



Impacts & Ongoing Risks of Covid-19: Reflections & Insights from Survivors & Support Organisations in the UK

On the 18th March 2021, [an online forum](#) brought together survivors of modern slavery and individuals working across the anti-slavery sector (154 in total) to discuss the ongoing and future challenges faced by survivors due to Covid-19. This briefing provides an overview of discussions that took place and the reflections shared by attendees.

At this participatory event, attendees were asked to select a breakout group focusing on one of three overarching themes:

- (1) Adult survivor health, well-being and access to support services**
- (2) Legal support & immigration-related issues**
- (3) Risks to children and young people**

Each breakout room was asked to reflect on the ongoing challenges faced by survivors as a result of the pandemic, to share examples of good practice of how the sector has met these challenges, and discuss ways forward to address ongoing and future issues as we transition out of the pandemic. The notes made during the breakout rooms discussions have been collated and thematically categorised in the following pages.

The key themes covered in this briefing include:

A. Reflections on –

- [The challenges of providing/receiving online and in-person support](#)
- [The impact of the pandemic on psychological health](#)
- [Distrust of services/authorities leading to disengagement with support](#)
- [The impact of delays in support and decision-making](#)
- [The evolving nature of exploitation during to the pandemic](#)

B. [Examples of good practice to address Covid-19 challenges](#)

C. [Ongoing risks faced by survivors](#)

D. [Suggested policy & practice responses as we begin to transition out of the pandemic](#)

This event was held as part of an ongoing [UKRI-funded project](#) to assess the accrued risks, impacts and mitigating responses of Covid-19 for victims and survivors of modern slavery. It is important to note that the following reflections are the *perspectives* of participants based on their own views or experiences and are not necessarily representative of the whole sector or the whole survivor community in the UK. These reflections are also based upon notes that were taken during the discussion groups and not audio-recordings and are therefore not verbatim accounts.



Reflections on: The challenges of providing/receiving online & in-person support during a pandemic

Safeguarding	<ul style="list-style-type: none">▪ The lack of face-to-face meetings during the pandemic has had safeguarding implications and it has been harder to track an individual's 'deterioration' via phone calls or text messages.▪ Lack of face-to-face contact with children and young people during the first lockdown made it more challenging to know what was really happening on the ground.▪ The lack of face-to-face contact made it harder to use the risk assessment tools ordinarily utilised with children and young people.
Digital poverty	<ul style="list-style-type: none">▪ Digital poverty impacted upon survivors' ability to access various forms of support that had been provided online e.g. dance therapy had been provided but some survivors were unable to participate due to lack of access to digital devices/data.▪ Some practitioners lost contact with the children and young people that they had been providing support for pre-pandemic because these children did not have access to digital devices.▪ There was a lot of rhetoric around the provision of laptops for disadvantaged school children, but in reality, this did not seem to happen, e.g. home-schooling four children had been extremely difficult for a survivor because this had to be done using a single mobile phone. There was also a lack of support from the school. After making multiple phone calls, a charity loaned a laptop.▪ Survivors found it a shock not being able to shop online using payment cards.
Challenges of moving from in-person to online support	<ul style="list-style-type: none">▪ Not being able to attend appointments with support workers has been a challenge for survivors.▪ Solicitors went on furlough during the first lockdown and this was not necessarily communicated to survivors. This made it difficult for survivors to receive updates due to delays but also because no one was following their case. The solicitor is often a main point of support; therefore losing this support was significant.▪ Some court hearings moved online, but this presented its own issues meaning there is a need to look at how information is being interpreted by the courts (remotely). However, the courts largely have allowed adjournments rather than conducting whole hearings online, which is a concern for those survivors who are unable to attend hearings remotely.



