



Edinburgh's Multi-agency Support Protocol for Victims of Human Trafficking (children and adults)

Contents

1. Introduction	3
2. Scope and purpose of the protocol	4
3. Definition	4
4. Why are people trafficked?	5
4.1 <i>Sexual exploitation</i>	5
4.2 <i>Forced labour</i>	5
4.3 <i>Domestic servitude</i>	6
4.4 <i>Organ harvesting</i>	6
4.5 <i>Forced criminal activities</i>	6
4.6 <i>Surrogacy</i>	6
5. Recognising and identifying trafficked individuals	6
5.1 <i>Obstacles to victims coming forward</i>	6
5.2 <i>Possible indicators of trafficking</i>	7
6. When it is suspected someone has been trafficked	9
<i>One chance checklist</i>	10
7. The National Referral Mechanism (NRM)	13
8. Handling information	13
8.1 <i>Qualified translator</i>	13
8.2 <i>Recording information</i>	14
8.3 <i>Sharing data and maintaining confidentiality</i>	14
8.4 <i>Support for staff</i>	14
9. Agreed responsibilities	14
10. Review of the protocol	15
11. Contacts for information and advice on human trafficking	15
12. Flowchart	18
<i>Appendix 1</i>	20
<i>Appendix 2</i>	24
<i>Appendix 3</i>	24
<i>Appendix 4</i>	25
<i>Appendix 5</i>	27

1. Introduction

Trafficking of children and adults is a global criminal business, which targets and victimises the most vulnerable people for transportation, abuse and exploitation across the world. It is a largely hidden problem and is often described as a form of modern-day slavery. The children and adults involved are in no way responsible for their predicament, having been coerced, bribed or forced into, and unable to escape from, the control of traffickers.

The effect of trafficking on children and adults is wide-reaching; many will experience significant harm as a result of their situation, and outcomes for them may be extremely poor as a result of lack of proper care, protection or access to universal services.

The [Inquiry into Human Trafficking in Scotland](#) by the Equality and Human Rights Commission published in 2011 highlights that it is reasonable to estimate that Scotland has around 75 potential victims each year. Figures for the United Kingdom Human Trafficking Centre indicate that a total of 99 people were referred by agencies in Scotland as potential victims of trafficking in 2013, an increase of 3% compared with the previous year. Of the 99 potential victims, 77 were adults and 22 were children. Statistics on human trafficking are not currently routinely collated at local authority level. It is widely acknowledged that the official figures are significant underestimates. The limited research that has been commissioned in the UK has reached some consensus that trafficking is a growing phenomenon.

Tackling trafficking requires a coordinated response, involving research, intelligence, awareness raising and training on a multi-agency basis. The City of Edinburgh Council, together with its partners in Police Scotland, NHS Lothian and the voluntary sector, has prepared this protocol based on the [Inter-Agency Guidance for Child Trafficking](#) published by the Scottish Government in 2013, the Scottish Government Social Research publication [Care and support for adult victims of trafficking in human beings](#) 2012, the [Home Office guidance for frontline staff on victims of human trafficking](#), published in 2013 and the [Trafficking Survivor Care Standards](#), published in 2015. The protocol provides information and guidance to all members of the statutory and voluntary sector workforce to ensure that victims are identified and can receive protection and support. The protocol should be read in conjunction with the Edinburgh and Lothians [Inter-Agency Child Protection Procedures](#), the [National Guidance for Child Protection in Scotland 2014](#) and the [City of Edinburgh Council's Adult Protection Procedures](#). This support protocol replaces the 'City of Edinburgh Support Protocol For Victims of Human Trafficking For Sexual Exploitation'.

The protocol should also be read in conjunction with [Edinburgh's multi-agency action plan to address sexual exploitation](#). Council staff should also follow the joint risk assessment policy, updated in August 2015.

2. Scope and purpose of the protocol

Working with children, young people and adults who are or have been trafficked is a complex area, and there is limited theoretical and conceptual understanding of the phenomenon or evidence regarding its prevalence in Scotland.

This protocol is designed for staff of statutory and voluntary sector organisations who may have contact with victims of human trafficking in Edinburgh. The identification, or lack of identification, of victims should not preclude or override any child or adult protection investigations.

The aim of this protocol is to:

- raise awareness of human trafficking and its potential indicators among staff from all organisations
- facilitate a consistent response and approach to victims of trafficking
- support and encourage staff from all relevant organisations across Edinburgh to work collaboratively in developing and delivering appropriate and effective services to individuals with experience of trafficking; and
- support the investigation and prosecution of those who coerce, exploit and abuse people.

3. Definition

Human trafficking as defined by the Council of Europe Convention on Action against Trafficking in Human Beings is a process made up of three basic components.

- **Act** (what is done) – recruitment, transportation, transfer, harbouring or receipt of persons, the exchange or transfer of control over another person, or the arrangement or facilitation of any of the aforementioned actions. Victims are generally moved to a place where there is a market for their services, often where they lack the language skills and other basic knowledge to seek help. This includes movement within the UK, referred to as internal trafficking.
- **Means** (how it is done) – threat, use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, or the giving of payments or benefits to a person in control of the victim.
- **Purpose/intent** – exploitation of a person, which includes prostitution and other sexual exploitation, forced labour, slavery or similar practices, and the removal of organs.

The Human Trafficking and Exploitation (Scotland) Bill was passed on 1 October 2015.

The Bill differentiates between human trafficking and slavery, servitude and forced or compulsory labour, and creates two separate offences. The offence of human trafficking does not look for the 'means' as set out above to have been present before an offence can be said to have been committed.

It is irrelevant whether the other person consents to any part of the relevant action such as transportation, recruitment, harbouring etc.

The distinction between trafficking and smuggling is often blurred. There are important differences between human trafficking and people smuggling. The main difference is the element of exploitation. People being smuggled as illegal migrants have usually consented to being smuggled. Trafficking victims have not consented, or have been tricked into consent. People who begin as smuggled migrants may become victims of trafficking, i.e. there is a change of circumstances at some point during the process. The same people acting as traffickers may also act as smugglers, and use the same routes for both trafficking and smuggling. Conditions for smuggled persons may be so bad that it is difficult to believe they consented. The distinction between trafficking and smuggling is therefore difficult to make, and the primary consideration should be the safety and protection of any potential victim.

