

Findings and Recommendations for Assisted Voluntary Return and Reintegration for Survivors of Modern Slavery
Written by the Human Trafficking Foundation and the International Organization for Migration (IOM) on behalf of the International Policy Working Group

Context

There are a number of different organisations and agencies involved in assisting survivors of trafficking and modern slavery who would like to return to their countries of origin, including the Police, local authorities, victim care providers, international organisations, homeless charities and the Home Office, among others.

The Home Office-run scheme, known as the Voluntary Returns Service (VRS), currently provides assistance to those who are considered vulnerable, have claimed asylum and have no legal basis to remain in the UK and want to return home voluntarily. Survivors (both EU and non-EU) qualify as vulnerable if they have received a Positive Conclusive Grounds (PCG) decision through the National Referral Mechanism (NRM) which then entitles them to return and receive reintegration support to a value of £1000. In most cases, this support is provided in the form cash assistance via a pre-paid cash card. However, if the survivor is returning to one of the countries in the European Reintegration Network (ERIN), in-kind reintegration assistance is provided, instead of cash.

There are also a number of other organisations providing return and reintegration assistance that either seek to complement the VRS (e.g. providing enhanced or in-country reintegration support for certain nationalities), or provide services to survivors who do not meet the Home Office eligibility criteria.

However, little is known about the types of services survivors can receive and what processes/procedures are followed as part of a return process. In addition, little is known about the outcomes for survivors who return. For example, it is unclear if reintegration assistance is being provided to survivors in their countries of origin and whether there is consistency in how this is provided across different countries. It is also unclear if organisations involved in providing return assistance have the resources, capacity and connections in the survivors' countries of origin to assess any potential risk on return.

A number of returns have taken place that give cause for concern. In one case a survivor with complex support needs returned to their country of origin even though it was known that medical facilities in the country of origin could not meet their needs. In another case a survivor returned with no reception or reintegration assistance in place, despite him being unable to return to his family home due to threats from his traffickers.

Members of the International Policy Working Group (IPWG) identified this as an area for further exploration given the vulnerabilities of survivors and the challenges they may face as they seek to recover and restart their lives in their countries of origin.

Building a Better Understanding

In order to build a better understanding of the work which is currently being done to assist the voluntary return and reintegration of survivors, the Human Trafficking Foundation and the International Organization for

Migration (IOM) carried out a survey to identify which organisations are involved and what steps they are taking when an individual indicates they wish to return home.

There were 30 respondents to the online survey which was open in September 2018, including organisations providing support to survivors under the NRM victim care contract and those providing support outside the NRM, as well as the police. This variety of organisations has enabled us to build a more comprehensive understanding of current practice as regards assisted voluntary return and reintegration (AVRR) for survivors, as well as common areas of concern.

The survey was followed by a workshop in November 2018 bringing together those who responded to the survey and other stakeholders for more in-depth discussions regarding current practice in the return and reintegration of survivors. The workshop was attended by 24 participants including police, embassies, homeless charities, anti-trafficking charities, victim care providers, a representative from the office of the Independent Anti-Slavery Commissioner and others. Participants were invited to consider two case studies involving survivors who had returned to their countries of origin.

