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How effective is UK Modern Slavery legislation and policy at a frontline level?

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Introduction to research

Modern slavery has achieved growing prominence in UK political and legal priorities. The Modern Slavery Act 2015 (MSA) makes provisions for survivor support, which has primarily been provided by third sector organisations. Many of these organisations operate under government contracts, with a significant number of smaller agencies providing services through charitable funding.

This research is concerned with the experiences of those at the forefront of survivor services, both providers and recipients of care. It also explores links to the experiences of victims of other traumatic crimes, for example, rape and domestic abuse, and how their role as witness in the criminal justice system impacts their overall experience.



Published by Human Trafficking Foundation, with the aim of ensuring that adult survivors of trafficking and slavery would consistently receive high quality care wherever they are in the UK.



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Many support agencies are regionally based with limited funding. Do service provisions vary according to area, ethos and capacity?

“Long term support is crucial to any survivor’s recovery. Without it, you may as well have not rescued us at all”

Research methods

- Doctrinal literature review of current awareness
- Documentary analysis of legislation, policy and service standards
- Qualitative empirical research: semi-structured interviews with frontline practitioners and service users of statutory and non-statutory agencies
- Data is thematically analysed on a constant comparison basis, to capture themes and patterns

Key findings so far

- MSA is rooted in criminal law, with focus on perpetrator motivation rather than survivor perspective. Justice relies heavily on victim testimony and engagement with National Referral Mechanism (NRM). For survivors, however, immediate needs are the priority; many just want to work and will often refuse NRM, which then denies them statutory support.
- Survivors come from a range of backgrounds, often with multiple additional needs. This requires bespoke, holistic care pathways with minimum consistent standards of advocacy and support. All study participants cited multi-partnership working and communication between agencies as being crucial to ensure these standards.



• Location has an impact on consistency and depth of available support; metropolitan areas have the strongest links to additional services. Specialist trauma therapy and suitable accommodation are highlighted as the greatest overall needs in longer term support.

• There are ongoing concerns that deportation/repatriation will be the ultimate outcome even for NRM clients. Investigations under the MSA are more costly and complex than immigration enforcement, but government resources for the latter are greater than funding for post-intervention support.



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