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Rt Hon Priti Patel MP Home Secretary Home Office 2 Marsham Street London SW1P 4DF

Dear Home Secretary,

Delivering a public health approach to prevent modern slavery

When we last met in June, I emphasised the need for a greater focus on prevention within the UK's response to modern slavery.

I have recently published an interactive framework for a public health approach to modern slavery with prevention at its core. The framework is evidence-led having been created in partnership with the anti-slavery sector. A report on the supporting research is also published on our <u>microsite</u> alongside a guide for anti-slavery partnerships to help them develop their prevention activity. This work is a collaboration between my office, the University of Sheffield, and Public Health England.

In 2017, a review conducted by Public Health England and the University of Sheffield revealed that public health as a field of theory and practice had much to offer the anti-slavery agenda, but that it was underdeveloped¹. Subsequent work to examine the evidence and consult with the anti-slavery sector in the UK led to an emergent public health approach to modern slavery². In February 2020, I co-chaired a roundtable with Public Health England to bring together key stakeholders to agree next steps. During this roundtable, there was a commitment to developing a framework for multi-agency partnerships, working in collaboration with academics, other government departments, and civil society³.

The framework that has been developed (shown below), identifies the four key components of this approach: national factors; regional and local factors; service design factors and service delivery factors.

¹ Such, E., Laurent, C. and 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/

² Such E, Salway S, Laurent C & Jaipaul R. (2020), 'Modern slavery and public health: a rapid evidence assessment and an emergent public health approach':

https://www.sciencedirect.com/science/article/abs/pii/S0033350619303385?via%3Dihub

³ Office of the Independent Anti-Slavery Commissioner (2020), 'IASC Blog: A public health approach to modern slavery': https://www.antislaverycommissioner.co.uk/news-insights/iasc-blog-a-public-health-approach-to-modern-slavery/

National Factors

National components of a public health approach are crucial in creating an environment that makes modern slavery more or less likely.

There is strong support for national-level policy interventions that are **coherent** across the board, **consistent** with counter-slavery goals, are **coordinated** across government departments and **comprehensive** in terms of legislative protection for victims and survivors.

A PUBLIC HEALTH APPROACH TO MODERN SLAVERY

Prevention led, data driven and multi-agency

Local/Regional Factors

Local work is critical to counter-slavery action. Sometimes local practitioners see their work as compensating for negative effects of some aspects of the broader policy system.

Multi-agency partnerships are seen as the primary mechanism through which local factors can be addressed. Partnerships should have sustainable funding; be multidisciplinary; be action oriented; make an effort to share a common language; and clear escalation routes to 'systems

Service Delivery Factors

leaders' that can affect change.

Good services require consistency across design and delivery.

Trauma-informed practises sit at the core of service delivery in modern slavery. This is applicable to all services, including policing, social work and healthcare. Services should also use empowering practices including providing communication support for non-English speakers, providing peer-led services, paying attention to the dignity and autonomy of individuals and their families.

Service Design Factors

Service design factors are interlinked with and complementary to service delivery factors. When a service is well-designed, marginalised service users are better able to seek, reach and engage with the service intended for their benefit.

Survivors should be included in service design and services should be delivered by an **ethnically diverse** population. Services should be coordinated between multidisciplinary professionals - so that survivor care is **wrap-around**, **personalised**, **and long-term**.

Figure 1 – A public health approach to modern slavery (Such et al 2021)

Since publication of the research, I have been encouraged by the considerable interest from the antislavery sector and beyond. The research team has been invited to present to the Scottish Government, the South West and West Midlands Anti-Slavery Networks, to participate in the College of Policing's Public Health webinar series and to present to law enforcement colleagues in Staffordshire. NHS England & Improvement have also funded a proof of concept study in the South West of England. These are positive steps and it is important that we continue to build on this momentum.

Towards the end of last year, I wrote to all Police and Crime Commissioners in England and Wales with a Violence Reduction Unit (VRU) in order to better understand their priorities and identify any areas of overlap with my own⁴. I received responses from 16 of the 18 VRUs and was particularly impressed by the breadth of work being undertaken and the efforts to embed a public health approach at a local level. I found many VRUs to be delivering interventions to address Child Criminal Exploitation (CCE), so would suggest that these structures, alongside anti-slavery partnerships, have a role in driving prevention activity relating to modern slavery at a local level. The forthcoming Serious Violence Duty in the Police, Crime, Sentencing and Courts Bill 2021 and the requirement for local partnerships to complete a strategic needs assessment and develop a response strategy with the aim of preventing and reducing serious violence also offers a mechanism for encouraging a focus on prevention.

I am aware the Government is currently in the process of updating its national Modern Slavery Strategy. I strongly urge you to use this opportunity to embed a public health preventive approach within the UK's approach to modern slavery. To properly tackle this heinous crime, it is essential that our response includes primary, secondary, and tertiary prevention in order to immunise the

⁴ Office of the Independent Anti-Slavery Commissioner (2020), 'Letter to Police and Crime Commissioners': http://www.antislaverycommissioner.co.uk/media/1519/iasc-letter-to-sue-mountstevens-avon-and-somerset-police-and-crime-commissioner-october-2020.pdf

population, protect those exposed and support those impacted to reduce the risk of further harm⁵. I understand that Public Health England are willing to support this work.

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.

Yours sincerely,

Sun Yura

Independent Anti-Slavery Commissioner

CC: Damian Johnson, Deputy Director Modern Slavery

⁵ Brohi, Vulliamy, Marsden, Carden, Griffiths, Bew, Carver (2019), 'A Public Health Approach to Knife Violence Reduction: Immunize, Protect & Rescue': https://www.c4ts.qmul.ac.uk/downloads/pdf-downloads/a-public-health-approach-to-knife-violence---Imtsv10.pdf





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Thank you for your letter of 12 August regarding delivering a public health approach to preventing modern slavery, and for your continued dedication to eradicating this heinous crime.

I welcome the research your office has done alongside the University of Sheffield and Public Health England, and the opportunities afforded by a public health approach to modern slavery. I was pleased that Home Office officials were able to participate in some of the workshops and discussions as this research was developed. I particularly welcome the framework's emphasis on strengthening prevention activities and putting this at the heart of our fight against modern slavery. We know that preventing vulnerable people from being drawn into slavery is one of the most effective ways of tackling this crime. This is why we continue to invest in research to understand what works to prevent slavery, and assess the risks of modern slavery in policy development, to ensure that opportunities for exploitation are minimised.

As you note in your letter, the Government announced a review of the 2014 Modern Slavery Strategy earlier this year. A revised strategy will allow us to build on the considerable progress we have made to date, adapt our approach to the evolving nature of these terrible crimes, and continue our leadership in tackling modern slavery.

We recently launched a stakeholder engagement process and the first set of roundtables, conducted through the Modern Slavery Strategy and Implementation Group, concluded in July. I was pleased representatives from your office were able to join these discussions. As part of this process, we are interested in understanding the different frameworks available to guide our work to prevent modern slavery, including a public health approach. We will draw from this learning, and other emerging research, to help inform our future approach and how we can work together to tackle modern slavery. We want to make sure that our future framework assists and supports delivery at the local level.

I would welcome continued engagement with you as we shape the strategy. Prevention must and will continue to be a key element of our approach to tackling modern slavery.

Thank you for writing to me about this framework and for your continued work with the anti-slavery sector.

Rt Hon Priti Patel MP