	<ul style="list-style-type: none"> ▪ Difficulties were experienced at the start of the pandemic when services were making the shift to more remote forms of support for children and young people. Contact with some children was lost due to either services not having up-to-date contact details, children and young people not having digital devices, or children not responding. ▪ Online support was considered inadequate overall. The pandemic has highlighted the importance of community among survivors.
Opportunities of moving to online forms of support	<ul style="list-style-type: none"> ▪ Moving meetings online widened access and participation enabling some, such as domestic workers, to become activists and attend Parliament meetings that would not have been possible otherwise due to having to carry out domestic duties. An example was given of an online call to action arranged by Voice of Domestic Workers in which domestic workers took part in a call with Jess Phillips MP. ▪ Some children and young people engaged with services better remotely than at school because they were in the privacy of their own bedrooms rather than in front of their peers. ▪ NGOs working with children and young people noted that the children talked to each other more because at the start of the pandemic many were feeling lost and needed to listen to one another.

Reflections on: The impact on psychological health

Mental health of survivors worsened: adults and children	<ul style="list-style-type: none"> ▪ The mental health of survivors has been worsening during the course of the pandemic, e.g. a survivor's child's mental health has been negatively impacted during school closures. ▪ Isolation and being cut-off from communities has been one of the worst aspects of the pandemic for survivors. <p>According to service providers working with child survivors:</p> <ul style="list-style-type: none"> ▪ Child survivors requested more face-to-face support from a service provider stating that they were lonely, bored and feeling low. ▪ Children and young people expressed concerns about passing on the virus to their parents. ▪ Children and young people involved in County Lines were anxious due to being controlled by gangs and anxious about being caught by police when stay at home orders were in place.
Access to mental health support	<ul style="list-style-type: none"> ▪ Access to mental health professionals and support during the pandemic has been hindered.



	<ul style="list-style-type: none">▪ Gaps in mental health services in rural locations were experienced by survivors to have been worse than compared to urban locations.
Waiting times in the NRM and for immigration decision has taken its toll	<ul style="list-style-type: none">▪ A survivor's counselling sessions were cancelled during the pandemic and this person was put back on the waiting list, e.g. a survivor had been on a waiting list for mental health services for 18 months but was removed from the waiting list as face-to-face services could not take place during the first lockdown and are now expected to wait another 18 months. This survivor stated that if they lived 10 miles closer to a large city these difficulties with access would not have been experienced.▪ Delays in Reasonable Grounds (RG) and Conclusive Grounds (CG) decisions in the National Referral Mechanism (NRM) and Leave to Remain decisions have negatively impacted the mental health of survivors.▪ Government is unaware of the impact that long waiting times and the entire process has on the mental health of individuals, according to a service provider.▪ Some individuals applying for the EU Settlement Scheme (EUSS) experienced a sense of hopelessness as they feel that if they received a negative decision with the National Referral Mechanism (NRM), why would the Home Office say 'yes' to EUSS?
Positives observations	<ul style="list-style-type: none">▪ In the short term, survivors have displayed resilience and some survivors have coped well in terms of their mental health, considering the circumstances.

Reflections on: Distrust leading to disengagement with support services

Distrust of medical staff and vaccine	<ul style="list-style-type: none">▪ There is a distrust of medical staff amongst some survivors, which has been heightened by the use of virtual (rather than in-person) communications.▪ There is a perception that GPs work with the Home Office and so survivors are afraid to see a GP in case they get questioned.▪ There is reluctance among survivors to receive the vaccine due to distrust of the vaccine and a general lack of trust in services.
Distrust of first responders	<ul style="list-style-type: none">▪ Survivors are concerned that data is being shared between police (who are often the NRM first responders), the Home Office and UKVI.▪ Some survivors with No Recourse to Public Funds (NRPF) did not necessarily trust the local authority; perceiving them to be closely connected with [immigration] authorities.



