

# Building a Safe Space:

Optimising Maternity Care for Survivors of Modern Slavery by Co-creating Supporting Resources for Women and Professionals

**Research briefing for health and third-sector professionals**

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## Background

Modern slavery involves severe exploitation through coercion, control, or abuse of vulnerability, and can include sexual exploitation and human trafficking. Many women experience pregnancy during or after exploitation and survivor mothers face multiple challenges such as trauma, mental ill-health, and economic hardship. Evidence suggests that current systems and professional training often fail to meet survivors' unique needs, resulting in inconsistent care and barriers to access. There is a willingness to work collaboratively across statutory and non-statutory sectors, but this is often not well-developed at practitioner level.

## Aims

To identify **how optimal maternity care and support should be provided for survivor mothers and their babies**

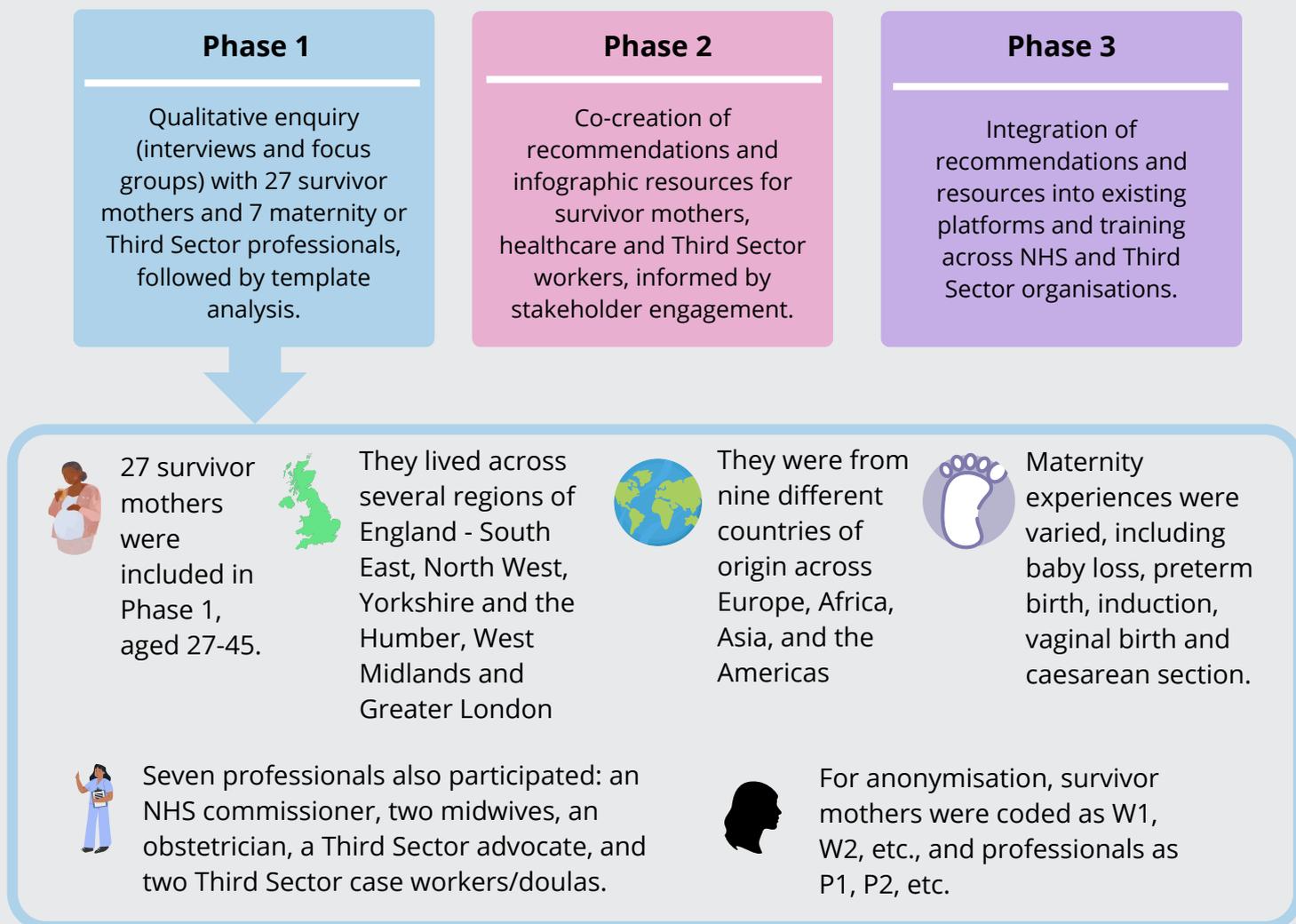
To co-create **recommendations and resources for survivor mothers, maternity professionals and Third Sector professionals**

