



Dame Sara Thornton DBE QPM
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3 March 2020

The Royal College of Paediatrics and Child Health
5-11 Theobald's Road
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Dear Professor Russell Viner,

I am writing to you about the lack of adequate provision of training for doctors in the area of Modern Slavery Human Trafficking (MSHT).

MSHT is an egregious violation of men, women and children for the purposes of forced labour, sexual exploitation, forced marriage, domestic servitude, organ harvesting and forced criminal activities, including county lines.

There is no accurate way of estimating how many people are living and experiencing MSHT within the UK. However, the National Crime Agency suggest "tens of thousands"¹, the Home Office estimated "10,000-13,000"² in 2012 and the Global Slavery Index estimate 136,000³. That would mean 2 per 1000 individuals.

There is an increasing amount of research which documents the severe impact of MSHT on the physical and mental health of victims and survivors, but we also know this is not limited to an individual. MSHT is a public health issue⁴, stemming from poverty and inequality, whilst self-perpetuating and contributing to detrimental social determinants of health. This country needs to address MSHT from a public health and healthcare perspective in order to tackle this crime in a person-centered, holistic and effective way.

Our health service needs an effective and coordinated response to MSHT. Some studies suggest as many as 68% of victims present to healthcare settings when they are experiencing exploitation, with

¹ The Guardian, 2017 Tens of thousands of modern slavery victims in UK, NCA says.

<https://www.theguardian.com/world/2017/aug/10/modern-slavery-uk-nca-human-trafficking-prostitution>

²HM Government. *Modern Slavery Strategy*. [online] London, 2014: Open Government Licence v3.0. Available at:https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf [Accessed 30 Jun. 2019]

³ Global Slavery Index. *Country Data | Global Slavery Index*. [online] 2018. Available at:

<https://www.globalslaveryindex.org/2018/data/country-data/united-kingdom/> [Accessed 23 Jan. 2019].

⁴ Such E, Laurent C, Salway S. 2017. Modern Slavery and Public Health, Public Health England.

<https://www.gov.uk/government/publications/modern-slavery-and-public-health/modern-slavery-and-public-health> (last accessed 1 February 2018).

just over half of those being seen by emergency/urgent care practitioners⁵.

Despite this, healthcare professionals don't feel they have the knowledge and confidence to know what to do when they encounter someone who may be trafficked. In 2015, a survey of 782 NHS healthcare professionals found that 95.3% percent were unaware of the scale or extent of MSHT in the UK. One in eight healthcare professionals said they know or strongly suspect they have come in to contact with a victim (one in five in maternity services), yet 78.3% reported that they had insufficient training to assist trafficked people. Importantly, 86.8% reported lacking knowledge of the questions to ask to identify potential victims⁶. This research highlights a serious knowledge and confidence gap amongst frontline clinicians, who may be the only individuals encountering trafficked victims at their most vulnerable. Crucial opportunities to intervene and offer safety and choice are being missed.

“Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff”, an intercollegiate document, established that “forced marriage, modern slavery and grooming and exploitation”, “county lines” and “child trafficking (internal and external)” are considered core competencies for all levels of safeguarding, expected of all healthcare staff⁷.

It is positive to see that your current curriculum references MSHT and the ability of trainees to recognise the potential warning signs of child-trafficking. It would be beneficial for your curriculum to develop this further and incorporate reference to adult trafficking, as although specialising in paediatrics and child health, frontline clinicians may be in a valuable position to identify adult victims who are a parent, guardian or other relative of a child in their care. This approach will ensure that training bodies are able to train and equip healthcare professionals to identify and safely respond to all forms of MSHT.

Under the terms of the Modern Slavery Act of 2015, I am charged with encouraging good practice in the prevention, detection, and investigation of slavery offences, and the identification of victims⁸. My first [strategic plan](#) was laid before Parliament in October 2019 and I have prioritised the care and support of victims. Herein lies a crucial opportunity to do so. It is a stated goal of NHS England to support staff in accessing training on how to identify and safeguard victims of MSHT⁹. Indeed, the duty to safeguard all adults and children is enshrined in the General Medical Council's statutory guidance, “Good Medical Practice”, upon which all medical education in the United Kingdom is based¹⁰.

⁵ [J Health Care Poor Underserved](#). 2016;27(3):1220-33. doi: 10.1353/hpu.2016.0131

⁶ Oram S, Hemmings S, Abas M et al. Provider Responses Treatment and Care for Trafficked People. Department of Health, 2016. <https://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/assets/PROTECTReport.pdf>. (last accessed 5 February 2018).

⁷ The Royal College of Nursing. (2019). *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* | Royal College of Nursing. [online] Available at: <https://www.rcn.org.uk/professional-development/publications/pub-007366> [Accessed 18 Oct. 2019].

⁸ Legislation.gov.uk. (2019). Modern Slavery Act 2015. Charter 30, Part 4, Independent Anti-Slavery Commissioner. [online] Available at: <http://www.legislation.gov.uk/ukpga/2015/30/part/4/enacted> [Accessed 18 Oct. 2019]

⁹ NHS England (2019). *NHS England » NHS England slavery and human trafficking statement*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/safeguarding/slavery-human-trafficking-statement/> [Accessed 18 Oct. 2019]

¹⁰ General Medical Council (2019). *Good Medical Practice. Domain 2: Safety and quality*. [online] Available at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-2----safety-and-quality#paragraph-24> [Accessed 18 Oct. 2019].