Survivors feeling mistrusted	<ul style="list-style-type: none">▪ Culture of disbelief exhibited by some authorities makes survivors feel as though they are perceived to be trying to take advantage. A survivor, speaking as someone from the authorities, stated that they felt like they were being told - <i>'You are telling these lies because you just want something'</i>.
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Reflections on: The impact of delays in decision-making and support

Psychological support	<ul style="list-style-type: none">▪ Survivors had experienced long waiting lists for counselling services. This was considered unacceptable for those without family/community support (see 'Reflections on: The impact on psychological health' above).
Legal decisions	<ul style="list-style-type: none">▪ Significant delays experienced in NRM and immigration decision-making.▪ Pandemic came at a time where there was already a lot of uncertainty around immigration status, e.g. due to Brexit transition period. Many individuals in situations of exploitation as well as exploiters are trying to find out how to deal with their status due to Brexit. The NCA's focus used to be primarily on people from outside the EU but now this is changing.▪ A backlog in court processes and referrals was halted leaving children and young people in limbo.▪ Recovery Needs Assessment (RNA) guidance changed several times over the course of the pandemic which has been challenging for supporting organisations. There have been an increase in requests for letters of support for extension of support through RNAs. This may be an indication that case worker support provision has been shortened and that support was being stopped at times of critical support needs, e.g. shortly after someone had received a positive conclusive grounds decision or decision on discretionary leave and they needed assistance with securing housing or benefits their support under the VCC was stopped even though they still had needs to be met. The Single Competent Authority (SCA) were refusing further support because they argued that the needs are not arising specifically out of their trafficking experience.



Housing support	<ul style="list-style-type: none">▪ Despite the Everyone In policy, referrals never slowed down and people were still in need of accommodation. Individuals with NRPF were not <i>all</i> housed because decisions seemed to be at the discretion of each local authority (in England). <i>NB whilst not raised at the online forum, a recent report by The Passage noted that exploiters had been recruiting people from 'Everyone in London Hotels'.</i>▪ Some survivors accommodated have been exited from support despite NRPF with no housing to move on into and without external support. An example was given that a woman was exited even though a judicial review was in place to challenge her negative decision.▪ One service provider reported that a large number of clients had been evicted once they received an asylum decision and were forced to relocate into inappropriate housing.
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Reflections on: The evolving nature of exploitation during the pandemic

Migrant workers	<ul style="list-style-type: none">▪ Individuals who worked in sectors that have been hard hit during the pandemic (e.g. hospitality) have returned to their countries of origin due to being furloughed and/or unable to afford accommodation. If they seek to return to the UK, they may be at an increased risk of exploitation due to unemployment and they may be more prepared to accept risky job offers.▪ As a result of the pandemic and closures of non-essential businesses (including usual places of exploitation), there have been cases of young men who were trafficked into the UK moving into cannabis farming as this is more covert.
Online forms of exploitation	<ul style="list-style-type: none">▪ At the start of pandemic, fewer cases were being identified because social contact was not allowed.▪ An NGO that works with children and young people observed that the majority of children being exploited were British citizens.▪ Some exploitation has gone online and this has posed a new kind of virtual trafficking risk.▪ Children who made connections with perpetrators online during the pandemic may be at risk of meeting them in-person as lockdown measures ease.
Survivors at risk of re-exploitation	<ul style="list-style-type: none">▪ Due to financial hardship caused by the pandemic, some survivors feel they have to be re-enter situations of exploitation in order to provide for themselves and their families.



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| | <ul style="list-style-type: none">▪ Individuals had been trapped in relationships during the pandemic because they had no alternatives.▪ Individuals took up domestic work to stay afloat financially during the pandemic. Some domestic workers do not know they are being exploited.▪ One survivor described it like being caught in a cycle: you are being exploited and you want to exit that situation but the support is not available, so you return to exploitation.▪ One survivor shared that if you don't work, you don't eat. If you don't work, you don't have accommodation. If you don't work, you're dead. |
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Examples of good practice to address Covid-19 challenges