4. Why are people trafficked?

People are trafficked for different purposes and are often multiply exploited. Purposes include:

4.1 Sexual exploitation: human trafficking for the purpose of sexual exploitation primarily affects women and children. Globally, 49% of detected victims are adult women, 18% are adult men, 21% are girls and 12% are boys. 53% of detected victims globally are trafficked for sexual exploitation¹. Most female victims of trafficking identified in the UK are exploited in prostitution against their will. They may go abroad based on false promises of good jobs and economic opportunities, often out of ambition to earn money and make a better life for their children or family. Some may know the type of work, but will have been unaware of the level of control over their freedom, movement or monetary arrangements. Many are beaten, raped and abused. The forcible or deceptive recruitment of women and girls for the purposes of forced prostitution or sexual exploitation is a form of gender-related violence. There is no typical experience of people who are trafficked for sexual exploitation. Some are held captive, assaulted and violated. Others are less abused physically, but are tormented psychologically, and live in fear of harm to themselves and their family members. Sexual exploitation of men also occurs, but there is currently only limited evidence that there are adult male victims of sexual exploitation in Scotland. People who are sexually exploited are often also subjected to forced labour.

4.2 Forced labour: the International Labour Organisation provides a definition of forced labour.

‘All work or service, which is exacted from any person under the menace of any penalty, and for which the person has not offered her/himself voluntarily.’

Forced labour is not restricted to a particular sector of the labour market, but typically takes place in manufacturing (sweat shops), agriculture and construction. It affects both children and adults, and represents a violation of human rights and a restriction of human freedom. It is a practice similar to slavery, debt bondage or serfdom.

¹ United Nations Office on Drugs and Crime (2014): Global Report on Trafficking in Persons https://www.unodc.org/documents/data-and-analysis/glotip/GLOTIP_2014_full_report.pdf

4.3 Domestic servitude: often involves people working in a household where they are ill-treated, humiliated, subjected to exhausting working hours, forced to live and work under unbearable conditions, for little or no pay. Sexual violence and exploitation is highly likely in these scenarios, too.

4.4 Organ harvesting: involves trafficking people to use their internal organs for transplant. Fraud often occurs if the individual is willing to have their organs removed at first, and they enter into a contract where they are promised a sum of money, but then are paid only part of the agreed sum or nothing at all.

Organ donors may be deceived by traffickers who mislead them or withhold important information about the medical intervention.

4.5 Forced criminal activities: such as growing cannabis, selling pirate DVDs or bogus charity collections.

4.6 Surrogacy: There may also be a link between forced commercial **surrogacy** and trafficking in human beings. Social determinants such as poverty, debt, a vulnerable social position and illiteracy can force a woman to become a surrogate mother.

5. Recognising and identifying trafficked individuals

It is unrealistic to expect victims of human trafficking to self-identify in explicit or obvious ways. This applies to children specifically who may appear to submit willingly to what they think is the will of their accompanying adults, even if they understand what is happening. Parents and relatives may be involved in the exploitation of a child. Children are likely to be very loyal to their parents or carers, and are unlikely to seek protection of their own initiative.

Identification is necessary for a variety of reasons, but critically, in order for an inter-agency assessment of risk to be initiated and for consideration of any protective measures to be taken. The route to achieving this will be the inter-agency Referral Discussion (IRD).

Where appropriate, the IRD will identify and direct victims to services, including health care, support and accommodation, and access to legal advice. Failure to identify an individual could compromise their safety and access to support; it can also mean that unidentified victims of human trafficking, with irregular immigration status may be labelled as criminals, detained and deported, without consideration of risks they face, particularly that of re-trafficking.

5.1 Obstacles to victims coming forward

Victims of trafficking may initially be unable to disclose details of their experience or identify themselves as a victim, for a variety of reasons, including physical isolation, language and cultural barriers. In addition, victims may fear:

- punishment at the hands of their traffickers
- punishment at the hands of the authorities
- deportation

- ritual oaths
- discrimination by their community and families
- dependency on controller for survival
- some victims, for example people with a learning disability or cognitive impairment, may have no other frame of reference and may not recognise that they are being trafficked
- the stigma attached to trafficking; knowledge and understanding of trafficking is limited and most individuals will associate the term 'trafficking' with prostitution
- being accused of being complicit in an illegal activity connected to their trafficking situation; and
- reprisals against them or their children or families; in most trafficking situations, agents know or can easily discover personal information about the victim, their home, family and friends; it is very common for agents and employers to use threats against the victim's family, especially children, to manipulate and control the victim; the fear of reprisal against themselves or their family will have a huge impact on whether a potential victim of trafficking is willing to cooperate.

Victims may also suffer from Stockholm Syndrome, where due to unequal power, victims create a false emotional and psychological attachment to their controller. Exploited people may be unable and/or unwilling to think of themselves as 'victims'. They may see their current situation as temporary and blame it on their lack of understanding of the culture and labour market of the UK. They may tolerate their situation because they see it as a 'stepping stone' to a better future and compare it favourably to experiences at home.

A key symptom of post-traumatic stress is avoidance of trauma triggers, or of those things that cause frightening memories, flashbacks or other unpleasant physical and psychological experiences. Because of these symptoms a person may be unable to fully explain their experience until they have achieved a minimum level of psychological stability. A delay in disclosing of facts must not be viewed as manipulative or untrue. It may be the result of an effective recovery period and the establishment of trust with the person to whom they disclose the information.

5.2 Possible indicators of trafficking

The relative invisibility of human trafficking means you may have been in contact with a victim without recognising it. There are no definitive symptoms by which to identify trafficking. There are certain circumstances, however, which should serve to raise questions around its possibility. The UN guidance notes that the following are potential 'red flags' that may indicate trafficking.



Source: *Human Trafficking, what health workers need to know, Scottish Government/NHS Scotland 2012*

Victims may describe the minder as a 'boyfriend'.

Injuries, illnesses and hazards associated with abuse and/or exploitative working conditions may be exposure to infectious diseases (such as tuberculosis and hepatitis B), chronic lack of food, malnourishment and dehydration, chronic lack of sleep and adequate shelter, lack of protective equipment, such as condoms or the empowerment to use them, as well as untreated and repeated sexually transmitted infections, including HIV.

Where people have no or a false passport/identification document, this may be an indicator of trafficking. EU nationals and those with a right to be in the UK are often misled by traffickers that they are in the UK illegally and risk deportation.

Appendices 2 and 3 to this protocol include a detailed list of potential indicators of human trafficking, based on best available information as to which factors in a child's or adult's circumstances may lead to the belief that a person has been trafficked. The indicators do not replace child or adult protection investigations, and the presence or otherwise of trafficking suspicions should not preclude implementation of the standard child or adult protection procedures.

The indicators may apply to both UK nationals and/or migrant children, and to both boys and girls, and should be kept in mind when making an initial assessment.

