



# Placing Survivor Wellbeing on the Policy and Evidence Map

Findings based on an academic study (between Sept 2021 – June 2022) led by Siân Thomas, Dr. Minh Dang, Jarrai Barrow, Kristen Johannes, Nancy Esiovwa & Professor Caroline Bradbury-Jones, Dr. Juliana Rinaldi-Semione and Dr. Nicola Wright'. Policy brief led by Vicky Brotherton.

## Key research findings

The purpose of this research was to update the evidence base on UK adult modern slavery survivors' access to psychological assistance; the extent to which they could access support and the impact of this access. An overwhelming majority of survivors of modern slavery (97%) who participated in our survey (n=90) expressed a need for psychological assistance while in the National Referral Mechanism (NRM). However, 44% of those who needed psychological assistance, which included both UK (n=1), non-UK (n=33) nationals, and those whose nationalities were unknown (n=4), indicated that their needs were **not** met. We found that there is lack of clarity in policy and practice regarding the specific entitlements to psychological assistance, and **significant barriers to accessing appropriate support** for both survivors of modern slavery, and those who support them.

In addition to external psychological assistance, survivors rely heavily on **individual coping strategies** and personal resilience to cope with triggers and overall distress. Access to other assistance, beyond psychological assistance, plays a key role in mental wellbeing. The **interrelationship of entitlements** under the European Convention on Action against Trafficking in Human Beings<sup>i</sup> (ECAT) is key for survivor wellbeing; psychological assistance cannot have a meaningful impact on survivors' recovery unless access to other ECAT entitlements, particularly safe and secure accommodation, is also assured.

A range of **community-based institutions and resources** are also important for survivors' mental wellbeing, including faith communities, activity groups provided by charities, volunteering opportunities, and survivor of modern slavery communities. **Wider UK policies and procedures** can also negatively impact on survivors' mental wellbeing, including the asylum process, accessing appropriate accommodation, delays in the National Referral Mechanism (NRM) process and having No Resource to Public Funds (NRPF).

## Why is this important?

The psychological impact of modern slavery is well documented in academic literature<sup>iii</sup> and 'psychological assistance' is an entitlement granted to victims of modern slavery by ECAT. The 2021 UK evaluation report by the Group of Experts on Action against Trafficking in Human Beings (GRETA) called for the UK to 'guarantee timely access of victims of trafficking to psychological assistance and ensure that it is provided for as long as their individual situation requires, in order to help them overcome their trauma and achieve a sustained recovery and social inclusion.'<sup>iv</sup> By understanding survivors' perspectives on psychological wellbeing and ensuring that timely, appropriate, and survivor-informed assistance is provided, policy makers and practitioners can have a positive impact on survivors' mental wellbeing and better support their journey towards psychological recovery.

## Recommendations for UK Government

- Clarify the entitlement to psychological assistance in modern slavery policy, including in s49 Statutory Guidance under the 2015 Modern Slavery Act.
- In line with Article 12 (d) of ECAT, ensure survivors supported in the NRM are provided with information throughout on the services available to them, including psychological assistance, in a language they can understand.
- Enable survivors' access, through the Modern Slavery Victim Care Contract (MSVCC), to activities to support mental wellbeing, beyond counselling and psychotherapy, such as exercise and volunteering.
- Ensure provision of all ECAT entitlements, especially appropriate and secure accommodation, and that provisions meet Slavery and Trafficking Survivor Care Standards.<sup>v</sup>
- In addition to the Recovery Needs Assessment<sup>vi</sup> to determine ongoing mental health needs, seek survivor feedback on, and assess the appropriateness of, psychological assistance provision received in the NRM prior to conclusive grounds decisions.
- Reduce timeframes for NRM decision-making to provide greater stability for survivors' wellbeing.
- Extend 'priority need' housing status to survivors with a positive Conclusive Grounds decision who are eligible for assistance.

## Research overview

Conducted between September 2021 and June 2022, the purpose of this research was to update the evidence base on modern slavery survivors' access to psychological assistance. Utilising an evidence-based model for community-led assessments called the Mental Wellbeing Impact Assessment (MWIA)<sup>vii</sup>, the research team sought to understand psychological assistance from the lived experiences of survivors of modern slavery in the UK.

