

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

Monday, 18th January, 2021, 2.00 pm – MS Teams (watch it [here](#))

Members: Please see list attached under item 2.

Quorum: 3 voting members, including one local authority elected member and one of the Clinical Commissioning Group Chair or the Healthwatch Chair (or substitutes).

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. WELCOME AND INTRODUCTIONS (PAGES 1 - 2)

3. APOLOGIES

To receive any apologies for absence.

4. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at agenda item).

5. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

6. DEPUTATIONS, PETITIONS, QUESTIONS

To consider any requests received in accordance with Part 4, Section B, Paragraph 29 of the Council's Constitution.

7. MINUTES (PAGES 3 - 16)

To confirm and sign the minutes of the Health and Wellbeing Board meeting held on 4 November 2020 as a correct record.

8. MODERN SLAVERY PLAN (PAGES 17 - 54)

To consider and agree the strategic focus set out in the Modern Slavery Plan.

9. COVID-19 UPDATE

To receive a verbal update on the Covid-19 pandemic.

10. UPDATE ON THE IMPACT OF COVID-19 ON BLACK, ASIAN, AND MINORITY ETHNIC COMMUNITIES

To receive a verbal update on the impact of Covid-19 on Black, Asian, and Minority Ethnic communities.

11. COVID-19 COMMUNICATIONS UPDATE

To receive a verbal update on communications in relation to the Covid-19 pandemic.

12. SEMINAR SESSION: INTEGRATED CARE SYSTEM CONSULTATION

The seminar session will focus on discussions around the Integrated Care System (ICS) consultation, submissions, and recommendations.

13. NEW ITEMS OF URGENT BUSINESS

To consider any new items of urgent business admitted at item 4 above.

14. FUTURE AGENDA ITEMS

To suggest future agenda items.

Fiona Rae, Principal Committee Co-ordinator
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John Jones
Monitoring Officer (Interim)
River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 08 January 2021

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Membership of the Health and Wellbeing Board

* Denotes voting Member of the Board

Organisation		Representation	Role	Name
Local Authority	Elected Representatives	3	* Cabinet Member for Communities and Equalities	Cllr Mark Blake
			* Cabinet Member for Children, Education, and Families	Cllr Kaushika Amin
			* Cabinet Member for Adults and Health – Chair	Cllr Sarah James
	Officer Representatives	4	Director of Adults and Health	Beverley Tarka
			Director of Children's Services	Ann Graham
			Interim Director for Public Health	Dr Will Maimaris
			Chief Executive	Zina Etheridge
NHS	North Central London Clinical Commissioning Group (CCG)	4	* Governing Board Member – Vice Chair	Dr Peter Christian
			Governing Board Member	John Rohan
			Chief Officer	Paul Sinden
			* Lay Member	TBC
Patient and Service User Representative	Healthwatch Haringey	1	* Chair	Sharon Grant
Voluntary Sector Representative	Bridge Renewal Trust	1	Chief Executive	Geoffrey Ocen
Haringey Local Safeguarding Board		1	Interim Independent Chair	David Archibald

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MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY, 4TH NOVEMBER 2020, 2.30PM – 4.40PM.

Present:

Cllr Sarah James, Chair – Cabinet Member for Adults and Health*
Cllr Mark Blake – Cabinet Member for Communities and Equalities*
Cllr Kaushika Amin – Cabinet Member for Children, Education, and Families*
Beverley Tarka – Director of Adults and Health
Ann Graham, Director of Children’s Services
Dr Will Maimaris – Interim Director of Public Health
Dr Peter Christian, NCL Clinical Commissioning Group (CCG) Board Member*
John Rohan – NCL Clinical Commissioning Group (CCG) Board Member
Paul Sinden – North Central London Clinical Commissioning Group (CCG) Chief Officer
Sharon Grant – Healthwatch Haringey Chair*
Geoffrey Ocen – Bridge Renewal Trust Chief Executive
David Archibald – Interim Independent Chair Local Safeguarding Board
*Voting member

Officers:

Nadia Burrell – Modern Slavery Co-ordinator
Emma Carroll – Policy and Equalities Officer
Marlene D’Aguilar – Health in All Policies Officer
Fatmir Deda – Strategic Safeguarding Partnership Manager (from item 15)
John Everson – Assistant Director for Adults
Paul Ely – External Project Manager
Chantelle Fatania – Consultant in Public Health
Jonathan Gardner – Whittington Trust Director of Strategy
Damani Goldstein – Consultant in Public Health (from item 9)
Rachel Lissauer – Director of Integration, Clinical Commissioning Group (CCG)
Tim Miller – Joint Assistant Director for Vulnerable Adults and Children
Susan Oti – Assistant Director of Public Health
Charlotte Pomery – Assistant Director for Commissioning
Helen Saunders – Head of Partnerships, North Middlesex University Hospital Trust
Josephine Sauvage – NCL Clinical Commissioning Group (CCG) Chair
Cassie Williams – Federated4Health Chief Executive
Emma Perry – Principal Committee Co-ordinator
Fiona Rae – Principal Committee Co-ordinator

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. WELCOME AND INTRODUCTIONS

The Chair welcomed those present to the meeting.

3. APOLOGIES

Apologies for absence were received from:

Zina Etheridge, Chief Executive

Maria Kane, North Middlesex University Hospital Trust Chief Executive

Frances O'Callaghan, NCL CCG Accountable Officer

Siobhan Harrington, Whittington Trust Chief Executive

4. URGENT BUSINESS

There were no items of urgent business.

5. DECLARATIONS OF INTEREST

There were no declarations of interest.

6. QUESTIONS, DEPUTATIONS, PETITIONS

No questions, deputations, or petitions had been received.

7. MINUTES

It was noted that some job titles within the minutes should be updated as follows:

Cassie Williams, Federated4Health Chief Executive; Rachel Lissauer, Director of

Integration; John Rohan, NCL CCG Board Member; and Dr Peter Christian, NCL CCG Board Member.

RESOLVED

That, subject to the above amendments, the minutes of the meeting held on 10 June 2020 and the minutes of the meeting in common with the Community Safety Partnership held on 21 September 2020 were confirmed and signed as a correct record.

Sharon Grant, Healthwatch Haringey, noted that the representation of patients at the new North Central London (NCL) Clinical Commissioning Group (CCG) Governing Board had been discussed at the meeting on 10 June 2020. She reported that there had been some discussions between Healthwatch in each of the five NCL boroughs, the NCL CCG Chair, and the Chief of NHS London but that this had not been

resolved. Sharon Grant, Healthwatch Haringey, noted that she was representing the patient voice for all five boroughs which was demanding and unrealistic and that there was no additional support. There were some alternative arrangements but these did not address the fact that there was a lack of resources.

It was also noted that the last NCL CCG Governing Board meeting had not been live streamed for the public and there was no suggestion that alternative arrangements would be available for future meetings. Although it was available to watch as a recording, Sharon Grant, Healthwatch Haringey, did not feel that this was satisfactory in terms of accessibility or accountability.

Josephine Sauvage, NCL CCG Chair, confirmed that the last meeting was not live streamed as there had been some issues around functionality. However, she understood that work was underway to provide a live stream of future meetings to ensure accountability and to allow external representatives to participate.

8. COVID-19 OUTBREAK UPDATE AND PLAN

Dr Will Maimaris, Interim Director of Public Health, introduced the item which provided an update on the Covid-19 outbreak and plan. He noted that there had been some updates in data since the agenda pack was produced and that he would highlight the current position in terms of local data, local key areas of work, and the national position.

A graph showing the daily number of confirmed Covid-19 cases was displayed. It was noted that, initially, testing was only carried out in hospitals, and there was no data about the number of community cases. From the end of May to the beginning of August, there were relatively few confirmed cases following a period of lockdown. It was explained that, since August, there had been a steady increase and there were currently about 50 new cases per day in Haringey. A key metric was the rate of new cases per week per 100,000 people and the current rate in Haringey was about 140; this was in line with the London average but lower than some urban areas in the country. It was added that there had been a recent plateau of cases. It was noted that these patterns were reflected in local hospitals.

The Interim Director of Public Health also reported on the demographics of those testing positive for Covid-19. It was explained that, in August and September, there had been a significant rise in cases amongst younger, working age people and students. It was noted that there had been a slight rise in cases amongst older people recently. Across the borough, the distribution of cases was quite broad, although there had been some increases in communities where there was a high household density. In relation to ethnic groups, it was known that there had been a disproportionate impact on minority ethnic groups in the first wave of the pandemic in terms of hospital admissions and deaths. However, in the latest testing data, the number of positive cases across ethnicities was reflective of the general population in Haringey. It was added that this was being closely monitored.