On discovery, people may not recognise or accept that they are or have been a victim of human trafficking. Trafficked people may not show any obvious signs of distress or imminent harm and may refuse assistance. Victims often feel both relief when identified and fear, suspicion and anger toward the identifying officer, particularly those from the police or immigration services. This is because their traffickers tell them the authorities will return them to their home country if they try

to escape, have made threats against the victim's family and/or because many people arrive from countries where the police and other officials are corrupt and abusive and even complicit in trafficking and exploitation. It is common for the victims' feelings of fear and suspicion to give way to relief once they feel safe and come to trust the identifying officer.

6. When it is suspected someone has been trafficked

It is essential to take timely and decisive action where human trafficking is suspected because of the high risk of the person being moved. Whenever an agency or professional has concerns that a person with whom they are in contact is or may have been trafficked, they should consult the **indicator matrix for children and adults (Appendices 2 and 3)**.

For cases involving **children and/or pregnant women**, the Edinburgh and Lothians [Inter-Agency Child Protection Procedures](#) must be followed and a referral made to **Social Care Direct**. The Council's social work service is the primary service provider for safeguarding and responding to the needs of child victims of trafficking (recovered from Edinburgh), regardless of their nationality or immigration status². The [practitioner guide to information sharing, confidentiality and consent to support children and young people's wellbeing](#) for Edinburgh and the Lothians and the Council's procedure regarding unaccompanied asylum seeking children provide additional information.

The Council's social work service will refer child victims of trafficking to the Scottish Guardianship Service in order to receive support from a Guardian. More information about this service including a link to the referral form can be found [here](#).

For cases involving **adults**, an IRD should still be initiated; irrespective of whether the person is an "adult at risk" as defined by the Adult Support and Protection (Scotland) Act 2007. This is because any trafficked individual, regardless of the existence of a medical condition or disability will be vulnerable by the very nature of the trafficking experience. A person's capacity to make decisions will be severely influenced by their experience. Subsequently, it is crucial to give victims the choice of where and from whom to receive services. Where there is significant risk of harm, **Social Care Direct** should be contacted to ensure a record of potential victims of human trafficking and their needs is started and professional help is offered. **Trafficking Awareness Raising Alliance (TARA)** can provide advice on how best to support women who may have been trafficked for sexual exploitation. **Migrant Help** can provide advice on how best to support men who may have been trafficked for any form of exploitation and for women who may have been trafficked for any form of exploitation other than sexual exploitation.

² Potential victims under 18 must be referred to the Council's children's services. It can be difficult to establish the age of a potential child trafficking victim. If someone's appearance and presentation very strongly suggests they are significantly over the age of 18, you may treat them as an adult. In all other cases, the applicant must be given the benefit of the doubt and treated as a child until a detailed assessment of their age is completed by the Council. The [Age Assessment Pathway for Social Workers in Scotland](#) and the [Information Guide](#) provide more information.

One chance checklist

There may only be one chance to speak to a potential victim of human trafficking and, therefore, only one chance to:

- see the victim on her/his own – even if she/he is accompanied by others
- see her/him immediately in a secure and private place where you will not be overheard; try to limit the number of professionals in the room and consider seating arrangements
- reassure her/him that you will not give information to her/his family/friends or community
- take seriously what s/he says
- ensure an independent interpreter³ is available if necessary and offer the interpreter a debrief to avoid disclosure. Use telephone interpreters if there is a wait
- be aware a woman may not be allowed or willing to speak to a male worker alone; offer a choice of a female/male worker as far as possible
- recognise and respect her/his wishes
- obtain as much information as possible from her/him about the situation and the risks faced
- agree a way to contact her/him safely (for example, agree a code word)
- obtain full details and record these safely to pass on to TARA, Migrant Help and/or Social Care Direct or the police with consent if possible and ensure the victim is aware of the role of the different organisations
- explain all the options to her/him and their possible outcomes as much as you are able
- give her/him (or help her/him memorise) your contact details and/or those of a support agency; consider the impact of trauma on memory and that individuals may be overwhelmed
- consider the need for immediate police involvement, protection and placement away from the current place and arrange this if necessary; this includes any action to stop her/him from being removed from the UK
- do everything you can to keep her/him safe.

Do not:

- send her/him away, and try not to let them leave without a safety plan and follow up arrangements
- approach her/his companions
- share information with anyone without her/his expressed consent (unless there is a risk of immediate harm to her/him or any children or other vulnerable person or she/he lacks capacity to give consent or she/he is unable to give informed consent)

³ There are risks in using interpreters, so you should be cautious and ensure they are professional, independent and have no links with the victim's friends/relatives/companions. Make sure the interpreter understands their role is to translate verbatim and not "interpret" the message or censor/omit any of the information.

- attempt to mediate with people by whom s/he is accompanied
- inquire about trafficking-related circumstances in front of others, including the individual's companion.

An IRD should be initiated between social work, police and health. This may include other relevant agencies. A member of the UK Visas and Immigration (formerly UK Border Agency) should be consulted, as required.

All information shared is for the purposes of child/adult protection. Information gathered or shared will not be used to progress immigration issues.

For cases of suspected child trafficking, the IRD should ensure that a Child Trafficking Assessment is completed by social work or police (attached at [Appendix 1](#)).

Where asylum/immigration issues are also apparent, the UK Immigration and Visas should be consulted when completing the assessment. It is likely there may not be substantial information at this initial stage; international agencies and organisations may need to be consulted during the assessment.

The IRD should consider ongoing risks, agree actions and consider the need for a multi-agency response. The discussion should also agree whether the case requires to be referred to the National Referral Mechanism (see Section 7 below) and which agency is going to make the referral. There are separate [forms](#) for adults and children (attached at Appendices 2 and 3). Before a referral is made, adult victims who have capacity to do so must give their consent and confirm this in writing. This is not required for children. The agency making the referral will need to send the form by email to the UKHTC. The UKHTC then logs the referral and, if it is for the Home Office, sends to the appropriate team.

The multi-agency child protection and adult support and protection procedures remain the primary documents for actions to protect people in Edinburgh.

Any trafficked individual, regardless of the existence of a medical condition or disability will be vulnerable by the very nature of the trafficking experience. All individuals will be subject to inter-agency referral discussion and multi-agency supportive approach, as outlined in this protocol.

During the course of involvement of services, should it become apparent that the person has a learning disability or mental disorder, consideration should be given to responsibilities to act under Mental Health or Adults with Incapacity legislation.

Victims may be at serious risk from their traffickers. If a victim is referred to another organisation, their situation must be made clear, so that adequate protection is put in place immediately.