This study uses the term 'mental wellbeing' in keeping with the MWIA model, but it is recognised that the terms psychological recovery, mental health and mental wellbeing are often used interchangeably in modern slavery policy and practice. Survivors understood these terms differently, with psychological recovery often seen as an end goal, mental health as relating to diagnosed psychiatric conditions, and mental wellbeing as the ability to function and manage the impact of trauma on a day-to-day basis. During the workshops, all three terms were used by survivors when asked about the needs that psychological assistance should meet.

The MWIA model identifies four key protective factors for mental wellbeing: enhancing control; increasing resilience and community assets; facilitating participation, and promoting inclusion. These were broadly borne out by the findings of this research, along with a key additional factor of safety.

The research process involved:

- A **desk-based literature review** drawing on existing academic research and grey literature to understand the contributing factors and barriers to mental wellbeing for survivors of modern slavery
- **Two online surveys** completed by 90 adult survivors of modern slavery (including British and non-British survivors) who are receiving/have received NRM support in England and Wales, and 25 staff who provide direct services to people both in and outside the National Referral Mechanism [NRM]
- A series of **six workshops** held online (four for survivors, with a total of 30 participants, and two for direct service providers, with a total of 10 participants).

In addition, the research aimed to create and test a process for collaborating with survivors of modern slavery as peer researchers in order to increase survivor voice, presence and capacity in the interactive production of knowledge. Three survivor peer researchers engaged in research design, data

collection and analysis; contributing to all aspects of the research. A **Peer Researcher Development Curriculum and Programme** was also created and implemented for training and preparation of peer researchers. Content and materials from the programme have been shared publicly, to be utilised by those interested in co-production of research with survivors of modern slavery.<sup>viii</sup> The final element of the project included a **qualitative evaluation of the impact of research engagement on peer researchers' wellbeing** which we intend to publish in a future academic article.

## Findings & recommendations

### Clarify psychological assistance entitlement

The UK Government attempts to meet its international obligations to support adult survivors (as per ECAT) through the Modern Slavery Victim Care Contract (MSVCC). Support organisations sub-contracted in the MSVCC can either provide in-house psychological assistance or signpost survivors to mainstream psychological support services.

The Modern Slavery (s49) Statutory Guidance<sup>ix</sup>, which provides guidance for support providers, does not currently define psychological assistance or psychological recovery. Emotional and mental wellbeing are required to be considered in the Initial Risk Assessment undertaken at the point of referral to the MSVCC, and the section on medical treatment, assistance and counselling sets out the need for a trauma-informed approach to working with survivors, as well as the need for health screening on entry to the NRM to assess any unmet physical or psychological medical needs. The specific guidance on psychological health and counselling is limited and does not make reference to trauma or wellbeing. It sets out that survivors should access mainstream support via a GP or other health agency, which could include support from Community Mental Health Teams, Improving Access to Psychological Therapies services, and support with substance use issues and during a mental health crisis. These services are currently operating under sustained pressure with limited resources, and practitioners may also have limited specialist knowledge of the needs and experiences of survivors. A March 2022 update to the statutory guidance does though note that private counselling can be funded under the MSVCC where NHS is unavailable or cannot be accessed within a reasonable timeframe.<sup>x</sup>

The majority (81%) of survivor survey respondents indicated they received some form of psychological assistance, which they defined in a variety of ways. The assistance varied from receiving a referral to mainstream or specialised services, to

<sup>i</sup> Of the 90 survey respondents, two stated they were from the UK, 78 were from 29 other countries (including 32 from Nigeria), one person noted that they were

stateless and now based in the UK, and 9 respondents' nationalities were unknown/they declined to state.

accessing informal support from case workers, to receiving 1-on-1 counselling. Asked how services were accessed, and allowed to select several responses, participants shared that they received assistance directly from NRM providers (31/90) and through referral organisations (43/90). Participants (19/90) also found assistance on their own. Of those who received support from their NRM provider or other organisation, for 23% (18/77) this support ended before their Conclusive Grounds decision. For 30% (23/77), the support ended when they received their decision or shortly afterwards. To both survivors and service providers, it was unclear what is covered under the entitlement in specific terms, and what survivors' options are if the provision of services does not meet an individual's needs. Survivors and service providers also noted that the support offered was often resource-led, based on what was available, rather than based on the survivor's assessed needs.

There is also no guidance on the length of time someone is entitled to psychological assistance i.e. the duration of the support. Participants reported receiving support and having it end abruptly.

