question “should the care standards be updated?” In the key informant conversations, participants noted that individuals seeking support were more complex in comparison to when the Care Standards were developed. Increasing numbers of people who have experienced criminal exploitation, have substance misuse problems and have learning disabilities were highlighted as examples of the more challenging client group accessing services today. It was also noted that the Care Standards were developed at a time when the majority of those seeking support were migrants to the UK. The needs of British citizens, a group increasingly recognised as victims and accessing support, are missing from the current iteration. As well as a changing client group, it was also noted that a number of areas important to survivor care and support provision are missing from the current Care Standards. Figure 9 (next page) summarises the responses from the attendees at the HTF Forum to the question “what needs to be included in the Care Standards?” In summary the top five answers were; lived experience, housing/accommodation, trauma-informed, legal advice and employment.

The role of Government in the development of any update of the Care Standards was widely discussed with key informants. The consensus was that Government should endorse but not be involved in the co-creation of any new iteration. Government endorsement was seen to be particularly important for the Care Standards use in legal advocacy. The Care Standards have been successfully cited in court cases and used in expert witness statements to argue that accommodation does not meet a survivor’s care needs or that a stipulated standard of care is important to prevent re-trafficking.

Finally, across all stakeholder engagement activities respondents were asked to reflect on what purpose a revised version of the Care Standards should have. With regards to their role in inspection frameworks, the Care Standards provide the baseline against which services are measured. However, for others the values espoused within the document represent the “gold standard”. There were also differences of opinion as to how much current policy and statutory guidance should influence the content of the Care Standards. Whilst this was seen to be useful from a practical and service provision perspective, policy changes could lead to the Care Standards becoming dated and needing revision more often. The preferred option for attendees at the HTF forum was for the Care Standards to





Figure 10: Annotated exemplar of Lego Serious Play model to demonstrate what good care looks like.

Across all the models the police and criminal justice system were represented by vehicles. This denoted accessibility to justice (a core part of care) and reducing the barriers between the police and survivors:

*“Police are represented by a car in the model – they should be engaged with survivors where they are – not reliant on survivors going to them”.*



Figure 11: Annotated exemplar of Lego Serious Play model to demonstrate what good care looks like.

Doors and windows were included. These could be opened to allow survivors access to the outside world (mobility) but could also be kept closed to keep a person safe. Safety and protection were prominent features, often conceptualised as walls and barriers around the edges.

Survivors often felt that the emphasis within care and the Care Standards was on “the basics” and took a medical rather than a holistic approach to their needs. The wider concept of wellbeing was felt to be important and was represented by green space, trees and flowers. These green spaces were also important to allow for rest, relaxation and recuperation. This was felt to be a neglected area of support provision and there was a lack of recognition that processing trauma, dealing with the uncertainties associated with immigration applications and criminal cases was exhausting and time was needed to “just sit with the experience and be”.

## Discussion and Recommendations

This project aimed to understand the evidence base for the current Care Standards; and how they are used in practice. To address these aims, the views of policymakers, practitioners and survivors were sought through a variety of methods. This was supplemented by a review of the academic and policy literature. The discussion points and recommendations below are based on a synthesis of all the data sources used in this project.

- 1. The Care Standards are an important and valued document promoting the provision of high-quality care and support services to survivors of modern slavery and human trafficking. However, there is recognition that they need to be reviewed and updated to consider the current legislative and socio-political context.**

The Care Standards were universally recognised as providing a vital foundation for support and care provision in the anti-slavery sector and beyond. However, the need to revise and update the Care Standards was clearly articulated across the stakeholder groups consulted as part of this project. The recent election of a new Government in the UK provides an impetus to review the Care Standards considering the new policy responses to modern slavery.