Examples of interventions that have been implemented	
Financial assistance & provision of basic amenities	<ul style="list-style-type: none">▪ Deliveries of food were provided by a NGO when shops had run out of stock due to panic buying.▪ Food/toiletries/activity/craft packs were sent out by another NGO.▪ A charity for migrants and refugees helped provide laptops, sim cards and phone credit/data to survivors.▪ A NGO's funds usually used for travel were redirected to pay for mobile data/credit, sim cards and devices.▪ After a request was made by a NGO for the provision of devices and data it was answered by the National Lottery Covid-19 Fund and some other funders.
Psychological health/wellbeing support	<ul style="list-style-type: none">▪ Regular texts were sent by an NGO to check on the wellbeing of their clients.▪ Dance therapy/workshops were provided over Zoom, which according to the group hosting them, were felt to be empowering and provided survivors opportunity to express themselves. However, some survivors were unable to participate due to lack of access to digital devices.▪ Door stop visits and drop offs (with social distancing) for those without access to technology were provided by a NGO.▪ A survivor-led NGO set up regular 'social calls' with survivors in order to provide mutual reciprocal support.
Legal support	<ul style="list-style-type: none">▪ A legal support service worked with partners to ensure that information and support is provided to survivors before entering the NRM. This has been made possible with support from the Scottish Government.▪ An organisation has been trying to mitigate the challenges survivors face regarding accessing legal support pre-NRM by working with a small number of providers of legal services in the (London) borough who can offer support.
Political support	<ul style="list-style-type: none">▪ Stephen Timms MP secured a promise from the Prime Minister to look at whether the No Recourse to Public Funds (NRPF) condition applied to people with a temporary immigration status staying in the UK.
Support for children & young people	<ul style="list-style-type: none">▪ Practitioners from a NGO that works with children and young people listened to ideas that children suggested, which led to a series of events that would not have been done ordinarily, such as art workshops, sport, and a (virtual) music workshop.



	<ul style="list-style-type: none">▪ Practitioners from a NGO that works with children and young people tried novel things to breakdown communication barriers and maintain engagement with young people, such as communicating over text or WhatsApp, phone calls, video, in addition to continuing to provide some face-to-face support.▪ An organisation working with children and young people posted activity packs and postcards from caseworkers to say 'we are still here'.
Support for speakers of other languages	<ul style="list-style-type: none">▪ YouTube videos and translation services were used to provide information for people who did not speak English.

Ongoing risks

Participants were asked about the ongoing risks facing survivors as the UK begins to transition out of the pandemic. Participants anticipated that the impact to adult and child survivors' **psychological health and wellbeing** as a result of the Covid-19 pandemic would be ongoing. Concerns were raised about waiting times for mental health services such as counselling but also for the NRM and immigration decisions.

Participants highlighted that there was **a reluctance among survivors to receive the vaccine** placing them at risk of contracting Covid-19. Distrust of healthcare workers, fears about being reported to the Home Office by healthcare providers, lack of information about entitlements to the vaccine, and conspiracy theories about the vaccine were factors influencing this hesitancy towards getting vaccinated against Covid-19.

Housing survivors safely was identified as an ongoing risk by participants. In particular, housing survivors outside of their local area to ensure their safety had become more difficult as a result of the Covid-19 pandemic.

Participants also highlighted how **the nature of exploitation had changed** as a result of the Covid-19 pandemic. Concerns were raised that children and young people who had made connection with perpetrators online during the pandemic may be at risk of meeting exploiters in-person as lockdown measures ease. There were reports that due to the closure of various businesses perpetrators had moved male survivors to work on cannabis farms during the pandemic. Migrant workers seeking to return to the UK as it begins to re-open were also identified as those who will be at a heightened risk of exploitation as well as those who had taken up domestic work in the UK during the pandemic.

Participants also indicated that **survivors are at a heightened risk of re-exploitation** as a consequence of the pandemic. There were indications that lack of access to support combined with financial hardship due to the pandemic may mean survivors have to return to situations of exploitation in order to provide for themselves and their families.