When encountering families with children, unaccompanied children or pregnant women, their needs must be accommodated through the Council's social work service. Where adults do not have children, TARA/Migrant Help can be contacted for assistance, for example with arranging access to temporary safe accommodation.

A potential victim may suffer a wide range of physical, emotional, psychological health problems. If a victim requires urgent medical assistance, arrangements must be made

for them to see a medical professional immediately. Victims or potential victims of human trafficking are entitled to free healthcare⁴.

Other needs of potential victims of trafficking may include:

- a mobile phone and credit so services can keep in touch with them; a victim's current phone may be used by traffickers to maintain influence / control / location via apps etc.
- material assistance, including assistance for a person with special needs caused by pregnancy, physical or mental health, disability, or being the victim of serious psychological, physical or sexual violence
- access to health services
- information, including expectations within the National Referral Mechanism process (reflection and recovery period, the possibility of granting international protection and refugee status)
- translation and interpretation services
- access to education for child victims and children of victims
- legal advice and/or representation, either through legal aid or other means
- assistance in applying for compensation
- job and life skills training
- substance misuse services (drugs are often used to help victims deal with their situation, or in some cases, victims may be coerced to use drugs or alcohol by traffickers; issues of substance use may be a more prevalent feature for victims of domestic trafficking, however, international victims may be less likely to disclose substance abuse problems, given potential shame or stigma, and fear that this information may be used against them in any legal cases, civil, criminal or immigration)
- family reunification or repatriation.

Gender-specific services and cultural awareness for all victims are essential to ensure that the specific needs of women are met.

Victims have a valuable role to play but often their focus is on keeping themselves and their families safe rather than bringing traffickers to justice. Support and assistance may be necessary to enable victims to engage with the criminal justice system. The effective protection of victims is key to combating trafficking and ensuring successful prosecution. Where a victim has entered the UK illegally, it is important they are treated as a victim of human rights violations not as an offender. It is also

⁴ Chief Executive's Letter _09 (2010). 'Overseas Visitors' Liability to Pay Charges for NHS Care and Services http://www.sehd.scot.nhs.uk/mels/CEL2010_09.pdf NB In 2008 an amendment was made to the NHS (Charges to Overseas Visitors) (Scotland) Regulations 1989 to exempt victims, or possible victims, of human trafficking from secondary (hospital) healthcare charges. While the Charging Regulations do not apply to general medical services (GMS) provided by: general practitioners; community pharmacists; optometrists; dentists etc, victims of human trafficking should not be charged for GMS.

important to remember that a UK citizen or a person with a legal entitlement to reside in the UK may be trafficked.

When families with children or pregnant women have no recourse to public funds, the welfare of the child and child protection remain paramount. Social work can support families financially via section 22 of the Children (Scotland) Act 1995. The [Council's procedure on support for adults with care needs and for families who have no recourse to public funds](#) provides further details.

NB. Where children and/or adults are assessed as not having been trafficked, there may still be child / adult protection concerns. The possibility of trafficking should not be dismissed at this point, as it may be that further information becomes apparent at a later stage.

7. The National Referral Mechanism (NRM)

A new model of the National Referral Mechanism is currently being piloted in England and Wales so this information may change significantly.

The NRM is a framework for identifying victims of human trafficking and ensuring they receive appropriate care. A range of agencies may be involved in a trafficking case, such as the police, UK Visas and Immigration, local authorities and non-governmental organisations. The NRM makes it easier for these agencies to co-operate, share information and facilitate access to advice, accommodation and support. Formally identifying a person as a victim of trafficking helps to ensure the person is appropriately safeguarded and protected and helps the UK to tackle human trafficking.

Referrals to the NRM must be made by 'First Responders'. In Scotland, these are police, designated non-governmental organisations (TARA and Migrant Helpline), local authorities (children's social work services) and the UK Border Agency. Referrals should be made to the UK Human Trafficking Centre (UKHTC). The quality of the information submitted is vital to the investigation and the outcome for the victim.

Once a decision has been reached, the referring agency and the potential victim will be notified.

A referral to the NRM does not require a criminal level of 'evidence', as a decision can be made where there are suspicions and reasonable grounds to believe that a child or adult has been trafficked. Indicators of trafficking, which merit further investigation should be identified. The threshold for referring a case is low and there is no minimum requirement for justifying a referral.

8. Handling information

8.1 Qualified translator

Only professional, independent translators who have no links with the victim's friends / relatives / companions must be used, even if this causes delay. It needs to be made clear to translators that their role is to translate verbatim and not "interpret" the message or censor / omit any of the information. In some instances it may be appropriate to use interpreters for cultural guidance following (but not

during) the first meeting but not for subjective opinions on behaviour / veracity of account etc.

8.2 Recording information

All the information provided by a potential victim of trafficking must be included on the NRM form and should also be recorded according to agencies' standard procedures.

8.3 Sharing data and maintaining confidentiality

Information should not be shared with family / friends / community members and victims should be reassured about this; as with all cases, information should only be shared with other practitioners / agencies if this is necessary to protect victims, and potential victims. The consent of children is not required. The consent of adults is not required if there is concern that the individual, or someone else, may be at risk of harm. As with all records belonging to individuals, human trafficking cases should be kept secure to prevent unauthorised access by anyone other than those dealing directly with the case.

8.4 Support for staff

Supporting someone who is experiencing, or has experienced, trafficking can be stressful. It can be distressing to hear accounts of trauma and abuse, and staff are sometimes worried that they may be overwhelmed by it. It is also common to feel frustrated or helpless if the problem cannot be 'solved' or if a trafficked person is not ready or able to leave an abusive situation. It is important to recognise this and seek support or guidance from a supervisor or colleague.

(Source: [NHS Scotland/Scottish Government: what health workers need to know about human trafficking 2012](#)).

9. Agreed responsibilities

The signatories of this protocol agree to:

- participate in appropriate training to enable them to meet their respective responsibilities
- identify a single point of contact for each victim, who will, where possible, assist the other agencies involved and help keep the victim informed of any investigation or proceedings
- assist with the legal process by taking appropriate action at the earliest opportunity to secure evidence, including the preservation of forensic evidence
- recognise issues surrounding coaching and rehearsal, counselling, confidentiality and inducement, and exercise care when dealing with victims
- have appropriate procedures in place for retaining comprehensive records of any communication with a victim that may contain information relevant to a criminal investigation or that may be required for a subsequent court case
- recognise the need to prosecute the perpetrators of human trafficking, and where possible, ensure information relevant to a criminal inquiry is shared with the police

- ensure that any information in relation to counter-trafficking actions being carried out by police are treated as strictly confidential and will only be used in accordance with police instructions
- work collaboratively with statutory and voluntary sector organisations in service design, development and delivery to ensure that a consistent response and approach to victims of human trafficking are embedded in service delivery.