To incorporate **recommendations and resources into education platforms to accelerate implementation into practice**

- A. To explore **survivor mothers' perspectives** on access, engagement, and optimal maternity care and support.
- B. To understand **professionals' experiences** of caring for survivor mothers and delivering excellent support.
- C. To identify optimal **handovers/protocols between services**, including during geographical re-location.
- D. To determine **how services can aid identification** of women victims and survivors.

## Methods

The project took place over three phases (July 2024 - December 2025) and was supported by a Survivor Involvement Group and an Advisory Group including professionals from a range of sectors.



## Findings

The study findings indicate safe, respectful and trauma-informed maternity care and support should be provided for mothers and babies affected by modern slavery. There are contributions that should be made by both statutory and non-statutory sectors. All professionals should focus on creating a safe environment and personalised support promoting positive experiences and improved outcomes, whilst preventing re-traumatisation. This approach prioritises survivor mothers' well-being, ensuring they feel respected and listened to throughout their maternity journey. Five core themes underpin a set of actionable recommendations.





## Build Safety and Trust

Survivor mothers repeatedly stressed that feeling safe - physically and emotionally - was the foundation for engaging with maternity care. Privacy and confidentiality were critical, yet often compromised by care in public spaces or rushed interactions.

***“As long as you feel safe you are able to talk and to ask, for example if you have a worry or if you need something.” W2***



Conversely, feelings of being dismissed or disrespected undermined trust. Health professionals should be particularly sensitive to indicators of exploitation, while not pressuring new or repeat disclosures.

***“If you're coming in and being very dictatorial, then she's just going to shut down because this is the only time she should be in control of her body.” P5***



Accommodation experiences ranged from asylum hotels to safe houses and temporary council housing. Many were unsafe, overcrowded, and unhygienic. Shared facilities and repeated relocations disrupted care and recovery. In these contexts, access to safe spaces in health, support and community settings was even more essential.

***“It was horrible... sharing bathrooms with more than 12 people... the house was dirty, so the hygiene was very bad.” (W4)***



***“Imagine, two weeks with newborn baby... I was moved from city to city... it was very hard, very, very hard time.” (W2)***



## Optimise Access and Promote Engagement

Many women were unaware of their entitlements or how maternity services operate, leading to fear and delayed care. Information and support around accessing maternity services provided by Third Sector organisations was seen as essential.

***“I didn't know so many things. I didn't know how the things work here or what's going to happen.” W3***



Immigration status often fed into these barriers, with women fearing questions about documentation or charges for care.

***“Regardless of my status, you should not be denied NHS service.” W4***



Language barriers further compromised engagement and consent, and formal translation services were seen as essential to enabling meaningful engagement.

***“I did not have the interpreter in the hospital... I was struggling to understand.” W3***



***“How can you provide informed consent if you don't know what somebody is saying to you?” P2***





## Provide Continuity and Personalised Support

Survivor mothers experienced isolation during pregnancy and often during labour. The presence of a companion and coordination of services provided by different agencies were appreciated. Consistent care built trust and reduced stress.



***“If we are able to see consistent faces... it would build the trust gradually.” W7***

Some survivor mothers wanted appropriate providers to provide care that considered their experiences of modern slavery, without needing to retell traumatic histories. But they wanted to maintain control over who had access to such information.



***“Some women will start to tell us the difficulties they're experiencing, but then say, ‘But I don't want you to tell anybody else.’” P4***

Inflexibility in length of hospital postnatal stay resulted in women leaving hospital feeling alone, dismissed and physically unwell. Many experienced financial hardship, which exacerbated these issues and required onward referrals to foodbanks and community support.



***“I had C-section and I could not... prepare food for myself... being by myself and caring for a newborn baby... I needed sleep, I needed food, I needed to wash myself, to get some rest which I did not have.” W12***



## Support Perinatal Mental Health

Survivor mothers need to feel heard without judgement, and connections to groups to meet other women with similar experiences were valued to mitigate feelings of isolation.