Key Findings

Survey

- 79% of survey respondents said they do provide some form of practical assistance to help survivors return and reintegrate in their country of origin. This assistance includes booking travel, signposting and making referrals to other services, providing emergency accommodation, financial and psychological support, and in some cases even returning with their clients to ensure they met with organisations involved in providing return/reintegration assistance in-country.
- Of the organisations that confirmed they are providing return assistance to survivors, 62% went on to say they carry out some form of pre-return risk assessments. It is not clear what the remaining 38% do in terms of assessing risk.
- When asked which organisation they might refer to when a survivor expresses an interest in voluntary return, 29% said the Home Office (VRS), other organisations that were mentioned include: embassies, The Salvation Army, the police, Refugee Action, IOM, Migrant Help, Immigration solicitors, homeless charities, and some organisations advised that they provide the support themselves.
- The vast majority of respondents to the survey (83%) said that the survivors they have supported who have chosen to return home have specific support needs. These needs include short- and long-term accommodation, employment, livelihood and subsistence, long-term and complex mental health issues, substance abuse, and stigma.
- Respondents reported that they found it difficult to identify appropriate support services in the country of origin, although there were examples of some specific connections that had been made, such as through Embassies, Caritas, La Strada and others.
- Among respondents that had been involved in supporting returns, 87% reported concerns about the survivor's safety on return. This included: fear of reprisal or re-trafficking; lack of support or support not being of the standard required or on a short-term basis only; lack of employment opportunities and destitution; returning to families and communities that know the person has been exploited and the associated stigma, as well as general concerns about survivor needs going unaddressed.
- In response to a survey question regarding re-trafficking, six respondents reported that their clients had been re-trafficked following return and had re-entered a UK support service. One respondent informed *'anecdotally, we have been told by a victim, of a victim who having received a payment for voluntary return, had that money taken off them by their trafficker'*.

- Survey respondents stated that the main challenges when assisting a survivor to return were: not having contacts in the country of origin to refer to (22%); not being able to find out the risks in-country (22%); a lack of clear procedures (11%); and risk that survivors might be re-trafficked (11%). When describing concerns about risk, one respondent said:
A risk assessment is essential as safe return should be the goal, this is incredibly difficult to fully assess, particularly whilst an investigation/ prosecution is ongoing. The influence of an organised crime group has to be understood and their reaction to criminal proceedings is very unpredictable. Support providers are not equipped to do this alone and close co-operation with NCA/local police forces/Interpol and Europol is needed.
- Almost all survey respondents (93%) said that they are familiar with the VRS, however only 38% said that their clients had returned through this service. It was not clear if support providers are choosing other arrangements, making arrangements themselves, unable to use the VRS service prefer not to engage with VRS/ Home Office or other reasons.
- Survey respondents' experience of the VRS varied considerably. Whilst some describe it as 'efficient' and the money given to the survivor was 'generous and gave opportunities to settle back into home country in planned constructive way', others complained that the VRS tends to 'take a back seat' and 'expects a lot of assistance from the referring organisation', for example in obtaining travel documents and making sure survivors get to the airport safely.
- When asked what might help them better support survivor's needs, survey respondents stated that 'clear procedures and mapping of relevant agencies in most common countries' and 'more information on the process' would be useful. One respondent indicated: 'it would be better if pathways could be developed for a smooth referral process to specific organisations'. Another respondent noted the need for 'Clear procedures and mapping of relevant agencies in common countries of return'.

Workshop

During the workshop there were further in-depth discussions around some key themes which are summarised below:

- Some participants described the challenges they have faced when potential survivors in their care express an interest to return home before they have received their PCG, meaning that they do not qualify for VRS support. A suggestion was made for a process to be established for individuals who would like to return home as soon as possible and not wait for the outcome of an NRM decision. However, it was also agreed that these cases should be exceptions and avoided if possible: every effort must be made to allow survivors time for reflection, recovery, and to take advice in order to make an informed decision.
- Another scenario described by two participants was when they have sought to make an NRM referral for a suspected survivor who has expressed their desire to return home, only to be informed by the first responder that their desire to return home prevents the survivor from entering the NRM, which in turn prevents them from receiving return support via VRS. This created a catch-22 scenario and posed particular challenges when suspected survivors were facing destitution. Lack of access to the NRM was also preventing survivors from having time to reflect and recover from their experience and make a more informed decision regarding return.
- Workshop participants from NRM victim care providers explained that when they refer cases for voluntary return to the VRS, they are responsible for completing a risk assessment themselves. Different providers described the challenges they have with this process, particularly when they do not have contacts in the survivor's country of origin. It appeared as though there was no harmonised approach to risk assessment or mitigation plans and no consistent standards. For survivors returning

outside the VRS, the risk assessment processes varied according to the organisation involved in supporting the return.