*"We are more like time bombs when we're rescued and depending on the quick service one gets can either explode or defuse the bomb. Counselling should readily be available when one moves into the NRM. I am starting all over again with therapy and counselling and crying and isolating myself."* - Survivor survey

Provision of psychological assistance tended to be resource-led rather than needs-led, and survivors reported long waiting lists and restrictive eligibility criteria preventing timely access to support.

*"I think in my own journey, the biggest barrier for wellbeing has been thresholds, in the sense that if you want to get mental health support, you've got to fit a criteria. So I think organisations that recognise that everyone's different and on different levels helps with wellbeing, but to get support for wellbeing it's almost like you have to fit a box."* - Survivor workshop

When asked what type of additional support would help survivors' psychological recovery and wellbeing, several echoed this statement: *"Transport fares to the support groups or therapy."* Although these costs should be covered under the MSVCC, in pragmatic terms, it is difficult for survivors to access this funding. Echoing previous research findings<sup>xi</sup> participants in the workshop shared that they do not have cash on hand to pay for these costs. It is also important to note that the MSVCC only reimburses costs after the first £10. There were also particular challenges for survivors living in remote areas, or locations with limited options for specialist support.

The March 2022 update to the statutory guidance explicitly states that private counselling can be funded under the MSVCC where NHS is unavailable or cannot be accessed within a reasonable timeframe.<sup>xii</sup> This is a welcome clarification and has the potential to reduce waiting times. However, there is a continuing need to address the issues raised by survivors of the need for holistic, survivor-centred and culturally appropriate psychological assistance with specialist services.

Whether or not participants were receiving statutory psychological assistance, they also discussed their extensive use of **individual coping strategies** to support their wellbeing. Survivors showed significant resilience in the face of the ongoing impacts of their experiences on their mental wellbeing. However, survivors and service providers both noted that often survivors had to be resilient to compensate for the lack of external support available to them. Survivors also identified barriers to implementing their coping strategies. For many, distraction activities to keep their mind occupied were important, but lack of money or access to jobs and study meant that the activities available to them were limited.

*"If you want to watch a movie, then you'll need a device to watch it on, and then you need the money to pay for the data to do that and so finances are a big one, so this is why during lockdown we ended up buying some tablets and loaning them out to clients, so that could be a form that distraction."* - Service provider workshop

## Enable survivors' access to mental wellbeing activities and support

The concept of psychological assistance in s49 Statutory Guidance is narrowly focused on a medical approach to mental health. However, both survivors and service providers indicated that the practices they use to support their psychological needs go far beyond the treatment of mental illness diagnoses. Indeed the Modern Slavery Victim Care Contract (at section 6.11 of Schedule 2.1)<sup>xiii</sup> makes references to the provision of 'Non-Specialist Wellbeing Interventions', in addition to 'Specialist services' such as counselling.

The wider wellbeing practices noted by research participants included the use of their personal faith, physical exercise, building community (e.g., with other survivors, in cultural, faith-based communities), and pursuing volunteering and education, to name a few.

Several participants raised issues with the narrow focus of some services on a particular definition of psychological assistance that did not necessarily meet survivors' needs.

*"The type of therapy, it's very ad hoc [...]. It's very low key, and it's CBT. It's not helpful to survivors at all, if anything it's more triggering and they find it difficult to engage."* - Service provider workshop

*“One of the things that will be more effective [...] would be giving survivors the opportunity to have more choices, rather than the limited choices that are given these days. Because now it’s more like, we know you need this, but this is what we’re offering you. So if you really need it, you just have to take it. There are no more options there. There’s no empowerment in that, because people are still stuck in limbo.” - Survivor workshop*

Survivors identified several barriers to accessing mental wellbeing support, including a lack of awareness of the support available and practical issues such as language barriers and location. For survivors who had experience of psychological therapy, they noted barriers including lack of knowledge among service providers and being encouraged to discuss traumatic experiences when they did not feel ready to do so. Some survivors felt they were judged when they told their story, which impacted on their ability to engage with support.

*“I want to talk about my therapist. It never clicked between us, you know, when you are sitting in front of someone and you’re supposed to be feeling comfortable and start talking. But with that specific one there was nothing that clicked, it was like I was being judged. And she always had an answer for everything I’m saying like she said, ‘oh why don’t you do this, why don’t you do that’, instead of saying, ‘what would you like to try?’” - Survivor workshop*

*“When I talked about my mental health I went to the GP and my caseworker. The first thing they could do, because I have a child, was to get the social services involved, which was very, very scary for me. So at that point, I could not express myself again. [...] I feel if you have a child and you say you’re experiencing mental illness, they think you’re going crazy and you’re going to harm a child so because of that you can’t express yourself.” – Survivor workshop*

Survivors and service providers also gave examples of practitioners who lacked knowledge of modern slavery and cultural awareness, or who demonstrated racist attitudes.