It was explained that the detail of actions taken in relation to the pandemic, and specifically the local Outbreak Management Plan, was set out in the report. It was

highlighted that local testing sites had been set up at the Irish Centre and Alexandra Palace and potential testing sites in other areas of the borough were being considered. It was explained that there had been lots of communications during the pandemic and that, notably, there had been good partnership work with Healthwatch, the Bridge Renewal Trust, and Mind. In relation to schools, it was noted that there had been support for teachers and pupils; most schools had been open with most students attending, although approximately a third of schools had been subject to temporary school or class closures.

It was noted that a number of lessons had been learnt from the first wave of the pandemic, particularly in relation to care homes. Staff and residents were now regularly tested, there were good supplies of Personal Protective Equipment (PPE), and there were good infection control measures in place. As a result, there had been no significant outbreaks in care homes in the second wave of the pandemic.

It was acknowledged that England was moving into a national lockdown on 5 November 2020 and that there were higher numbers of cases in the community. However, it was noted that London was not experiencing as many cases as some urban areas and was not experiencing significant excess deaths. It was highlighted that, in this second lockdown period, it would be important to make sure that people felt safe to access other healthcare services where needed. It was also added that the impact of another lockdown period raised concerns in relation to the economy, housing, mental wellbeing, and isolated and shielding people; these would be critical issues in the response to the pandemic going forward.

It was noted that this report was provided for information and to assure the Health and Wellbeing Board that there was a robust, local response. It was commented that this was also dependent on the national infrastructure for testing and support around behavioural measures and interventions. It was also commented that the local response would be relevant for some time and that there would, most likely, be increased restrictions until Spring 2021.

Cllr Mark Blake expressed thanks for the report and for the honest and realistic message that the pandemic would not be resolved by December. It was noted that there had been some reports that a vaccine would be available by December and it was enquired whether this was correct. The Interim Director of Public Health explained that the vaccine was still being developed and there was no confirmed timeline. However, it was noted that the Council was working with NHS colleagues to prepare arrangements so that a vaccine could be rolled out when available.

Josephine Sauvage, NCL CCG Chair, stated that the preparatory work was due to be finalised by December but highlighted that the vaccine was still being developed. It was added that there were significant logistical considerations, including developing processes to ensure that the correct vaccine was given consistently, offering various sites for administering vaccines, and prioritising those in most need. Dr Peter Christian, NCL CCG Board Member, added that the campaign for flu vaccines was also underway to avoid a coinciding flu epidemic and Covid-19 surge. It was noted that there were some difficulties in reaching the target population for the flu vaccines; for example, it was not understood by all that, although children did not appear to spread Covid-19, they were known to be super-spreaders of flu.

Cllr Mark Blake noted that some additional funding had been received to fund Covid Marshals who would assist with enforcement. It was commented that the amount received was much less than expected but it was hoped to recruit people from local communities to galvanise proper engagement around the restrictions. The Interim Director of Public Health noted that the Council would be working with community organisations to mobilise the offer and to ensure that it was owned by communities.

Geoffrey Ocen, Bridge Renewal Trust, stated that there was a network of community organisations, collectively called Protect, that had been involved in communicating messages, including for contact tracing, to keep the community safe. It was added that there was an effort to collate the work undertaken within the voluntary sector to support more vulnerable people and to link this to the Council; there was short term funding available and it would be useful to co-ordinate. It was noted that, in relation to Covid Marshals, the key would be to engage with communities in terms of education, as well as enforcement. It was added that Covid Engagement Support or Covid Community Support might be better terms.

The Chair thanked officers for the update and noted that it was encouraging to see the amount of work that was being undertaken. The Interim Director of Public Health noted that a multiple partnership approach had been crucial in tackling Covid-19 and this would be important for responding to the impact of the pandemic for the months and years to come.

RESOLVED

To note the Covid-19 outbreak update and plan.

9. COVID RESPONSE AND WINTER PLANNING

John Everson, Assistant Director for Adults, introduced the item which provided an update on how Adult Social Care had responded to the Covid-19 pandemic and how they were preparing for winter during the Covid-19 pandemic. It was noted that the detailed information had been provided in the agenda pack but that the key points would be presented.

In the first wave of the Covid-19 pandemic, support had been provided for over 9,000 people in Haringey who were shielding or vulnerable. Adult Social Care worked with the Connected Communities Team to provide support for a variety of people across Haringey; notably, they spoke directly to over 2,000 people who were shielding.

