University of Nottingham Rights Lab

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Pathways Through Liberation Research Briefing on NRM Training Needs

Findings based on academic study led by Dr Andrea Nicholson, November 2023[i]

Research overview

These findings derive from a collaborative 3-year ESRC funded research project (Grant Ref: ES/T016337/1) which undertook a UK-wide analysis of adult survivors' experiences within and outside of the NRM in each nation to provide a comparative analysis of NRM systems, knowledge of survivor's intersections with services, their reasons for disengaging from support and prosecutions, and the challenges they face inside and outside of the NRM.

This briefing on training needs accompanies our briefing providing an overview of survivors' experiences of, and outcomes from, the Scottish NRM system.

Key findings

Survivors pointed out much good practice with first responders and appreciated many were doing their best, however, positive feedback was almost exclusively due to a single NGO or NGO case worker. Most survivors experienced depersonalised, dehumanising, and disempowering experiences with other support services at some point through their NRM journey. Training of first responders was therefore identified by all survivor participants as a priority area for improvement and was explicitly linked to their trust in the system and to their perceptions of justice.

Concerns were raised particularly about:

1. the consistency of training of caseworkers and what this meant for survivors in terms of communication and knowledge about their case,
2. and the lack of training for/understanding from the Police, health services, and solicitors (but not from services connecting them with solicitors).

Common experiences survivors expressed included:

- feeling that first responders made decisions without (or with limited input) from survivors as individuals with agency,
- a belief that first responders did not understand the NRM fully, or otherwise chose not to give a proper explanation before making referrals,
- the inaccuracy of detailed (or accurate) information about the NRM as both a support and decision-making system, the reality of waiting times for decisions, and the availability of alternative forms of support,
- a lack of *informed* consent, with consent 'the fastest part of the process',
- a significant proportion of survivors felt like they were treated with suspicion or 'like criminals' by first responders, especially when this role was filled by police and were pressed to explain their situation rather than asked what support they needed,

- interviews related to NRM referrals, especially when conducted by police, were identified by most survivors as intimidating and in some cases re-traumatising. During these interviews, survivors felt judged and/or disbelieved and noted the focus was solely on their experiences of exploitation rather than their support needs,
- a focus on prosecution rather than protection led to police rushing referrals and focusing on evidence gathering rather than supporting survivors. In some cases, this had led to mistakes being made that had a long-term impact on the affected survivors and their cases,
- survivors commonly experienced being 'passed on' to other individuals or agencies (including support services within the NRM) where they would have to re-tell their stories of exploitation.
- professionals rarely reading their files ahead of meetings to obtain already recorded information.
- information was not recorded or passed on properly.

The above experiences meant that almost all survivor participants felt they had zero or a very poor understanding of the NRM before entering the system, and so consequently felt that they had not given informed consent.

Overall, survivors felt their experience interacting with first responders and others throughout the NRM process was inconsistent, and so felt that a standardised training package delivered to *all* first responders (or other relevant parties) was essential to providing much needed consistency to survivor experiences engaging with professionals. This included the health profession, immigration personnel, police, Local Authority personnel, and solicitors.

Participants in our workshops agreed that training was a powerful tool to improve the experiences of survivors but noted that a whole culture shift was needed, with a wider commitment to awareness raising in the community. Such activity needs to consider dismantling inaccurate and problematic language that is impacting community understanding of human trafficking and its victims.

In these workshops, participants provided extensive suggestions for **standardised training**. We are conscious that a number of these suggestions are already carried out by some first responders. However, given these issues have arisen consistently, generally survivors are not able to identify where these have occurred. An explanation for this likely involves the volume of information provided early on, the effects of survivor trauma, inconsistency in support (particularly where case workers change, or between different services), limits to staff time, and a lack of standardised training:

RECOMMENDATIONS

The provision of accurate and detailed information

1) Training should be continual and varied, rather than a single training event. **Annual refresher training** should therefore be built into new training models as a default.

2) While survivors recognise the importance of evidence gathering in cases related to human trafficking and modern slavery, they would like their initial contact with first responders to be focused on their ***obtaining* rather than *providing* information**.

3) Survivors felt that there was a need for better training for first responders on **the full detail of the NRM system**, including:

    a) the decision-making elements,
    b) providing realistic timeframes,
    c) explaining the types of support offered,
    d) explaining the potential long-term impacts
    e) Explaining in layman's terms how their data might be used

4) It would be helpful to those entering the NRM if they had access to **a booklet or pamphlet written by survivors** about what the NRM is really like, with several different accounts of experiences of the NRM.

5) Training should cover **data protection and privacy** terms and conditions, as survivors would appreciate this being explained to them before agreeing to referral.