*“I’ve had clients who have had difficult times with GPs, where the GP is just not trained [in survivors’ needs], doesn’t refer on and doesn’t believe them, or doesn’t give them the right pain medication. And I don’t know, this is just a doubt in my mind, I’m always just thinking of institutional racism, you know, these people are from other areas, other countries; ‘you can deal with a bit of pain’, you know? That’s just my take on it, but I see it a lot.” - Service provider workshop*

*“I think it’s lack of professionalism, because even though they’re working with survivors and they might have many*

*years working with them, they do mix up people from different countries, they don’t understand the cultures. There’s a lack of cultural awareness as well, they’ve been like, oh, well you’re Pakistani, this is what happens. Well I’m not from Pakistan, I’m from Albania, there’s different cultures and different things.” – Survivor workshop*

## Evaluate the effectiveness of service provision on survivors’ mental wellbeing

Survivors and service providers highlighted the need to distinguish between whether psychological assistance was offered and whether it met the needs of survivors. Such an assessment needs to be undertaken at the individual level as well as at the service-level, as part of existing monitoring and evaluation processes.

Although a survivor may indicate that support was received, 44% of survey respondents also said that the support did not meet their needs. Several survivors felt that provision of psychological assistance was seen as a tick-box exercise, with a lack of follow-up to assess the appropriateness and impact of the support received.

*“The system wanted me to have therapy, but I wasn’t feeling ready. There was this idea that if I go to therapy it’s going to support me and my recovery, when really I was feeling, no, it’s supporting your system and tick boxes.” - Survivor workshop*

*“They don’t differentiate between different types of therapy, they just go, oh you got therapy and that’s okay. There’s no individual assessment to say whether that person’s got the right therapy.” - Survivor workshop*

Survivors also noted that their mental wellbeing was often judged by external factors, such as having a job or relationship, rather than a meaningful engagement with their inner world.

*“Sometimes survivors can disguise their wellbeing by being busy or trying to find a sense of purpose, but then on the outside, people will say, but you’re working so you’re financially okay, or you’re busy, but underneath it could be like a survivor with a disability or health issues.” - Survivor workshop*

*“Just because I am married or have children, that doesn’t mean I’m not suffering. It’s like engraved in my brain. It’s like I am living a nightmare. I don’t sleep, I have dark circles under my eyes, like somebody punched me, it’s there permanently. So all these scars remind you of everything that you’ve been through and then people come and just judge you because you have kids you should be happy.” - Survivor workshop*

*“Mental health is connected to emotional and psychological state of mind. Every factor affects our wellbeing every day,*

*from day to day, so for instance, if you have sad news or somebody has upset you [...], all this contributes to the psychological state of mind, and that will trigger trauma and depression, anxiety.” - Survivor workshop*

Assessment of survivor needs tends to be focused on the period when survivors enter the NRM, and following their receipt of a Conclusive Grounds decision. There is a need for a holistic and dynamic assessment process, with regular review through survivors' time in the NRM process and beyond, to capture changing needs. Survivors need to be provided the opportunity to be able to express if a service or therapy is not meeting their needs, and, if necessary, be provided access to alternative treatments and services.

If a survivor receive a positive Conclusive Grounds NRM decision, support workers are asked to establish, as part of the Recovery Needs Assessment (RNA), whether or not the victim has any ongoing health needs, both physical health and mental health, arising from their modern slavery experiences. This presents an opportunity to assess whether the psychological assistance they have been receiving through the NRM has been appropriate and effective, and whether further support (including alternative forms of support) is required to meet their ongoing mental health needs. The impact of broader mental wellbeing activities, beyond psychological therapy, could also be captured as part of this assessment.

### **Ensure provision of all ECAT entitlements, especially housing, and that provisions meet Slavery and Trafficking Care Standards**

Highlighted in our stakeholder workshops was the importance and interconnectedness of all ECAT entitlements to mental wellbeing. Appropriate and secure accommodation was the most prominent, but the importance of other entitlements was also raised, particularly in relation to material assistance, legal advice and access to interpreters.