Following consultation with NHS safeguarding leads and experts in the field, both clinical and within academia, this office has identified a key opportunity for the Royal Colleges to take the lead in the efforts to safeguard patients against MSHT with all its deleterious consequences. We propose that the inclusion of reference to MSHT within your curriculum, in the context of both children and adults, would equip trainee doctors to safeguard this vulnerable patient population.

I am therefore writing to urge you in the strongest possible terms to include reference to Modern Slavery Human Trafficking (MSHT) and the exploitation of both children and adults within your curriculum for trainee paediatricians.

I look forward to receiving your response. In the interests of transparency, I request that you respond in a way that enables me to publish your letter on my website.

Sincerely,

A handwritten signature in black ink, appearing to read "San Yuen". The signature is fluid and cursive, with a large initial 'S' and a long, sweeping tail.

Independent Anti-Slavery Commissioner

Dame Sara Thornton
Office of the Independent Anti-Slavery Commissioner
5th Floor, Globe House
89 Eccleston Square
London
SW1V 1PN

Sent via email to: shelley.perera@iasc.independent.gov.uk

Tuesday, 30 June 2020

Dear Dame Sara,

Thank you so much for your letter dated March 3 and my sincere apologies for not responding before now.

It goes without saying that the RCPCH recognise the importance for our trainee paediatricians to be trained and have understanding of the issues relating to Modern Slavery and Human Trafficking (MSHT).

As you may be aware the RCPCH's new Progress curriculum was approved for use by the GMC in 2018 and is an outcomes based curriculum and so the descriptors provided to trainees throughout their training will be high level and generic, however we do provide examples in the curriculum throughout each of the three levels of training as to how trainees can meet their learning objectives and key capabilities as outlined below:

Level 1

- Applies knowledge about child exploitation issues, including child trafficking, child sexual exploitation, child labour, child soldiers and unaccompanied asylum seekers
- Applies knowledge about the effects of armed conflict on children

Level 2

- Identifies the risk of factors relating to child exploitation

Level 3

- Applies knowledge of the local referral pathways for child sexual exploitation
- Recognises the potential warning signs of child trafficking, forced marriage, forced labour and female genital mutilation, and describes the health problems that may ensue

These of course are just examples and there are many ways that trainees can meet the requirements of the curriculum, but if there is anything else you feel we should add as examples do not hesitate to let me know and I will pass on to our Quality & Standards team.

We have recently written guidance to inform and support paediatricians with the assessment and management of children and young people of refugee background¹. We will continue our political advocacy in this area so that Government implements its duty and obligations to protect these children.

Please do keep me informed of the work on the National Training Standards Framework for MSHT and let me know if there is anything I can do to assist with this important project.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Viner', with a horizontal line underneath.

Prof Russell Viner
President

(Electronically signed in the age of COVID-19)

¹ <https://www.rcpch.ac.uk/resources/refugee-unaccompanied-asylum-seeking-children-young-people-guidance-paediatricians>

Professor Russell Viner
President of the Royal College of Paediatrics and Child Health
The Royal College of Paediatrics and Child Health
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WC1X 8SH

18 September 2020

Dear Professor Viner,

Thank you for taking the time to respond to my letter dated 3 March 2020, especially given the significant demand on the health sector over the past few months. I was encouraged to see the importance your response placed on trainee paediatricians having an understanding of modern slavery and human trafficking (MSHT).

It is positive to see that the Royal College of Paediatrics and Child Health's new curriculum includes reference to child trafficking and exploitation across all three tiers of training. Within your response, you invited suggestions for further examples to help trainees meet the requirements of the curriculum. I therefore strongly recommend that you also include specific reference to Child Criminal Exploitation (CCE) as a category of exploitation. This is an area of increasing concern nationally and can include forced drug dealing (for example through county lines), forced begging, forced shoplifting and cannabis cultivation. During the last quarter (Quarter 2 - April to June 2020), 69% of the 1,274 referrals made into the National Referral Mechanism (NRM) for those under 18 were for cases linked to CCE¹.

In addition, I would encourage you to include the concept of trauma-informed care and practice within your curriculum as a generic approach to the care of any vulnerable patient. Trauma-Informed Practice² is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

I am also delighted to confirm that the new national training standards for MSHT training published by Skills for Care which I referred to in my previous correspondence will be launched on 22 September 2020. The standards outline the recommended levels of training and expertise appropriate for the identification, care and support of victims and survivors of MSHT and are relevant to a wide range of practitioners and organisations. Further details on the launch event, including how to register your attendance are available [here](#).

¹ Home Office (2020) [Modern Slavery: National Referral Mechanism and Duty to Notify Statistics UK, Quarter 2 2020 – April to June](#)

² Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(2), 80-100

Finally, thank you for sharing the your recently published guidance for paediatricians on unaccompanied asylum seeking children.

Sincerely,

A handwritten signature in dark ink, appearing to read "San Yoon". The signature is fluid and cursive, with the first name "San" and the last name "Yoon" clearly distinguishable.

Independent Anti-Slavery Commissioner