- Participants in the workshop also discussed the need for a multi-agency response when a survivor expressed an interest in returning home to their country of origin to mitigate potential risks. A wide range of organisations were suggested to be included in this process, including the VRS, police – both in the UK and in the country of origin, UK Visas and Immigration (UKVI), local authority safeguarding teams (both in the UK and in country of origin, legal advisers, victim care providers and organisations involved in providing return and reintegration assistance (both in the UK and in country of origin), mental health professionals, interpreters and embassies.
- Another topic of discussion focused on survivors with specific medical needs who would like to return home. Support organisations described how they faced challenges in ensuring appropriate medical care could be provided during the flight or on return. One participant described a case in which a medical escort had been provided to a returning survivor through the VRS¹, while most others were not aware that this service was available.
- As regards to reintegration assistance, workshop participants discussed the need for individualised reintegration plans for survivors and agreed that a combination of financial and in-kind assistance would be optimal. Participants raised concerns about the provision of large amounts of cash assistance to survivors who were particularly vulnerable or had issues with drug or alcohol abuse, as there was potential of this putting them in a situation of harm. Participants emphasised their desire to have a network of support providers overseas with single points of contact to ensure smoother referral process, and to be able to monitor survivor outcomes post-return.

Conclusions and Recommendations

This paper highlights that a lot of work is being done by victim care providers, police and others to help those who wish to return to their countries of origin, including efforts to establish links with organisations that could provide in-country assistance. The findings also highlight that the overall picture of voluntary return and reintegration support for survivors returning from the UK is inconsistent, with participants expressing real concerns about **safety and risk assessments, lack of information about and contacts with support providers in countries of origin** and a **lack of clarity and gaps in the current processes**. The following recommendations suggest ways to address each of these points:

Risk assessment and risk management

Stronger risk assessment procedures need to be established to ensure that potential risks for survivors in relation to return are identified and mitigated. A survivor's health-related needs and pre-existing vulnerabilities should be considered in this process and addressed in the UK, during travel and post return to reduce the risk of harm and potential re-trafficking. A risk management plan should be developed in every case which addresses the risks identified during the assessment process and specifies security standards and appropriate procedures to ensure that the risk is reduced to a minimum and effectively managed.² This requires input from all actors involved in the return, both in the UK and country of origin, including law enforcement as appropriate. The risk

¹ An organisation called Aeromed provided the escort on behalf of the VRS.

² An example of a risk management plan template developed by the IOM in the framework of the CARE project, Coordinated Approach for the REintegration of Victims of Trafficking (2015-2016) can be found here: Enhancing the Safety and Sustainability of the Return and Reintegration of Victims of Trafficking: Lessons Learnt for the CARE and TACT project (2015), p86-87: https://ec.europa.eu/anti-trafficking/sites/antitrafficking/files/enhancing_the_safety_and_sustainability_of_the_return_and_reintegration_of_vots_0.pdf

management plan should be reviewed and updated at each stage of the return process and for an ongoing duration post return.

Information about and contacts with support providers in countries of origin

A multi-agency approach is essential to ensure a holistic continuum of care is provided to survivors returning to their countries of origin, with input from in-country partners who are aware of local support services, and their capacity to provide assistance, employment opportunities, and accommodation options, as well as potential risks and challenges. This approach is necessary for the risk assessment process as well as for reintegration planning. A mapping of support providers in countries of origin could assist as a starting point in this process, to provide an overview of what services might be available, and if these are on a costed basis. This information should then be provided to survivors who are considering returning to ensure they can make more informed decisions.

Clearer processes

There is a need for greater clarity and consistency in the referral process as well as a greater understanding of what return and reintegration assistance is available for survivors returning from the UK. This should be addressed through the development of standard processes and procedures, minimum standards and tools (templates) to assist support providers in arranging returns for survivors and monitoring their reintegration, with associated training provided as needed. Information sessions to raise awareness and improve understanding of the complex issues surrounding return should be provided for those supporting survivors to return both in the UK and the country of origin. A review of the referral process could address potential eligibility gaps which may be preventing survivors from receiving return and reintegration support if they are unable to enter the NRM (because they have expressed a desire to return) or do not yet have a decision. This should be combined with a review of the need for legal advice in relation to return considerations.