Over half of our survey respondents (63%) indicated that they received appropriate and secure accommodation, but 26% felt that they did not receive such accommodation. Participants indicated that it is not merely the provision of accommodation, but the standard of accommodation and the ability to enact common freedoms while in their accommodation is also important. Several participants referred to the restrictions in place in safehouse accommodation as having a detrimental impact on their wellbeing, particularly not being able to have friends to visit and having limitations on their freedom.

*“I think the safe house rules need to change because they're more like [...] controlling us. Keeping us in a cage, we've got no movement, we've got nothing, we have to be listening to them. [...] Yes, they have to ensure that we are safe and stuff but that doesn't mean that they have to*

*control our movements, they have to tell us what time to sleep, what time to wake up or this you can do; this, you can't do. As long as we are not breaking the rules, then they should just let us live our lives.” - Survivor workshop*

Participants also raised concerns about their physical safety in some safe house accommodation, and the impact this had on their wellbeing.

*“The poor service and negligence I received in the former mixed gender safe house drew me five steps backwards. I've had to start from scratch and feel like I have been rescued twice. The first time was from the frying pan into the fire and the second from the fire onto a plate. The former safe house and my perpetrator's house are literally the same. [...] A safe house shouldn't be like that.” - Survivor workshop*

Article 12 of the ECAT highlights survivors' entitlement to information regarding their 'legal rights and services available to them'.<sup>xiv</sup> Research participants shared a lack of understanding of their rights:

*“I think lots of organisations help in different ways giving moral support, some giving proper guidance, but I have to find out this kind of thing on the Internet otherwise no one can suggest it to me, so I'm searching the internet for which support is best for me. This kind of thing is helpful for us who are victims of modern slavery or asylum seekers, they need this kind of information.” - Survivor workshop*

### **Further key findings: Policies and procedures harmful to survivor wellbeing**

Survivors and service providers indicated that policies and procedures related to the NRM, to seeking asylum, regularising immigration status, and securing accommodation, as well as the condition of having No Recourse to Public Funds (NRPF), can have a negative impact on wellbeing. This was mentioned consistently within the survey responses and was raised at all survivor and service provider workshops.

Participants and service providers shared that survivors are often entered into the NRM **without informed consent**.

*“A letter came that had 'NRM' written on it telling me that your NRM case is still waiting. I didn't know what NRM was. I knew that on my first interview they had written something about a victim of human trafficking, but that was it, there was no mention of NRM or anything like that.” - Survivor workshop*

First Responders have varying levels of knowledge, training, and experiences, and have other competing priorities, which prevent them from having the time to ensure survivors understand the NRM process and the support available. For

many survivors, previous experiences have led to a distrust of authorities, which makes it harder to share their account with many of the agencies designated as First Responders.

For those survivors who are also seeking asylum, having to go through both an NRM process and the asylum process concurrently can create psychological harm for survivors. This may require telling a traumatic narrative multiple times to NRM and asylum decision-makers, as well as legal representatives and support providers. Survivors described the negative impact on their mental wellbeing of not being believed or having their credibility questioned, and of revisiting traumatic memories and then being left alone to manage the emotional impact.

Across these processes, participants highlighted **procedural delays and lack of information** as key barriers to wellbeing. Waiting times for decisions, lack of access to interpreters and being accommodated in new areas with limited community support all have harmful impacts on survivors' mental wellbeing. Even for those who gained a positive Conclusive Grounds decision or were granted asylum, it was a struggle to access long-term housing, leading to homelessness or periods of short-term and disrupted accommodation.

The lack of stability in survivors' living circumstances made it difficult to focus on recovery, and in some cases,

psychological therapy services would not provide support until the survivor was in a more stable position.

*"The therapist assessed me and decided that we can't start the therapy, because I need to be in a safe, conducive environment, they said no, we can't start unless you have a better place to live or you become suicidal."* - Survivor workshop

This also highlighted the need for psychological and wellbeing support to continue beyond the NRM once a survivor is in a more settled position.

**Social inclusion and community participation** are key aspects of mental wellbeing, and many participants described how their immigration status prevented them from taking part in meaningful activities such as **education and employment**, and from making a positive contribution to their communities. For those who had the rights to education or employment in theory, in practice the restrictions on the type of employment or level of education meant that these rights could not be accessed.

Survivors subject to NRM conditions found that the challenges accessing healthcare had a significant detrimental effect on their own mental wellbeing, as well as on their children's health, wellbeing and opportunities.

