

Cross-Party Group on Human Trafficking

7 May 2024 6.00 pm

Minute

Present

MSPs

Rhoda Grant MSP

Bill Kidd MSP

Invited guests

Dr. Andrea Nicholson

Dr. Carole Murphy

Non-MSP Group Members

Alison Raybould (Salvation Army)

Annie Wenn (MSP Katy Clark's office)

Anushya Kulupana (The Red Cross)

Chris Murray (COSLA)

Chris White (MSP Bill Kidd's office)

Elena Kerr

Ella Higgins (UNHS)

Fionn McArdle (UNHS)

Gari Donn (UNHS)

Gemma Corbett (MSP Rhoda Grant's office)

Iris Aliska (UNHS)

Laura Nacyte (Women's Support Project)

Janice Wilson

Joy Gillespie (SOHTIS)

Karen Murdarasi (Restore Glasgow)

Nadia Al-Haddad (University of Dundee)

Sheila Miller

Steve Rawbone (The SWC)
Susan McKellar

Apologies

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Adopt Minutes of the previous meeting

To be confirmed post-meeting.

Presentation from the University of Nottingham on survivors of human trafficking

Presentation on the findings of the research project: Pathways Through Liberation: Revealing Survivors' Support Journeys Outside of the UK National Referral Mechanism

Dr. Andrea Nicholson and Dr. Carole Murphy

AN: I'm a lecturer in international relations at the university of Nottingham and Carole is a lecturer from the University of Twickenham, London, and we have worked on this project together the past three years. The research was funded by the Economic and Social Sciences Council.

The research included survivors of Human Trafficking sourced from participating NGOs. The design included interviews with survivors supported in Scotland and elsewhere, co-creation workshops and comparative analysis of support frameworks across countries. We wanted to understand the survivor experience and the positive and negative factors affecting positive recovery and prevention of re-trafficking, and identify opportunities for improving the Scottish system.

We examined quality of life indicators from survivors, which indicated that Scottish survivors experienced a high levels of social support, safety, meaningful lifestyles and opportunities, but low levels of health, recreational opportunities, financial resources and had a lot of negative feelings.

The co-creation workshops identified several opportunities for national improvement: NRM reform in terms of informed consent and standardised training, and in Scotland the need for an Asylum reform, perhaps because the interviewees were all with a leave to remain instead of being British.

Conversations about informed consent centred around improving participant understanding of the services available, the process of identification and recovery, and about the stakeholders involved. We agreed that perhaps consent should be revisited after a month.

The lack of standardised training undermined the quality of support offered by each stakeholder, especially from the vulnerability perspective.

From a comparative perspective, Scottish NRM outperforms all other UK nations, which can be attributed to the centralisation of services around Glasgow which facilitates access, early prevention and support services and the flexibility of partnerships between various authorities. However, Glasgow can only service a limited amount of people, which is a concern as not everyone can even access this service hub. Moreover, if case numbers escalate, the system can experience backlog. The centralisation of services can also pose an issue to identifying victims outside geographical scope, and continuing support if they are relocated.

Post Presentation Questions

BK: Thank you. Carole, do you have anything to add?

CM: Just that I have detailed information on potential standardised training, if anyone has questions.

BK: How was the participant sample sourced?

AN: The survivors we met with were identified mainly by NGOs, in Scotland that would be Migrant Help and TARA, but there was a combination of authorities involved depending on an individuals experience.

RG: I was interested in the positive attributes of services and stakeholders involved in NRM. As the MSP for the Highlands and Islands, I would like to hear more what we can do to improve the reception and integrations of migrants and survivors of trafficking to our smaller communities.

CM: I can respond from the training perspective. In Scotland the spirit and positive intent is there, but we found that the cultural competencies of supporters could be improved to support people who can come forward better.

AN: I have an example of a person who was placed in a flat an hour away from Glasgow. They had a child and were religious, but had no resources to take the bus to access childcare groups or her religious community, which was very isolating. Making sure these considerations are

included and these groups flagged for survivors could be important. Also, moving individuals from areas of high support and community like Glasgow or Dundee to further away is isolating and often harmful.

JG: I would like to touch base in the future about your findings and work pertaining to working with individuals with needs past the 90-day NRM check up period, as those are the individuals we at SOHTIS most work with. But, I would like to know more about the pre-NRM work, and especially what do you mean by revisiting consent after a month of entering the NRM service: is this a month after application or a month after using services or? Moreover, how can we approach extending services to a wider geography? It is out of our control where survivors are placed, and whether those needing identification are within our radius.

AN: We also want to create a better understanding of the time between identification and NRM that you discussed, as most of the individuals we work with were rescued and overnighted to Glasgow for example. The perfects system of consent would involve a 30 day period between rescue or identification and signing onto the NRM, so that survivors could gain a better understanding of what they are consenting to. But in recognition that it is unlikely that all UK nations are willing to offer support to individuals who are not confirmed victims, the proposed change would see a re confirmation of support after a month of being in the NRM system. The amount of information given at the start is overwhelming, especially at such a vulnerable time. One point of confusion was data processing. This change is a very low cost solution.

JG: What are your view on the legislative changes and their impact on the process of consent?

AN: Many NGOs are reeling with the changes in England, but from what I understand from these partners, they are just figuring out how to improve the NRM in light of the two new bills, and we too are looking into this.

JG: I wanted to also address a previous point of preventing similar situations as the other nations experience. In England the support system is contracted to the Salvation Army, which then subcontracts to other service providers to offer support for survivors. There's a direct relationship with the government in these cases, which restricts case flexibility and tailored support which we have in Scotland.

CM: One of our findings was indeed perhaps recreating the system of integration and network of various providers in England, but we realise the difficulty of increased number of victims and geographical dispersion. But we have made proposals for changing practices in England to reflect Scottish Practices. We also proposed changes to the training again, especially from the legislative perspective.

KM: I represent Restore Glasgow, but in the capacity of a church member I would point out the relevance of churches operating in areas that NGOs cannot reach. What is the best way for churches to improve their support to survivors of trafficking?

AN: Flagging any NGOs offering services to the homeless and socially marginalised, as they can make informed decisions about the best strategy for each individual. You can also point individuals towards well connected churches that can offer improved support. The survivors we spoke to reached out to churches, but those liaisons perhaps had lower cultural and religious competencies which prevented meaningful engagement.

CM: Maybe it could be beneficial to map churches and their competencies, to help individuals seek out information on different services. The Human Trafficking Foundation has an information hub for example.

ET: I am a legal case worker at JustRight Scotland at the human trafficking centre, and it is very interesting that you mentioned the advocacy support in Scotland being centred around third sector organisations during NRM. I was wondering if this was also relevant for individuals post NRM, as they experienced a loss of support after their NRM journey from the social services they were supported by during NRM. Thoughts?

AN: We found that the cut off of support after the NRM process could even put individuals at risk of re trafficking, as they had to get loans or questionable work to seek legal advice. This highlighted the importance of the third sector after the NRM process, and especially the legal advice offered by various stakeholders. We had an issue with data, as we could not pinpoint where the advice survivors received came from, as survivors did not entirely understand the system. Therefore, we do not have a good understanding of the quality or nature of social support post-NRM.

SM: Will the slides be shared?

AN: We can share those, our Scotland report and training brief with the CPG mailing list.

Date of Next Meeting

10.09.2024