Recommendations for action

Participants were asked to discuss what action needs to be taken and, by whom, to address the ongoing risks facing survivors as a result of the Covid-19 pandemic. Some of the issues needing to be addressed were present before the outbreak of Covid-19 but have been exacerbated as a result of it. The following policy and practices responses were suggested:

Recommendations for the UK government, devolved governments & local governments: *For the special attention of: the Department(s) of Health and Social Care, Department(s) for Education, the Home Office, and Department(s) of Justice*

Access to healthcare, information & education

1. **Address the digital divide** to enable: access to medical services including GP appointments and psychological support; access to information about health entitlements such as the vaccine; access to support services that will reduce isolation and provide a sense of community; fair access to education for survivors' children.
2. **Address gaps in access to services in rural locations** so as those living in rural communities are able to receive the support they need. Isolated survivors should be supported by local authorities, e.g. a team member to check on survivors like they have done with the elderly during the pandemic.

Legal needs of survivors.

3. **Reform immigration laws** and provide the right to work for those in the NRM irrespective of their asylum status to reduce their vulnerability to re-exploitation and poverty. View support as *victim protection* and treat the immigration status of the individual as a secondary consideration.
4. **Remove barriers to access to justice** for survivors by funding legal aid and providing legal advice, removing NRPF, reducing NRM waiting times, improving pre-NRM support, transparency and the Recovery Needs Assessment process.

Recommendations for frontline services e.g. police, healthcare workers, immigration officers

Safety of survivors

1. **Ensure the safety of survivors** by ensuring receipt of informed consent to be referred into the NRM, making sure immigration issues are not being used as a reason to deny survivors support when they report to the police. Upskill First Responders to support those exiting situations of exploitation. The emphasis needs to shift from only spotting the signs to include better support for people exiting modern slavery - adopting a trauma-informed approach would enable this.

Building trust

2. **Challenge the 'culture of disbelief'** as this will enable survivors to better seek the support they need and are entitled to without fear of being not being believed.
3. **Build trust between survivors and healthcare workers** to ensure survivors' physical and mental health needs are met.



4. **Improve communication on entitlements** to ensure survivors access their human rights and the support available to them. Ensure survivors know that they are entitled to the Covid-19 vaccination irrespective of their immigration status as this will protect survivors (a population at a heightened risk of Covid-19) from contracting the virus and in turn, protect wider society.

Recommendations for NGOs

Online support

1. **Continue to fund some activities online** as this can widen access to community and support for survivors unable to attend in-person due to, e.g., travel costs or lack of access to childcare provision. Direct survivors who are on waiting lists for mental health services to free online support such as the Samaritans app or Improving Access to Psychological Therapies (IAPT) training.
2. **Provide online safety training** so as to ensure safeguarding measures are in place that will keep adult and child survivors safe online.

In person support

3. Organisations working with children and youth should **support children and young people to develop and establish healthy relationships** as they come out of the pandemic.
4. **Support for isolating newly arrived unaccompanied migrant children** needs to be provided so as to mitigate their risk of being trafficked during their first weeks in the UK.

Greater diversity

5. **Need for greater diversity within the anti-slavery sector** as this will assist with survivor engagement and provide better support for survivors.

Recommendations for anti-slavery campaigners

1. **Take part in campaigning activities, such as attending demonstrations, writing/talking to your MP**, to uphold the rights of survivors and hold those in power to account.

The partners working with the Rights Lab on this project include the University of Sheffield, the Survivor Alliance, the International Anti-Human Trafficking Network (IAHTN), the Human Trafficking Foundation (HTF), Focus on Labour Exploitation (FLEX) and Anti-Slavery International / the Anti-Trafficking Monitoring Group (ATMG). Members of the Rights Lab research team include Liana Bravobalsa, Vicky Brotherton, Minh Dang, Alison Gardner, Erika Jimenez, Benjamin Lucas, Zoe Trodd, Nicola Wright and Emily Wyman. The research team were supported by a Survivor Alliance Research Advisory Group. The team is grateful to the UKRI for funding this project. For further information about the project, please contact Vicky Brotherton at vicky.brotherton@nottingham.ac.uk

Further written materials stemming from this research can be found here:

<https://www.nottingham.ac.uk/research/beacons-of-excellence/rights-lab/research-projects/covid-19-risk-and-response-impacts-and-mitigations-for-modern-slavery-victims-and-survivors.aspx>