<sup>ii</sup> Siân Thomas and Professor Caroline Bradbury-Jones are based at the University of Birmingham; Jarrai Barrow, Kristen Johannes, Nancy Esiovwa are based at Survivor Alliance; and Dr. Minh Dang, Dr Nicola Wright, Dr Juliana Semione and Vicky Brotherton are based at the University of Nottingham. This project is funded by the Modern Slavery and Human Rights Policy and Evidence Centre (Modern Slavery PEC). The Modern Slavery PEC is funded and actively supported by the UK Arts and Humanities Research Council (AHRC) on behalf of UK Research and Innovation (UKRI), from the Strategic Priorities Fund. The views expressed in this briefing are those of the authors and not necessarily of the Modern Slavery and Human Rights Policy and Evidence Centre or the Arts and Humanities Research Council. Further information about the project can be found here: <https://modernslaverypec.org/research-projects/survivor-wellbeing>.

<sup>iii</sup> Council of Europe. (2005). European Convention on Action against Trafficking in Human Beings.

<sup>iv</sup> E.g. Oram et al., 2012; Ottisova et al., 2016; Zimmerman et al., 2003.

<sup>v</sup> Group of Experts on Action against Trafficking in Human Beings (GRETA) (2021) *Evaluation Report: United Kingdom: Third evaluation round: Access to justice and effective remedies for victims of trafficking in human beings*. Strasbourg: Council of Europe. Available at: <https://rm.coe.int/greta-third-evaluation-report-on-the-united-kingdom/1680a43b36>

<sup>vi</sup> Human Trafficking Foundation (2018) *The Slavery and Trafficking Survivor Care Standards*. London: Human Trafficking Foundation. Available at: <https://static1.squarespace.com/static/599abfb4e6f2e19ff048494f/t/5bc07787e212d8f5b833504/1539340180026/HTF+Care+Standards+%5BSpreads%5D.pdf>

<sup>vii</sup> Home Office, Recovery Needs Assessment (RNA), Version 4.0, published 8<sup>th</sup> November 2021. See, in particular, page 22 'Access to health and mental health care services'

<sup>viii</sup> Cooke, A., Friedli, L., Coggins, T., Edmonds, N., Michaelson, J., O'Hara, K., Snowden, L., Stansfield, J., Steuer, N., Scott-Samuel, A. (2011). *Mental Well-Being Impact Assessment*. 3rd ed., London: National MWIA Collaborative

<sup>ix</sup> <https://www.survivoralliance.org/peer-researcher-curriculum-download>

<sup>x</sup> Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland.

<sup>xi</sup> The Modern Slavery Statutory Guidance at para. 15.184 states - "Private counselling when recommended by a GP or medical professional, not financially benefitting from the recommendation, and where it is unavailable through the NHS or cannot be accessed via the NHS within a reasonable timeframe. A decision on whether counselling can be accessed, via the NHS, within a reasonable timeframe, will be made on a case by case basis, taking into account the individual's specific circumstances". See <https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims/modern-slavery-statutory-guidance-for-england-and-wales-under-s49-of-the-modern-slavery-act-2015-and-non-statutory-guidance-for-scotland-and-northe>

<sup>xii</sup> Davy, D. & Knott, A. (2020). *Going places: Journeys to recovery*. A study on the benefits of providing survivors in the UK NRM with funded transport. Nottingham: University of Nottingham, Rights Lab.

<sup>xiii</sup> The Modern Slavery Statutory Guidance at para. 15.184 states - "Private counselling when recommended by a GP or medical professional, not financially benefitting from the recommendation, and where it is unavailable through the NHS or cannot be accessed via the NHS within a reasonable timeframe. A decision on whether counselling can be accessed, via the NHS, within a reasonable timeframe, will be made on a case by case basis, taking into account the individual's specific circumstances". See <https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims/modern-slavery-statutory-guidance-for-england-and-wales-under-s49-of-the-modern-slavery-act-2015-and-non-statutory-guidance-for-scotland-and-northe>

<sup>xiv</sup> 2020 Modern Slavery Victim Care Contract <https://www.contractsfinder.service.gov.uk/Notice/247ccd4d-b43a-497d-8573-d869f2ae4680>. Accessed 22<sup>nd</sup> August 2022.

<sup>xv</sup> Council of Europe. (2005). European Convention on Action against Trafficking in Human Beings.