***“I was losing my mind, so I was always looking forward to going to the group to interact with other mothers.” W4***

Despite the potential for pregnancy and birth to retrigger past trauma, access to mental health support was inconsistent and delayed. Professionals need to better recognise and respond to mental health needs. For survivor mothers who experience the loss of their pregnancy or death of their baby, timely provision and clear communications about bereavement services are needed.



***“Even though they're priority because they're pregnant, the waiting list is still quite long.” P4***



## Engage with Multi-disciplinary Working and Training

Multiagency and multidisciplinary working were seen as optimal to provide the survivor mother with the range of care and services needed, though some survivors were concerned about information being shared with agencies they did not trust.



***“I think it just helps when you have all of the services involved with that family meet together and multiagency work.” (P1)***

The desirability of regular, multidisciplinary, multiagency training was acknowledged, but professionals felt it would be challenging to incorporate into existing schedules.



***“If they have to look after a survivor, they should go for the training.” (W15)***

## Recommendations



### Build Safety and Trust

#### 1.1 Emotional and Physical Safety

- 1.1.1 Ensure a physically and emotionally safe, private and calm environment. This includes seeing the woman alone when appropriate and explaining any physical contact in advance to avoid distress and re-traumatisation.
- 1.1.2 Actively listen to, acknowledge and validate survivor mothers' feelings and experiences demonstrating empathy, patience and sensitivity. Recognise the impact of trauma and take steps to minimise triggers, including avoiding dismissive language or assumptions for re-traumatisation.
- 1.1.3 Explain clearly what confidentiality means in the context of each organisation, any relationships between statutory services, Third Sector organisations and the Home Office and what, if any, information may be shared between them.

#### 1.2 Disclosure and identification

- 1.2.1 Avoid pressuring survivor mothers to disclose trauma and respect the choice to decline or delay disclosure.
- 1.2.2 If survivor mothers disclose trauma, respond sensitively.
- 1.2.3 Survivor mothers may be more likely to disclose their situation if the discussion takes place in a safe location.
- 1.2.4 Be mindful that disclosure might not be relevant to the woman's current situation.

#### 1.3 Provision of accommodation and relocation

- 1.3.1 Ensure all accommodation occupied by survivor mothers supports their sense of safety and dignity.
- 1.3.2 Introduce independent inspections across all accommodation provided for survivor mothers consistent with CQC safe house inspection processes.
- 1.3.3 Accommodation should be clean, well-maintained, self-contained with private kitchen and bathroom facilities, and adequate space.
- 1.3.4 Home Office or prime contractor to provide an update outlining measures taken since 2023 to identify, record and respond to the needs of pregnant women and families within MSVCC safe house accommodation.
- 1.3.5 Offer flexible and adaptable routines (e.g. mealtimes).
- 1.3.6 Ensure long-term housing stability and maximise support in case of relocation through transition plans, transport and allocation of a named link professional in the new location.
- 1.3.7 Relocation should not occur during the third trimester of pregnancy or in the first month after birth, unless essential
- 1.3.8 Accommodation staff should receive training in confidentiality, trauma awareness and culturally sensitive support.



### Optimise Access and Promote Engagement

#### 2.1 Easy Access, Early Support, and Engagement

- 2.1.1 Ensure survivor mothers can access statutory and non-statutory support services promptly and easily without unnecessary barriers.
- 2.1.2 A midwife should offer to meet the woman at her home or a safe location during the first trimester of pregnancy to gain insight into her needs and context.

- 2.1.3 Midwives should connect survivor mothers with relevant support services.
- 2.1.4 Offer early appointments, scans and triage systems as women benefit from early reassurance.
- 2.1.5 Allocate sufficient time for appointments and support sessions.
- 2.1.6 Offer flexible appointment times and locations, including different access points (e.g. phone and in-person consultations), one location for multiple services and walk-in clinics.
- 2.1.7 Offer admission to hospital in early labour; do not assume that a woman's accommodation is suitable for early labour or that she has support.

## 2.2 Language

- 2.2.1 Keep in mind that mother's cannot give consent if she does not understand what is being offered to her or what is happening in the room.
- 2.2.2 Utilise professional interpreters at every contact, preferably face-to-face or by telephone as a minimum requirement.
- 2.2.3 Avoid using Google Translate or automated translation tools, friends, family or companions for conversations with the survivor mother.