- 2. There is a growing evidence base to inform the delivery of support services to survivors of modern slavery. However, there continues to be large gaps in terms of what works, for whom and in what circumstances. Key areas of importance to survivors such as employment and education are under researched.**

Since the inception of the Care Standards there has been a dramatic increase in the amount of research conducted in the modern slavery sphere. Whilst there have been important advances such as the development of the MS COS (Modern Slavery Core Outcome Set) (Jannesari et al. 2024) there remain significant gaps in understanding. The evidence base and the Care Standards currently focus on immediate needs and take a “medical” view of health. Survivors’ note that areas such as employment and education which are related to sustained recovery and reintegration are missing from both the evidence base and the Care Standards. Where possible any revision of the Care Standards should be based on the best available evidence. For those areas where the evidence is scant and/or non-existent a combination of practitioner and lived expertise should be sought to supplement the knowledge gaps.

- 3. Services are providing support to a heterogenous survivor population with complex physical and mental health needs. The evidence base and the current Care Standards do not reflect this increasing level of complexity and diversity.**

Stakeholders discussed supporting a client group with increasing complexity and with very different needs to those who were seeking support when the Care Standards were conceived. Key differences highlighted were increased numbers of; British citizens, men, individuals who have been engaged in forced criminality, people with substance misuse problems and those with a learning disability. Whilst not overtly gendered the Care Standards contain only 5 specific mentions of cisgender males (in comparison to 39 cisgender female specific mentions) and no references to transgender people. This reflects the literature review findings that most research is focussed on cisgender females who have experienced sexual exploitation. To ensure the Care Standards are EDI (Equality, Diversity and Inclusion) compliant the heterogeneity of the survivor populace in terms of type of exploitation experienced, health needs and protected characteristics should be reflected in an updated version. Practitioner, policy and lived expertise will be central to achieving this.

- 4. Partnership working between statutory services (including health, law enforcement, local authorities and social services) and NGOs providing direct support to survivors is crucial to the delivery of the ideal of the Care Standards. Involving a wider group of stakeholders in the development of any new iteration should be considered.**

The ideal of the Care Standards cannot be delivered by the anti-slavery sector alone. Partnership working with other agencies, including statutory providers is central to survivor support provision. To support “buy-in” from these agencies a wider group of stakeholders should be involved in any revision of the Care Standards. One mechanism for doing this could

be convening expert working groups looking at specific sections of the Care Standards. Individuals with relevant lived, practice and academic experience should be involved in these working groups.

- 5. Any update of the Care Standards should be co-produced with survivors. In addition, guidance should be included on how to integrate lived experience into service delivery, monitoring and evaluation.**

Survivor involvement has become central to policy, practice and research within the anti-slavery sector. There is also increasing emphasis placed on the involvement of people with lived experience in the design and delivery of services. Any new iteration of the Care Standards should be co-designed with survivors of modern slavery. The Care Standards should also include information outlining how to meaningfully involve survivors in the design and delivery of services.

- 6. Government endorsement of the current Care Standards has been central to their implementation in some areas. Securing this for future iterations should be a priority.**

Government endorsement of the Care Standards is important for their use in legal advocacy. Any revised or updated version should seek endorsement as soon as is practicable after their development.

- 7. The Care Standards had a significant impact on survivor support and care provision locally, nationally and internationally. However, tracking this is challenging. Monitoring and evaluation processes should be integrated into the development of any revisions.**

Identifying how and where the Care Standards are being used is important for understanding reach and impact. Collecting this information in a systematic and robust way has proven difficult for this project. Monitoring and evaluation processes should be included as part of the update and revision.

- 8. Individuals and organisations have implemented the Care Standards in different ways. Whilst flexibility is to be encouraged, the core purpose should be considered as part of the revision process.**

There are questions regarding the purpose of the Care Standards. Engagement with stakeholders identified differing perspectives as to whether the Care Standards should be a baseline measure for service delivery, represent best practice or a values based/ethical framework. A decision (ideally by consensus with stakeholders) regarding focus and purpose should be made prior to any up of the Care Standards.

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