6) Survivors complained that professionals sometimes acted as if they were 'doing them a favour' which was disempowering and affected survivor trust.

7) First responders should also be trained on **alternative forms of support** available in the region, such as the asylum support and local authority systems. This information should be shared accurately

with survivors (with use of an interpreter if needed) before any referral is made. Alternative support included:

a) information on immigration processes,
b) support for those having to pay off debts,
c) providing more information about the organisations in and out of the service – particularly post conclusive grounds.

8) While acknowledging that first responders cannot give legal advice, survivors felt that they should be aware of its potential importance and **signposted to legal services** (where available).

9) Survivors felt that understanding **informed consent** should be central to training, and that this should be presented as a process – training should stress that this may require several conversations over a period of time prior to NRM and post NRM referral.

10) Providing a copy, or ac**cess to their referral records** (or at least a full understanding of what it contains).

11) Embed a **survivor buddying system**, enabling those entering the NRM to speak with a peer who is going through it/has gone through it.

12) Reinforcing the need to ensure **communication**. Survivors revealed consistent gaps in communication as to the progress of their cases.

13) Making sure survivors know it is ok to **challenge/speak out** and giving space for this to occur. Many survivors experienced what they considered to be sub-standard care and did not feel able to flag this with anyone.

14) They felt that a **feedback/complaints procedure** relating to experiences with first responders should be established as another means of providing opportunity to flag concerns.

15) Survivors would like training to foster **cultural awareness and sensitivity**, for example by covering the contexts of different cultural communities they may come into contact with. Examples given included training about various ethnic communities and potential distrust of interpreters and authorities more generally, as well as the need to challenge biases and assumptions about who experiences modern slavery or of negative cultural stereotypes.

16) Survivors felt that first responders have important roles throughout the entire NRM process and that they should:
a) be better trained in **monitoring** on going cases they have referred,
b) provide more information to the competent authority,
c) and be receptive to potential reconsideration requests where appropriate.

17) The development of **supplementary materials to be provided to survivors** (in their own language) through information sheets or an app, that would allow them to consolidate information given by first responders.

18) However, survivors also expressed that they were given so many documents early on, that it became difficult to identify what was central. Consider alternative ways to provide the necessary information, prioritise, or **consolidate the information** provided.

Mental Health, wellbeing, and sensitivity

1) Survivors felt that there should be a **psycho-social element** to training focused on enabling first responders to respond in a holistic and trauma-informed manner.

2) Survivors would like to see first responder training built on **empathy and understanding** of their experiences, strengths, and needs as individuals. Such training would encourage cultural sensitivity to the potential uncertainty, fear and trauma survivors may be experiencing and empower them to make informed decisions about their immediate and long-term futures.

3) Survivors would like first responders, or people working with them, to be able to provide basic emotional support or **signpost to appropriate services**.

4) Training should encourage sensitivity to gender, for example to ask survivors if they have a gender preference.

5) Survivors would like training to cover power-imbalances and how first responders can minimise these (with information giving seen as a key strategy).

6) Training should foster a culture of belief that focuses on identifying survivor support needs as a priority.

Training delivery

1) Both stakeholder and survivor participants in our workshops agreed that **involving survivors in the construction, and potentially the delivery, of training** would be an effective way to ensure that it is sensitive to the actual experiences and needs of survivors, and fosters empathy and understanding among first responders and survivors.

2) The establishment of a **survivor advisory panel** for the development of standardised training was also identified as a way of incorporating survivor perspectives.

3) It is important to note that if survivors are to be supported to deliver training or participate in advisory panels, that these will need to be properly resourced.

4) The consensus at stakeholder workshops was that e-learning, while accessible and resource light, did not necessarily facilitate empathy, limited engagement, and failed to address deeper cultural issues. It was felt that **a combination of in person, webinar, and e-learning** would provide a better training model, and particularly if survivor accounts of lived experience were included in training materials.

5) Some suggested that **identifying a 'champion'** in each team to support staff training would also assist in the sharing of expertise.

6) A **train the trainer model** can expand training capacity within teams, promotes peer-peer learning, provides consistency in training, and removes the need for extensive external training.

7) It was recognised that it was important to adequately **resource training.** Proper training requires more than an hour and refresher courses; the time needed to both deliver and engage with continuous training therefore needs to be adequately funded.

8) Vicarious trauma training should also be provided to practitioners.

9) It was recommended that a platform for sharing training materials would be helpful, particularly for more bespoke events, e.g. those run with lived experience trainers, or those relating to different cultures.

10) Staff away days, combining professionals and survivors, would enable group conversations to develop understandings in each group.

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[i] Pathways Through Liberation: Revealing Survivors' Support Journeys Outside of the UK National Referral Mechanism, Grant Ref: ES/T016337/1

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