## Provide Continuity and Personalised Support

### 3.1 Continuity of care and carers

- 3.1.1 Provide coordinated maternity care and support from a consistent care team, working in a continuity of care model
- 3.1.2 Assign a consistent point of contact in the healthcare system (primary midwife or another care provider as appropriate) throughout provision of maternity care.

### 3.2 Companionship and the role of a trusted professional

- 3.2.1 Identify and assign a trusted professional (such as a case worker, doula or midwife) to be a consistent point of contact, provide ongoing emotional support, practical assistance, advocacy, and facilitate communication with relevant services throughout the maternity journey.

### 3.3 Personalised care, support plans and informed choice

- 3.3.1 Identify and assign a trusted professional (such as a case worker, doula or midwife) to be a consistent point of contact, provide ongoing emotional support, practical assistance, advocacy, and facilitate communication with relevant services throughout the maternity journey.
- 3.3.1 Work together with the survivor mother to create a personalised care plan that considers dignity and physical, emotional, and social needs.
- 3.3.2 During pregnancy, discuss options for pain relief in labour, birthing positions, infant feeding and other aspects of care to support informed decision making.
- 3.3.3 Consider what practices women would experience in their own culture and try to provide that (e.g. prayer times, dietary practices, postpartum traditions, cultural ceremonies).
- 3.3.4 Survivor mothers should not be automatically considered a high obstetric risk.
- 3.3.5 Implement a flagging system in records to indicate complex situations, vulnerability, trauma history, safeguarding concerns and mental health challenges.
- 3.3.6 Incorporate narrative space in records to personalise information and avoid reduction to labels or acronyms.

	<p>3.3.7 Maternity professionals should acknowledge and read support plans and the full maternity record, including social and holistic care sections.</p> <p>3.3.8 Written and verbal information should be clear, comprehensive, accessible, readily available, balanced, factual, culturally sensitive, non-discriminatory, respectful and inclusive.</p> <p>3.3.9 Offer alternative methods of accessing information and support when digital tools are not accessible.</p> <p>3.3.10 Provide accessible, easy-to-read materials (e.g. guides, leaflets, infographics, posters) outlining maternity care pathways, available services, choices, contact details, support resources and reassurance that healthcare professionals are there to help. Resources should be displayed in waiting areas across all settings and available in the woman's own language.</p>
<p><b>3.4 Practical Support</b></p>	<p>3.4.1 Midwives and Third Sector professionals should check if the survivor mother needs practical and/or financial resources for themselves and their baby and provide financial or charitable support.</p>
<p><b>3.5 Personalised care, support plans and informed choice</b></p>	<p>3.5.1 Plan the length of hospital stay during pregnancy based on the mother and baby's needs, considering preferences and factors such as support available, housing, mental health and safety.</p> <p>3.5.2 Ensure access to dedicated postnatal stay in hospital accommodation or nearby facility for survivor mothers whose baby is admitted to Neonatal Unit.</p> <p>3.5.3 At discharge, provide pain relief and other medication to take home to avoid expense.</p> <p>3.5.4 Arrange for a midwife or relevant professional to carry out regular visits at home or where the woman feels safe within the first month after birth.</p> <p>3.5.5 Provide immediate infant feeding, parenting and emotional support.</p> <p>3.5.6 Try to arrange help at home after childbirth (e.g. assistance with household tasks, meal preparation and childcare for the baby or older children) so that the mother can focus on recovery, bonding with the newborn and self-care.</p>



## Support Perinatal Mental Health

<p><b>4.1 Promoting mental health and emotional wellbeing</b></p>	<p>4.1.1 Support survivor mothers to feel heard and validated in their experiences</p> <p>4.1.2 Acknowledge that 'it is OK not to be OK'</p> <p>4.1.3 Offer local classes and groups with childcare, and safe spaces to connect, share experiences, receive professional support and foster community</p> <p>4.1.4 Avoid isolation and facilitate early integration into new support structures</p>
<p><b>4.2 Tailored mental health support</b></p>	<p>4.2.1 Consider that survivor mothers may have a range of mental health and support needs.</p> <p>4.2.2 Be mindful to the terms survivor mothers use to refer to mental health challenges.</p> <p>4.2.3 Offer early referral pathways and timely tailored therapy via individual counselling sessions with a trauma-informed therapist</p>

### 4.3 Baby loss and bereavement Care

- 4.3.1 Acknowledge miscarriage or baby loss with compassionate language, validating grief as a personal journey. Respond with patience, active listening, reassurance and openness, allowing time and space to express feeling and process the loss while being mindful of the impact of past trauma and the risk of re-traumatisation.
- 4.3.2 Provide private spaces and clear information about support services and follow-up care.