Within Adult Social Care, there were service delivery changes which provided adapted capacity to meet new demand. For example, it was possible to double the capacity of the Reablement Service, which supported timely and appropriate discharges of patients from hospital. It was noted that discharging patients who were clinically well enough was key to reducing the impact of Covid-19.

It was explained that impact and performance monitoring had been undertaken during the first wave of the pandemic. It was noted that the London ADASS Market Insight

Tool monitored Covid-19 activities to produce live, daily reports on things such as capacity, the workforce, and Personal Protective Equipment (PPE) stock. There had also been internal monitoring in Adult Social Care and the Council data sets linked to Health eAnalytics which supported admissions to and discharges from hospitals.

The Assistant Director for Adults explained that, after the first wave of the pandemic, there was a period of review to identify learning points and possible improvements. In particular, After Action Reviews were carried out with each Integrated Care Team across North Central London (NCL). The Local Government Association and Emergency Care Improvement Support Team had developed a gap analysis self assessment based on best practice and there had been peer partner visits to review and share best practice. It was also noted that new NCL Discharge Principles had been put in place which would assist with ensuring an integrated system with high quality and consistent processes.

It was noted that significant work had been undertaken with partners to understand how to support the care sector and co-produce planning work for the upcoming winter period, including enhanced clinical support to care homes and robust outbreak management and prevention plans. It was explained that a key learning point had been to ensure that patients who tested positive for Covid-19 were not discharged directly to care homes but had a clear pathway into intermediate care beds; this would protect care homes from wider outbreaks.

In relation to winter planning, it was noted that there was usually a 10% increase in demand for hospitals in winter but that Covid-19 would result in additional demand. Planning and modelling had been undertaken to increase capacity in the system to support discharge; in addition, areas for focused attention had been identified, such as nursing rapid response which aimed to avoid inappropriate hospital admissions. It was added that there was the ability to increase capacity in response to demand and it was highlighted that capacity in the Reablement Service had been retained. It was also explained that there would be support for those who were more vulnerable, including shielded patients, throughout winter and this would include information about flu vaccinations. The Assistant Director for Adults noted that the full detail of the planning was provided in the report but questions were welcomed.

Sharon Grant, Healthwatch Haringey, noted the efforts undertaken by Adult Social Care and raised concerns that the Reablement Service was under-resourced. She explained that, for many cases, six weeks of support was not sufficient and that Healthwatch were receiving more referrals for support, particularly in complex cases. It was noted that the length of Healthwatch's interventions had been extended from six to 10 weeks and that this would be important during the winter period. It was also highlighted that new ways of working used by Adult Social Care involved greater use of remote working and IT. It was considered in the report that this had led to increased performance but it was enquired how this was measured and whether the move to digital platforms had been assessed from a patient perspective.

The Assistant Director for Adults noted that the capacity of the Reablement Service had been doubled and that no-one should be discharged without the appropriate care and support in place. He stated that he would be happy to discuss this with Healthwatch to understand the issues. Beverley Tarka, Director of Adults and Health,

added that there were a significant number of individuals with longer lasting health implications from Covid-19, referred to as Long Covid. Conversations had been undertaken with NCL CCG and work was underway to enable support to be provided, both in local areas and virtually, in the longer term.

In relation to improved performance, it was acknowledged that face to face interactions could not be replaced. However, it was explained that increased remote working allowed practitioners to have more contact with those who were digitally enabled. In addition, options for those who were not digitally enabled were being investigated. Charlotte Pomery, Assistant Director of Commissioning explained that digital exclusion was a known theme and it was acknowledged that virtual options were not appropriate for everyone. It was noted that there was a programme of work to support access to devices, data, and training which included care homes.

The Chair highlighted the impressive amount of work that had been undertaken to support residents in terms of health, wellbeing, food security, and socioeconomic inequality, both during lockdown and on an ongoing basis. On behalf of the Health and Wellbeing Board, the Chair applauded this work.

RESOLVED

To note:

1. The changes in service delivery within adult social care made during lockdown in response to the Covid-19 pandemic outlined in the report.
2. How performance and risk have been monitored and managed during this period.
3. How adult social care was building on lessons learnt and positive changes made during lockdown and planning for a second wave.