10. Review of the protocol

The **Human Trafficking and Exploitation (Scotland) Bill** is due to complete its final Parliamentary stage in the autumn 2015. The overall aim of the Bill is to develop legislation to give the police, prosecutors and other agencies the power to make Scotland a hostile environment for human traffickers and those who exploit individuals, and to help identify and meet the needs of victims.

The Bill will commit Scottish Ministers to publish and update regularly a trafficking and exploitation strategy, which will be developed in consultation with stakeholders.

This protocol will be reviewed once the strategy has been published and the National Referral Mechanism pilots in England and Wales have been completed and annually thereafter.

11. Contacts for information and advice on human trafficking

TARA and Migrant Help

The Scottish Government funds two organisations to provide dedicated care and support for adult victims of trafficking:

1. Trafficking Awareness Raising Alliance (TARA) of Glasgow Community and Safety Services provides a service for adult women trafficked for sexual exploitation who have been recovered in Scotland.

Tel: 0141 276 7724 (TARA respond to calls for urgent help 24 hours)

[TARA website](#) (as part of Community Safety Glasgow)

2. Migrant Help supports male and female adult victims of labour exploitation and domestic servitude, and adult male victims of sexual exploitation.

Tel: 0141 884 7900 (for information and advice)

Tel: 07766 668781 (24 hour helpline)

www.migranthelp.org

Both TARA and Migrant Help can provide accommodation for victims and refer them to medical services. They can access community-based health care, as required, and provide financial and practical support.

UK Human Trafficking Centre (UKHTC)

The UKHTC is a multi-agency organisation providing a central point of expertise and coordination in relation to the UK's response to the trafficking of human beings.

Tel: 084477 82406 (ask to speak to a Tactical Advisor)

[UK Human Trafficking Centre website](#)

Email address for submission of NRM forms: UKHTC@nca.x.gsi.gov.uk

Streetwork is a local charity operating in the city of Edinburgh to support those who are most vulnerable due to the complex needs and multiple exclusion they experience. Streetwork offers a range of services including the Women's Project, Streetyouth, visiting support and the crisis service. Streetwork does not wait for people to come but proactively seek out people in need. The vulnerable nature of the client group provides that the people Streetwork supports may be vulnerable to exploitation and human trafficking. Streetwork staff receive training in order that they recognise potential indicators of human trafficking and work in partnership with statutory services and TARA to effectively support those who may be victims.

Contact: 18 South Bridge, Edinburgh, Tel: 0131 344 0825, www.streetwork.org.uk

The City of Edinburgh Council (social work)

Social Care Direct: 0131 200 2324 (out of hours: 0800 731 6969)

Spittal Street Women's Clinic: The Spittal Street Women's Clinic is a joint initiative between NHS Lothian's Harm Reduction Team, Chalmers Centre and Sacro's Another Way service. It is a confidential and discreet service for women involved in the commercial sex industry (such as selling sex online, working in saunas and on the street) and/or women who use substances, offering a holistic service to provide support in all areas of life. Using a harm reduction and human rights model, the women's clinic team protects the rights and safety of sex workers who by choice, circumstance or coercion remain in the industry.

Contact: 22-24 Spittal Street, Edinburgh EH3 9DU, 0131 537 8300

<http://www.lothiansexualhealth.scot.nhs.uk/Services/sswc/Pages/default.aspx>

MEHIS (Minority Ethnic Health Inclusion Service) provides free, confidential advice, information and support to black, minority ethnic and refugee communities. MEHIS have ethnic minority link workers who speak various languages and can help access primary health care services and perform an advocacy role regarding health services.

Contact: 106 Niddry Mains Road, Edinburgh EH16 4DT, 0131 537 7565,

smita.grant@nhslothian.scot.nhs.uk

Edinburgh Access Practice: The Practice works with people who are temporarily or vulnerably housed in Edinburgh.

Contact: 20 Cowgate, Edinburgh EH1 1JX, 0131 240 2810,

<http://www.edinburghaccesspractice.scot.nhs.uk/>

Shakti Women's Aid and Shakti Children's Services work with black and minority ethnic women and children affected by domestic abuse, providing advice and information on options and choices including forced marriage and immigration rights. Shakti can assist staff in other services who are working with black and minority

ethnic women.

Contact: 0131 475 2399, info@shaktiedinburgh.co.uk, 57 Albion Road, Edinburgh EH7 5QY, <http://shaktiedinburgh.gov.uk>

Edinburgh Women's Aid and Women's Aid Children's Services raises awareness and gives practical and emotional support to women who are/have experienced and/or are at risk of domestic abuse.

Contact: 0131 315 8110, info@edinwomensaid.co.uk, 4 Cheyne Street, Edinburgh EH4 1JB, <http://edinwomensaid.co.uk>

Edinburgh Rape Crisis Centre: Business: 0131 557 6737, info@ercc.scot, Support Service: 0131 556 9437, support@ercc.scot

Edinburgh Rape Crisis Centre offers support to women, young people aged 12 and over, and all members of the transgender community who have experienced sexual violence at any time of their lives. This includes rape, sexual assault, sexual abuse, childhood sexual abuse, ritual abuse and sexual bullying.

National Society for the Prevention of Cruelty to Children (NSPCC): NSPCC's Child Trafficking Advice Centre is a specialist service providing information and advice to any professional working with children or young people who may have been trafficked into the UK. 0808 800 5000, help@nspcc.org.uk, [NSPCC's Child Trafficking Advice Centre](http://www.nspcc.org.uk/child-trafficking-advice-centre)