## Engage with Multidisciplinary Working and Training

### 5.1 Multiagency, multi-disciplinary and cohesive working

- 5.1.1 Engage in multidisciplinary working, including maternity, mental health, primary care, Third Sector and other relevant services.
- 5.1.2 Establish clearly defined roles, guidance on how multidisciplinary team will work together, communication strategies referral criteria and escalation protocols
- 5.1.3 Provide mother with information about the role of multidisciplinary team members.

### 5.2 Communication between services

- 5.2.1 Nominated individuals from Third Sector organisations and maternity services should link with each other at a local level.
- 5.2.2 Conduct verbal handovers between services rather than electronic referrals.
- 5.2.3 Establish and maintain clear communications between team members and always involve the survivor mother in decisions about her care.
- 5.2.4 Ensure sensitive information about the survivor mother and her baby is held in confidence.
- 5.2.4 In case of relocation, emergency, or out-of-hours care, key information about survivor mothers and their babies should be available to appropriate caregivers.

### 5.3 Multi-disciplinary, trauma-informed, survivor-centred training for all staff

- 5.3.1 Develop and implement multidisciplinary training across agencies, including undergraduate education for maternity professionals and ongoing professional development for staff in all sectors.
- 5.3.2 Organisations should adopt creative strategies (e.g. monthly themes, newsletters and drop-in sessions) to reinforce learning in manageable ways.
- 5.3.3 Training content and material must align with existing trauma-informed evidence and guidance, including the NRM; maternity services and pathways; the role of different organisations; how to recognise and respond sensitively to disclosures; appropriate use of interpreters. Scenarios, survivor-informed content and co-production of training should be incorporated.

## Infographic Resources

As part of the project outputs, and alongside the recommendations, a set of co-created infographics were created, that feature in the following pages. These include versions for: 1. pregnant women and mothers affected by modern slavery; 2. healthcare professionals who provide care during pregnancy, labour and birth and in the early weeks after birth; 3. Third Sector professionals who provide support to survivor mothers.

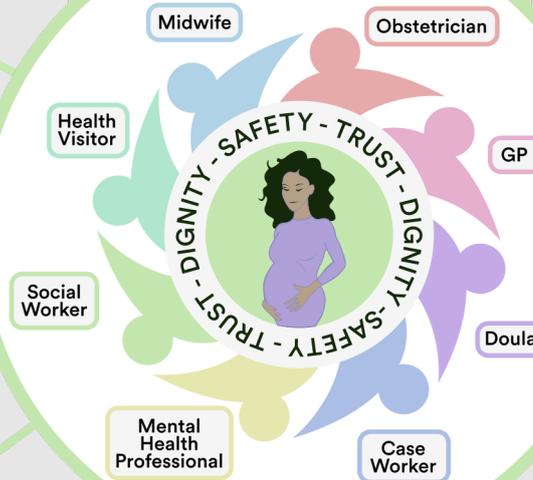
# If you've experienced control, exploitation, trafficking or abuse, this could be modern slavery.

## Do you need maternity care and support?

### YOU'RE NOT ALONE

Support is available, and it's okay to ask

You may meet a range of professionals throughout your maternity journey, including:



#### YOU CAN GET CARE

You can get the maternity care and support you need quickly and easily, no matter where you come from or what your immigration status is.



#### YOU WILL MEET A MIDWIFE

They help you during pregnancy, birth, and after your baby is born. You can ask them to visit you at home or where you feel safe.



#### YOUR FEELINGS ARE IMPORTANT

If you feel sad, worried, or alone, ask for help. You deserve to feel well and safe.



#### YOU CAN ASK QUESTIONS AND MAKE CHOICES ABOUT YOUR CARE

This includes decisions about birth options, feeding, and local support to find what's best for you and your baby.



#### YOU CAN ASK FOR A PROFESSIONAL INTERPRETER

You should understand what people say and be understood.



#### YOUR HOME SHOULD BE SAFE, CLEAN AND COMFORTABLE

Tell your midwife, doctor or case worker if you do not have a safe place to stay.