In addition to these recommendations, ensuring that all relevant organisations follow the guidance on safe, voluntary return and reintegration assistance in the Slavery and Trafficking Survivor Care Standards 2018 (TSCS)³ can help improve the current arrangements and standards of care for survivors wishing to return to their country of origin and ensure that the UK is effectively implementing the provisions set out in Article 16 (2)⁴ and (5)⁵ of the Council of Europe Convention on Action Against Trafficking in Human Beings (2005).⁶ This will require monitoring and measurement mechanisms in both the UK and overseas and could be complemented by resources that seek to track long-term outcomes for survivors such as International Justice Mission's Assessment of Survivor Outcomes tool⁷.

However, some of the issues raised in this paper point to the need for a review of current policy and practice as it relates to voluntary return for survivors in the UK in order to meaningfully address some of the more structural

³Slavery and Trafficking Survivor Care Standards (2018):

<https://static1.squarespace.com/static/599abfb4e6f2e19ff048494f/t/5bcf492f104c7ba53609aeb0/1540311355442/HTF+Care+Standards+%5BSpreads%5D+2.pdf>

⁴ Article 16 (2) 'When a Party returns a victim to another State, such return shall be with due regard for the rights, safety and dignity of that person and for the status of any legal proceedings related to the fact that the person is a victim, and shall preferably be voluntary.'

⁵ Article 16 (5) 'Each Party shall adopt such legislative or other measures as may be necessary to establish repatriation programmes, involving relevant national or international institutions and non governmental organisations. These programmes aim at avoiding re-victimisation. Each Party should make its best effort to favour the reintegration of victims into the society of the State of return, including reintegration into the education system and the labour market, in particular through the acquisition and improvement of their professional skills. With regard to children, these programmes should include enjoyment of the right to education and measures to secure adequate care or receipt by the family or appropriate care structures.'

⁶ <https://rm.coe.int/168008371d>

⁷ <https://www.ijm.org/documents/studies/ASO-Guidance-Manual.pdf>

issues that are leading to inconsistent approaches with gaps and risks for survivors. This could involve exploring the potential benefits of a bespoke programme of support for victims who would like to return home which includes full risk assessments, multi-agency approaches, return and reintegration assistance with organisations that are on the ground in countries of origin. A specialist organisation or consortium of organisations with experience in this area can support with the design and delivery of such a programme, including the development of standardised procedures and tools for support providers as well as ensuring connections to support services in countries of origin. The re-tendering of the Victim Care Contract could also represent an opportunity to integrate improved provision and support services in the area of voluntary return, enhancing the continuum of care for survivors.

Survivors have often experienced significant trauma in their lives, their cases are complex and they require high quality and holistic support to recover and reintegrate into society, both in the UK and at home, if they choose to return. This paper highlights significant gaps in the current return and reintegration arrangements which can put survivors at risk at each stage of the return process and give real cause for concern given the specific vulnerabilities and needs they face in the process of rebuilding their lives at home. It highlights some recommendations for improvement in the short term and also points to the need for a more structural review of how return and reintegration services are provided and how they can be strengthened.

About this paper:

The Human Trafficking Foundation (HTF), together with the Salvation Army, established a subgroup of HTF's National Advisory Forum with the objective of sharing best practice and facilitating collaboration between UK-based organisations carrying out anti-trafficking work internationally. From this subgroup, an International Policy Working Group (IPWG) was created to make recommendations to government on international issues of particular concern, drawing from the group's collective experience and expertise, in order to inform anti-slavery strategy development and implementation. Members of the IPWG include: Human Trafficking Foundation, Salvation Army, International Organization for Migration (IOM), British Red Cross, UNICEF UK, International Justice Mission, Freedom United and Stop the Traffik.

In June 2018 members of the IPWG identified three priority topics that were of concern in relation to trafficking and modern slavery in an international context: assisted voluntary return and reintegration for survivors of modern slavery; resilient communities and victim support. Each topic was further explored by two of the members of the group in the form of desk reviews/surveys and a workshop, the findings and recommendations of which would be included in a briefing paper. This paper is the outcome of the first of these topics and was written by HTF and IOM on behalf of the IPWG and completed in March 2019.