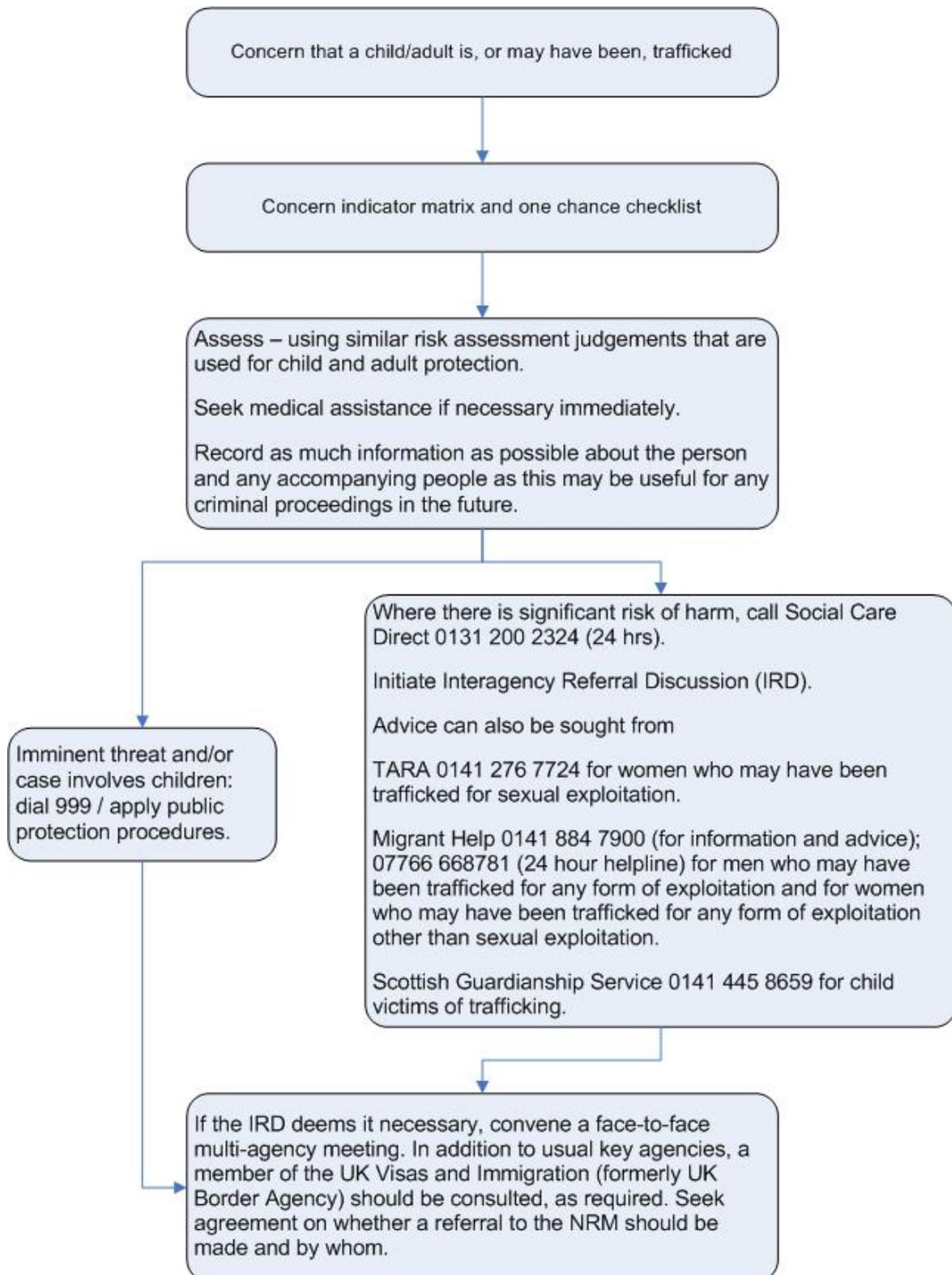
Scottish Guardianship Service: The Service works to help young asylum seekers to feel supported and empowered throughout their journey whilst their claim is assessed and their status determined. It enables them to access the assistance they need when they need it and help them to make informed decisions about their future. <http://www.gov.scot/Topics/People/Young-People/protecting/lac/guardianship>

Scottish Women's Rights Centre is a partnership project between Rape Crisis Scotland, the Legal Services Agency and the University of Strathclyde Law Clinic. It offers free legal information and advice to women survivors of gender based violence. <http://www.swscja.org.uk/new-scottish-womens-rights-centre.html>

Police Scotland National Human Trafficking Unit: call 101 or email scdnationalhumantraffickingunit@scotland.pnn.police.uk

The **Gangmasters Licensing Authority** works in partnership to protect vulnerable and exploited workers. <http://www.gla.gov.uk>

12. Flowchart



Good practice recommendations that may help staff to broach the subject sensitively are attached at [Appendix 5](#).

Appendices:

1. Child Trafficking Assessment form
2. [National Referral Mechanism for potential \(child\) victims of trafficking](#) (including potential indicators for child trafficking on page 2)
3. [National referral form for potential adult victims of trafficking](#) (including list of potential indicators for adult trafficking on pages 2 to 4)
4. Background reading/further information
5. Good practice recommendations

CHILD PROTECTION / VULNERABLE YOUNG PERSON

CHILD TRAFFICKING ASSESSMENT

Child's surname: _____ Known as: _____ Forename(s): _____
 Date of birth: _____ Place of birth: _____ Nationality: _____
 Ethnicity: _____ Language: _____ Religion: _____
 Carefirst no.: _____ Home Office no.: _____ ID docs: _____

Home address: _____

Current address: _____

Family / Household members

Name	Relationship	Address	
			X
Add row			

Legal / Asylum status

Legal status (looked after etc. and previous): _____

Asylum status: _____

Agencies involved and contact details:

Referrer / Report Writer: _____ Date: _____ Agency / Team _____

Social Work CP team contacted? Yes No

Police, vice and anti-trafficking unit contacted? Yes No

NRM referral and date: _____

If not contacting SWC, Child Protection Team and anti-trafficking unit or referring to NRM please explain why:

All concerns about child trafficking should be discussed with the child protection team and anti-trafficking unit. A copy of this assessment should be forwarded to them.

CHILD PROTECTION / VULNERABLE YOUNG PERSON

CHILD TRAFFICKING ASSESSMENT

Note: each section should encompass the views and accounts of all agencies with relevant information. Please make it clear where you obtained the evidence / information

1. **Brief background details** (give a pen picture of the young person within their family / country of origin context)

2. **Movement** (within countries; across borders; across UK; across city; across accommodation. Include details of how travelled; timescales; time at locations etc; entry into trafficking process, eg. sold; passage bought; abducted; escape; present accommodation)

3. **Exploitation / abuse** (detail evidence and / or suspicions; types of exploitation; locations; length of exploitation; freedom of movement)

4. **Trafficker** (description; relatives; gender; title; job; names; relationship to child; still in contact etc)

5. **Means of control** (how has trafficker controlled child; threats (to child and family); grooming; violence, voodoo, oaths, captivity, debt)

6. **Additional risk factors** (likely to be identified from indicator matrix; may include health; other contacts)

7. **Agency contact / actions taken** (police; social work; UKBA; voluntary; overseas)

8. **Views of young person** (if appropriate)

9. **Analysis / Assessment of Needs and Risks in relation to trafficking** (inc. analysis of why believe trafficked / not; present safety; future risk of trafficking)

10. **Conclusion and recommendation** (VYP/not and reasons, action plan, identify specific outcomes; by whom)

GUIDANCE NOTES FOR COMPLETION

If there are immediate child protection concerns, this assessment form is not a substitute for following child protection procedures.

