

# Services for survivors of human trafficking and modern slavery

## CQC's inspections of safehouse and outreach support services delivered under the Modern Slavery Victim Care Contract January 2021 to June 2022

### Summary

This programme of inspections by the Care Quality Commission (CQC) followed a request from the Home Office for CQC to inspect safehouse and outreach support services in England and Wales. The aim was to inspect the quality of these support services for people who are survivors of human trafficking and modern slavery, to make sure they receive safe care and support in line with contractual obligations.

CQC does not register or regulate safehouse and outreach support services, but a team of our specialist inspectors looked at the quality of support for survivors who use them. We used our current inspection processes and developed an assessment framework in collaboration with the Home Office specifically for this programme, which was designed to reflect our human rights-based approach. This used our current key lines of enquiry and the [Slavery and trafficking survivor care standards 2018](#) developed by the Human Trafficking Foundation. These include how professionals should support survivors and work with other services to help them.

The focus of the inspection programme was the Modern Slavery Victim Care Contract (MSVCC) but this is one element of a complex system of support available to survivors. [The Salvation Army](#) (TSA) is the Prime Contractor (contract holder) responsible for delivering the MSVCC. It subcontracts 12 providers across England and Wales to provide safehouse and outreach support within the National Referral Mechanism (NRM). The NRM is the process that identifies and supports potential and confirmed adult survivors of modern slavery.

People who have been identified as survivors of human trafficking and modern slavery have been illegally exploited and either forced to work in the sex trade, used as domestic slaves, exploited for labour or exploited for criminal activity. People in vulnerable situations are more at risk and many survivors are recovering from traumatic experiences. We use the term survivor throughout this report, although we acknowledge that these people and those that work with them may use different terms during their time in the NRM process.

## Our key findings

Overall, the evidence from our programme of inspections points to a sector that is providing a good service. The real strength of the service is a caring, compassionate and dedicated workforce. Inspectors consistently described staff as extremely caring about the people they were supporting. The majority of survivors reported feeling safe and satisfied with the support they received. For the most part, their support needs were being met in a safe, discreet environment where their confidentiality was respected, enabling them to move towards recovery and independence.

The staff and leaders of safehouse and outreach services engaged with our inspection process well and showed a good understanding of the MSVCC.

- We found appropriate systems for safeguarding and robust recruitment practices. Support workers were recruited from a diverse range of backgrounds and had a range of key skills to support survivors. They were extremely caring and compassionate and dedicated to help survivors achieve independent and fulfilled lives. Survivors spoke highly of them.
- Providers worked effectively with partners to ensure positive outcomes for survivors.
- There was some good innovation and practice in the sector designed to ensure effective and personalised support.
- Providers advised survivors on how they could access further support that was delivered outside of the MSVCC, for example health care, mental health support or legal advice. Although the quality of external support and the delays within the wider system were beyond the control of providers, they often worked hard to mitigate any associated risks and to support survivors' wellbeing.

We found that providers were largely meeting the requirements of the MSVCC. However, some areas needed to improve to ensure that survivors and their families received safe support:

- **Oversight arrangements:** There was a need to improve systems to identify and assess risks quickly, so they could be recorded and addressed. There was also a need for effective audit systems to ensure staff training and supervision was up-to-date, and mechanisms to capture feedback and learning from incidents to enable services to improve.
- **Risks for children:** Where services accommodated children living with their parents, providers needed to take steps to clearly identify and document their needs and any related risks so these could be mitigated without delay, particularly those that resulted in an unsafe environment.

- **Estates and facilities:** As none of the safehouse estate was purpose-built to accommodate survivors under the MSVCC, there was a range of different ownership and lease arrangements. This was a factor in the suitability of some of the accommodation. For example:
  - In some circumstances, general maintenance issues that we identified resulted in privacy and dignity implications for survivors.
  - Facilities were not always suitable for families, with limited space and play facilities for children, a lack of suitable outside space and environmental risks that had not been identified.
  - Some safehouses had accessibility issues, particularly for survivors with mobility difficulties or wheelchair users.
  - Fire safety issues were not always identified or promptly addressed. Providers needed to be more proactive to address known issues.
  
- **Staffing and workforce:** Although the quality of the staffing was a strength of both safehouse and outreach services, there were some recurring workforce considerations:
  - Staff training was not always up-to-date and supervision was sometimes infrequent.
  - Staff turnover could be high. This had implications for survivors who had to re-tell their stories, particularly where records were incomplete.
  - The administrative tasks associated with the MSVCC, for example updating survivors' journey plans and risk assessments, had an impact on the time available to spend with survivors.

There were also some challenges associated specifically with outreach support services:

- High caseloads could affect the quality of support. The delivery of outreach support had changed in the COVID-19 pandemic, which had an impact on the quality of support, reducing the opportunities for engagement and risking isolation of survivors. Although the situation was improving, the service remained largely remote, and this had implications for how well support workers could identify the changing needs of survivors.

We also found that some issues were beyond the control of the providers themselves:

- There were some clear areas of delay in the wider system outside of the MSVCC (such as local healthcare services) and a need to improve some third-party services (such as counselling and interpreters), but we found that good providers found ways to support survivors through these challenges.
- Delays in receiving a Conclusive Grounds decision from the relevant Competent Authority at the Home Office were identified as having a negative impact on the wellbeing of survivors.
- There were some concerns from providers about a lack of available risk information for survivors entering safehouses, which could affect the suitability of the placement.

## Recommendations

Based on findings as part of this inspection programme, we make the following recommendations for all those involved in commissioning and providing safehouse and outreach services as part of the MSVCC, to improve the experiences of the people who use them.

- Safehouse providers need to consider how to provide out-of-hours support, particularly night-time admissions, to minimise risks to both survivors and staff.
- In conjunction with The Salvation Army (TSA) as the Prime Contractor, providers need to review records and case management systems to clearly identify and record the needs of children and any associated risks.

- Providers and TSA should consider ways to share good practice and innovation. Inspection reports from this programme are not public documents but demonstrate some excellent work within this field that could drive improvements across the sector (we note that some good practice and innovation has been delivered outside of the MSVCC).

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