#### SAY WHAT YOU NEED

Tell your midwife, doctor or case worker what would help you and your baby. They will put you in touch with the right services.



#### YOU CAN TALK ABOUT YOUR SAFETY

Tell a midwife, doctor or case worker if your situation feels unsafe. You can ask to talk alone with them.



# Are you a healthcare professional caring for pregnant women or mothers who have experienced control, exploitation or abuse?

This may include people affected by modern slavery.



## BUILD SAFETY AND TRUST

- When providing care, make sure the space is safe, private, quiet, and confidential
- Be aware of past trauma and avoid re-traumatisation
- Don't pressure disclosure of exploitation, listen and respond sensitively
- Find out about housing situation and what help is needed
- Offer a face-to-face visit at home if possible, or in a safe place



## OPTIMISE ACCESS AND PROMOTE ENGAGEMENT

- Facilitate prompt access to statutory and non-statutory support services
- Consider language needs and use professional interpreters at every contact
- Respect individual cultural needs



## SUPPORT PERINATAL MENTAL HEALTH

- Facilitate connection with local groups and communities to prevent isolation
- Be alert to different mental health needs
- Arrange prompt referrals to mental health support that suits the individual's situation



## PROVIDE CONTINUITY AND PERSONALISED SUPPORT

- Make sure the same team or professional provides maternity care for continuity
- Provide clear information, answer questions and support informed decision-making
- Work together with the survivor mother to create a personalised care plan
- Talk about practical and financial needs
- Offer length of hospital stay based on support available, housing, mental health and safety
- Provide pain relief and other medication to take home
- Offer early postnatal care, including feeding, parenting, and emotional support



## ENGAGE WITH MULTIDISCIPLINARY WORKING AND TRAINING

- Take part in local multidisciplinary working and training
- Develop relationships with local community and voluntary organisations

# Are you a third sector worker supporting pregnant women or mothers who have experienced control, exploitation or abuse?

This may include people affected by modern slavery.



## HELP MOTHERS TO ACCESS AND ENGAGE WITH MATERNITY AND OTHER SERVICES

- Explain why and how to access maternity services in the UK
- Support early access to maternity services
- Provide information about rights and entitlements



## WORK AND TRAIN WITH OTHER PROFESSIONALS

- Work with other professionals (like midwives, health visitors, housing teams) to support mothers together.
- Build connections with maternity services and key contacts
- Participate in training about modern slavery, trauma-informed practices and maternity support needs.



## BUILD SAFETY AND TRUST

- Ensure safety, privacy and confidentiality
- Be trauma-aware and avoid re-triggering questions or language
- Listen to mothers and let them share at their own pace
- Assess housing situation, identify needs and link with local providers



## SUPPORT MENTAL HEALTH NEEDS

- Signpost to local groups and communities to avoid isolation
- Consider if there are mental health difficulties
- Support referral to mental health services if needed and agreed

## PROVIDE CONTINUITY AND PERSONALISED SUPPORT



- Offer consistent, personalised support and advocate when needed
- Check for practical or financial needs and signpost
- Provide clear information to support informed maternity decisions
- Arrange postnatal support at home
- Signpost to feeding, parenting, and emotional support

## **Conclusions**

This project, grounded in the experiences of 27 survivor mothers and seven professionals, offers clear and practical solutions to strengthen maternity care for survivors of modern slavery. It highlights the urgent need for trauma-informed approaches, continuity, and safe environments, while revealing gaps in accommodation, information, and cross-sector coordination. The co-created recommendations and infographic resources, aligned with national standards such as the Human Trafficking Foundation's Survivor Care Standards, are ready for immediate use by healthcare providers, commissioners, and voluntary organisations.

These recommendations provide practical steps to embed trauma-informed principles, improve access and continuity, and support effective multiagency working. By putting them into practice, services can deliver safer, more respectful, and more consistent care throughout pregnancy, birth, and the postnatal period. They offer practitioners a clear framework for recognising and responding to the specific needs of survivor mothers, promoting safety, choice, and agency at every stage. Service leaders and commissioners can use them to guide organisational improvements, ensuring systems, environments, and communication practices reflect trauma-informed approaches and strengthen collaboration across agencies.

The project team's networks include a community of practitioners ready to use and integrate these outputs within their existing resources.

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