10. STRATEGIC THEME: HEALTH IN ALL POLICIES

Susan Otiti, Assistant Director of Public Health, introduced the report which provided an update on the Health in All Policies (HiAP) work and proposed the establishment of a strategic partnership forum and a small senior strategic group to develop proposed outcomes. It was explained that HiAP was designed to consider the health impact of policies in all areas with the aim of improving health overall. It was explained that HiAP had been operating in Haringey for several years and it drew on London and national best practice.

Marlene D'Aguilar, Health in All Policies Officer, noted that HiAP work had been undertaken with Environmental Health in developing a School Superzone pilot where any retailers located within 400m of a school were required to join the Responsible Retailers scheme. Work was also ongoing with Planning and Regeneration to undertake Health Impact Assessments for large planning applications; it was reported that this had led to some improved designs for housing and the surrounding areas. It was also noted that Haringey was the first council to ban advertisements for items that were high in fat, sugar, and salt through a new Advertising and Sponsorship Policy.

Paul Ely, External Project Manager, noted that a new Parks and Green Spaces Strategy was also being developed. He explained that there had been increased use of parks and green spaces during the Covid-19 pandemic which had highlighted the importance of access to these spaces for health and wellbeing; it was identified that a lack of access to parks and green spaces in some areas was a key issue. It was noted that park management usually focused on park design, maintenance, and provision rather than usage. However, through the development of the strategy, capacity was being increased to engage with more vulnerable communities to consider usage. It was added that there was a pilot project at Lordship Rec and Albert Road Park which focused on park usage for older people and considered what worked in relation to marketing, making reasonable adaptations, and providing more direct support to targeted users.

The Assistant Director of Public Health explained that there were additional examples of the HiAP approach within the full report but that the programme would benefit from partnership oversight. For this reason, the report asked the Health and Wellbeing Board to agree to establish a partnership forum and a small, strategic group to embed HiAP work and report regularly on outcomes to the Board. The Chair stated that this was an excellent idea and that this would provide oversight to ensure joined up partnership work and maximum effect.

Geoffrey Ocen, Bridge Renewal Trust, noted that HiAP was important policy work but enquired how HiAP was translated effectively into different schemes and whether this relied on other agencies and partners. The Assistant Director of Public Health explained that Public Health influenced and supported HiAP work within the Council and the NHS; it was noted that there was some capacity within Planning and Regeneration, the Policy Team, and within the NHS and that HiAP used existing resources alongside a stronger policy approach.

Rachel Lissauer, CCG Director of Integration, welcomed the proposals. She noted that, as part of the borough partnership, there was a Place Board. It was stated that the connection between this proposal and the Place Board was important and it was hoped that the small, strategic group proposed would enable these connections. The Assistant Director of Public Health explained that it would be possible to use the Place Board as the strategic partnership forum for HiAP but she did not want to add to the Board's heavy workload. It was noted that, if there was a separate strategic forum, it would be important to ensure that there were connections with the Place Board.

Jonathan Gardner, Whittington Health NHS Trust Director of Strategy, noted that he was a Co-Chair of the Place Board and that he would be happy to discuss how the strategic partnership forum would relate to existing arrangements and what format would work best for the HiAP aims. The Chair agreed that this would be an appropriate course of action and asked for a future update on this. It was stated that the recommendations were supported by the Health and Wellbeing Board, subject to some initial consideration and discussion on the relationship between HiAP and the Place Board.

RESOLVED

Subject to some initial consideration and discussion on the relationship between HiAP and the Place Board, to:

1. Establish a strategic partnership forum to take this forward, similar to the Start Well, Live Well, and Age Well groups;
2. Establish a small senior strategic group to look at Health in All Policies and how we embed this in the work of the Health and Wellbeing Board;
3. Develop some key outcomes through this strategic group, such as improving environments around school, improving air quality, improving health outcomes for parks and green spaces and influencing the quality of housing and developments.

11. STRATEGIC THEME: LIVE WELL

Rachel Lissauer, CCG Director of Integration, introduced the report which provided information about the Live Well programme and proposed five thematic priorities.

Tim Miller, Joint Assistant Director for Vulnerable Adults and Children, explained that the Live Well programme aimed to improve the health and wellbeing of working adults. It was noted that children and older people had specific focuses through other groups and programmes. It was explained that the programme focused on five key themes which people had identified and which provided the greatest opportunity to positively impact health outcomes.