CHILD TRAFFICKING ASSESSMENT

This form should be completed by social workers and police in conjunction with the child protection team and vice and anti-trafficking unit.

The Child Trafficking Assessment is designed to assess potential victims of trafficking and / or future risk of trafficking. It is not a substitute for a comprehensive assessment of risk and needs in terms of a holistic GIRFEC assessment – such an assessment should be completed as per child protection procedures and guidelines. The assessments should complement and inform each other. If initial concerns are about trafficking it is likely that the CTA is completed first; if the IAF / CP1 / VYP (or equivalent) is being completed and suspicions about trafficking become apparent the CTA should be completed to focus on trafficking specific concerns.

When the assessment is completed, sections 1 to 10 can be copied into section G of the NRM form as evidence if a referral is being made to UKHTC.

It is likely the CTA will be informed by the use of the indicator matrix for trafficking - the matrix is not an exhaustive list of indicators, *or an assessment* of future risk. Other factors may also be present that are not included on the matrix, eg. for internal trafficking movement may be between cities and accommodation rather than countries.

If there are indications, or intent, of movement (section 2) and exploitation / abuse (section 3) – the minimum requirements for child trafficking – a referral should be made to the National Referral Mechanism following CPC guidelines.

The presence of other indicators may also be sufficient for a referral to the NRM (please discuss with child protection team or trafficking unit).

In completing the assessment remember that background information may be available from agencies and organisations outside the UK – eg. NGOs working in country of origin; country of origin embassies; social services in countries of origin.

1. Background details

Include social / economic circumstances of the family; why child left the family; continued contact with family; any previous work / employment;

2. Movement

- trafficking can occur at any stage throughout a child's journey; it is not limited to the final destination
- UK nationals are also vulnerable to internal trafficking (movement between and within cities and between people) and may also be trafficked out of UK
- a child may be trafficked through legitimate routes and with legal documents, in addition to covert routes with no documents
- child may arrive alone or accompanied
- once trafficked may be at increased risk for future trafficking
- are child movements restricted and / or accommodation locked?

3. Exploitation / abuse

What is the nature of the exploitation? Where did it occur? Is it ongoing?

- trafficking is a process, not a single event
- trafficked children may be forced into criminal activity.

4. Trafficker(s)

- children may remain in contact with the trafficker or the person who brought them into the country
- contact may be lost only to be recommenced days / months / years later
- children may describe the trafficker as a 'friend' 'boy/girl friend'
- who are the people involved in a child's life.

5. Means of control

- children may be physically threatened
- children may be controlled psychologically
- consider threats to family
- trafficked children may be groomed.

6. Other risk factors

- consider factors that may be concerning, but on their own not indicative / evidence of trafficking
- there are no validated risk assessments for child trafficking
- children may move in and out of trafficking situations.

7. Agency involvement

- agencies may have been previously involved and not identified trafficking as an issue.

8. Views of young person

- children do not usually say they have been trafficked
- children may deny any exploitation / abuse
- children may not consider their experiences exploitative.

9-10. Analysis and conclusions

NB. Trafficking and its assessment is not a static process - due to the nature of child trafficking, it is likely that much of the required information may not be initially available, or sketchy; it is important that the assessment is regularly updated.

Appendix 2 – [National Referral Mechanism for potential \(child\) victims of trafficking](#)

Appendix 3 - [National Referral Mechanism for potential \(adult\) victims of trafficking](#)

Background reading/further information

[Human Trafficking and Exploitation \(Scotland\) Bill](#)

The [SPICe Briefing Human Trafficking and Exploitation \(Scotland\) Bill](#) provides information on human trafficking; the current legislative background in Scotland; and also examines key provisions within the Bill.

Carr Centre for Human Rights Policy (2015): Perspectives on Human Trafficking and Modern Forms of Slavery

<http://carrcenter.hks.harvard.edu/files/carrcenter/files/socialinclusionjournal.pdf>

Center for Policy Studies/Central European University (2014): Understanding Public Knowledge and Attitudes Towards Trafficking in Human Beings

<http://lastradainternational.org/lisidocs/3119-Public-knowledge-and-attitudes-towards-thb-2014.pdf>

Centre for Youth and Criminal Justice (2014): Child Trafficking: A Scottish Perspective

<http://www.cycj.org.uk/wp-content/uploads/2014/11/Info-sheet-31-final.pdf>

Equality and Human Rights Commission (2011): Inquiry into Human Trafficking in Scotland,

http://www.equalityhumanrights.com/sites/default/files/documents/Scotland/Human_Trafficking_in_Scotland/_inquiry_into_human_trafficking_in_scotland-full-report_pdf_.pdf

Eurostat (2015): Trafficking in human beings, https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/eurostat_report_on_trafficking_in_human_beings_-_2015_edition.pdf

Home Office (2015): Victims of Modern Slavery: Competent Authority Guidance, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/450842/Competent_authority_guidance_v2_0_ext.pdf

International Labour Office (2002): Every Child Counts: New Global Estimates on Child Labour ILO/IPEC Geneva <http://www.ilo.org/ipecinfo/product/viewProduct.do?productId=742>

Omelaniuk I (2005): Trafficking in Human Beings UN expert group meeting on international migration and development

http://www.un.org/esa/population/meetings/ittmigdev2005/P15_IOMelaniuk.pdf

United Nations (2000): Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the UN Convention Against Transnational Organisational Crime, <http://www.osce.org/odihr/19223?download=true>

UNODC (2014): https://www.unodc.org/documents/data-and-analysis/glotip/GLOTIP_2014_full_report.pdf

UNODC (2006): Trafficking in Persons: Global Patterns United Nations Office on Drugs and Crime, http://www.unodc.org/pdf/traffickinginpersons_report_2006ver2.pdf

With Scotland (2014): Child Trafficking (briefing) <http://withscotland.org/download/child-trafficking>

For information on the **health consequences** of human trafficking, see [Evidence Briefing: The health consequences of human trafficking 2014, NHS Scotland](#) and [what health workers need to know about human trafficking, NHS Scotland/Scottish Government 2012](#)

For information on **gender related violence** and trafficking, see [Stolen Smiles: a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe](#)

For information on **forced labour**, see page 5 of [A Global alliance against forced labour](#) and International Labour Office (2012): Global Estimate of Forced Labour <http://lastradainternational.org/lisidocs/3119-Public-knowledge-and-attitudes-towards-thb-2014.pdf>

For information on **domestic servitude**:

- [United Nations Office on Drugs and Crime – Domestic 'service' or domestic slavery?](#)
- [Council of Europe Parliamentary Assembly – Domestic slavery: servitude, au pairs and mail-order brides.](#)

For information on **organ harvesting**, see [Joint Council of Europe/United Nations Study on trafficking in organs.](#)

For more information on **how victim's can react to being identified**, see [International Centre for Migration Policy Development: Experiences of identification, return and assistance in South-Eastern Europe](#) (section 4.2)

For more information on **possible indicators** for trafficking, see [International Labour Organisation: Operational indicators of trafficking in human beings.](#)

The Home Office, with the support of the Scottish Government, is **campaigning to raise awareness and encourage reporting of 'modern slavery' in the UK**. The campaign shows that slavery affects UK communities and UK citizens, particularly agricultural labour; sexual exploitation in brothels; and domestic servitude in homes. There are adverts, posters, a website and a helpline with materials in Nigerian, Vietnamese, Albanian, Romanian, Chinese and Polish. The helpline is being run by the NSPCC in partnership with the Home Office. The website gives information about types of slavery, signs to spot and to report; and services for victims (TARA and Migrant Help in Scotland). More information: www.modernslavery.co.uk Helpline: 0800 0121 700

[Unchosen](#) is an anti-trafficking charity that organises film campaigns to raise public awareness and combat all forms of human trafficking, forced labour, sexual exploitation and domestic servitude in the UK and Ireland.

Good practice recommendations and some examples on how to broach the subject sensitively with victims from [What health workers need to know about human trafficking](#) are set out below. Some of these will only be relevant to health staff and can be adapted for other groups of staff.

- Ensure the environment is conducive to disclosure
- Broach the subject sensitively through gentle questioning around health and living circumstances. Below are some examples that can be adapted depending on the individual's condition.

'You look very pale. Can you tell me about your diet? What have you eaten over the last week? Last month?'

'You are coughing a lot. I need to know about your home situation. Can you tell me about your home and bedroom? Are you sharing with others?'

'Were you injured while working?'

'Can you tell me about your work and how you were injured?'

'Is this the first time or do you have other injuries?'

'Can you leave your job or situation if you want?'

'Have you been threatened or harmed in any way?'

'Is anyone forcing you to do anything you don't want to do?'

Refer for a health assessment / assess the impact on the patient's health and ensure s/he receives appropriate treatment. Good practice guidelines recommend conducting a thorough physical examination given the multiple health problems experienced by victims. This includes:

- full medical history
- questions around head trauma, eyes/ears/nose and throat
- respiratory, cardiovascular, gastro-intestinal, muscular-skeletal and neurological history questions
- dermatological and nutritional queries
- if possible, assess the mental health of the patient or refer for an assessment if you have concerns.

For victims, or suspected victims, of sexual violence:

- ask about any history of rape or other sexual trauma
- refer the person / treat any immediate physical or medical conditions and ascertain whether the patient wishes to report this to the police. If so, a forensic examination will be arranged
- ensure that invasive examination is limited and the need for further testing is assessed, e.g. for STIs, pregnancy (for further guidance refer to: What Health Workers Need to Know About Commercial Sexual Exploitation and What Health Workers Need to Know About Rape and Sexual Assault, NHS Scotland, 200924)
- assess safety – is there an immediate or future safety risk? In cases of immediate danger – can you contact other agencies? Do they want you to contact the police? Does the level of threat require you to take action?
- discuss the options available with the person. Provide information on the National Referral Mechanism and contact one of the First Responders on their behalf if required. Make sure they are aware of the implications of this, e.g. if they have insecure immigration status, the case will be referred to the UKBA
- advise of agencies that can help even if no NRM referral is wanted: TARA will help women in situations of sexual exploitation and assist them access other support services, including access to safe accommodation. Migrant Helpline will provide support to men who have been sexually exploited, and to all persons trafficked into forced labour
- depending on the degree of freedom they have, it may not be possible to access these services on their own or to follow aspects of a safety plan. Discuss whether more assistance is needed to contact other agencies
- offer a further appointment. A health appointment may be one of the few occasions where they are allowed some freedom of movement. This may provide the opportunity for getting further help. It is vital that the trafficked person decides what course of action to take.

Where you are concerned that they won't come back

- maximise your encounter with the person
- offer as much information as possible about their health condition and treatment. Ensure they know they can access health services freely and that safe accommodation can be arranged
- provide information on support services. Ensure this is discreet and safe, e.g. provide helpline numbers on paper that can be hidden in clothing

- if applicable and possible, provide a complete regimen of prescribed medication in that single encounter – assuming they will not return for follow-up treatment and assessment.

Documenting and recording

Keep accurate and detailed records. Record the following:

- nature of health problem, with details of any injuries and symptoms and any concerns you may have
- what the person says and not what you think, although it is important to note any concerns or suspicions
- outcome of risk assessment
- any action taken or advised.

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that a trafficked person is safe and properly supported. This is not automatic, however, and there may be a risk of deterring people from seeking medical attention if their request for confidentiality is not respected. Reporting information may also endanger their safety if traffickers can trace it back to them. It may be the case that there are local arrangements for providing intelligence on crimes, such as human trafficking, which allow for anonymised information to be shared with the police, for example, alerting them to the possibility of forced labour in certain areas. It is critical, however, that in passing on this intelligence, the safety of the individual is maintained. There are circumstances where information may be shared without a patient's consent. For example, if there is a threat of imminent danger to them or others, or if doing so may prevent or support the investigation of a serious crime. Balancing responsibility for patient confidentiality against disclosure in the public interest requires careful consideration. The decision to share information without consent needs to be considered on an individual case basis, with regard both to the law and the particular circumstances of the case. Discussion with a senior colleague or line manager is of paramount importance in this instance. You must, of course, make sure that you comply with all your legal requirements.

It is good practice to:

- get the person's permission before you pass on information and seek advice if you are in any doubt
- ensure that the information shared is proportionate and limited to the relevant details
- make the person aware, if possible, of the need to share information when they do not wish you to do so
- avoid divulging confidential information by accident, for example, if you are approached by someone saying they are a relative or support person of the individual

- be guided by your professional code of conduct on confidentiality and information sharing, and your organisation's protocols
- seek guidance from senior colleagues who can advise on the appropriateness of sharing information with the police in accordance with national directives
- record a clear account of the decision making process involved when sharing information.

Follow up

Your intervention will depend on the setting in which you work. You may only see the person once, for example, in an emergency setting. If possible, it is helpful to offer a follow up appointment. Always consider their safety and how any approach you make might affect this.