It was stated that the five themes were Work, Inclusion, Crisis, Community, and Home. The deliverables were set out in detail in the report but, in summary, it was noted that the Live Well programme would bring together a number of areas and agencies to maximise resources and impact.

It was explained that the Live Well Programme was sponsored by the Chief Executive of North Middlesex University Hospital. There was a steering group which met regularly and a programme board which included key partners and resident representation. It was noted that the next steps would involve producing a performance or impact framework.

The Chair noted that it would be beneficial to include education and training in the Work theme. The Joint Assistant Director for Vulnerable Adults and Children explained that, although not specifically mentioned, education and training had been included and work had been undertaken with Haringey Adult Learning Service (HALS). The Joint Assistant Director for Vulnerable Adults and Children noted that it would be possible to articulate these elements more clearly within the theme.

The Chair noted that updates on the Live Well programme would be reported to future Health and Wellbeing Board meetings.

RESOLVED

To note the report and to agree the Live Well programme's five thematic priorities of Work, Inclusion, Crisis, Community, and Home.

12. THE IMPACT OF COVID-19 ON BLACK, ASIAN, AND MINORITY ETHNIC COMMUNITIES

The Chair noted that this was a late report and it had been agreed that the report should be considered as a matter of urgency because the Health and Wellbeing Board was asked to provide its input on this issue as soon as possible. She explained that this issue had been discussed at the Board's joint meeting with the Community Safety Partnership in September but that it was important to receive regular updates.

Charlotte Pomery, Assistant Director for Commissioning, noted that the Health and Wellbeing Board had met with the Community Safety Partnership in September 2020 and had agreed to track progress on the nine recommendations in relation to racism and racial inequalities made as part of a roundtable meeting of Black, Asian and Minority Ethnic (BAME) Organisations in the borough.

It was explained that the report provided an update on work that had been undertaken or planned to addressing racism and racial discrimination in response to the nine recommendations: data and evidence, funding to build resilience, bereavement and mental health, domestic violence, communication and awareness raising, prevention and resilience building, shielding of BAME staff and communities, equitable access to services, and digital exclusion.

In addition to the work noted in detail in the report, it was explained that this formed part of the wider partnership programme and it was sought to produce innovative solutions which were coproduced with partners and communities to result in tangible differences.

Cllr Blake suggested that it would be beneficial to discuss this work with the Regeneration Team who had undertaken a useful evaluation on Haringey Community Gold and how effective working had been achieved with young people and, in particular, BAME young people. He stated that the need for significant change in public bodies was often overlooked and he highlighted that Haringey Community Gold had been crucial for building trust. Cllr Blake added that there were concerns around policing and children; there was a trust deficit between young people, particularly BAME young people, who had been impacted by serious youth violence and the police and it was enquired whether this could be considered.

The Assistant Director for Commissioning noted that discussions were underway with the Regeneration Team in relation to the evaluation of Haringey Community Gold. It was noted that young people were a key focus across the partnership plan and it was acknowledged that building trust was vital. It was explained that the proposed Community Health and Care Advisory Board, which was the next item on the agenda, aimed to build connections and trust through communicating effectively in public health messages. It was added that other work was underway with the Community Safety Partnership to address community policing work.

Sharon Grant, Healthwatch Haringey, noted that one of the recommendations was to increase research and collate local ethnicity data; it was enquired which types of data

would be prioritised, who would be undertaking this work, and how it would be funded. The Assistant Director for Commissioning acknowledged that ethnicity data was often monitored in broad categories which could amalgamate important information. It was explained that this was a significant piece of work but that there was an early stage plan and each workstream had areas to investigate. The Chair noted that this would be important to monitor and asked for updates to be presented to future meetings.

RESOLVED

To note the proposals set out in the paper.

13. ESTABLISHING A COMMUNITY HEALTH ADVISORY BOARD FOR HARINGEY

The Chair noted that this was a late report and it had been agreed that the report should be considered as a matter of urgency because the Health and Wellbeing Board was asked to provide its input on this issue as soon as possible.

Charlotte Pomery, Assistant Director for Commissioning, introduced the report which proposed the establishment of a Community Health and Care Advisory Board which would report to the Health and Wellbeing Board. The new Board was designed to be a vehicle for community voices, aiming to ensure that there was engagement and co-production for proposals coming to the Health and Wellbeing Board. The new Board would be Chaired by the Health and Wellbeing Board Chair.

Sharon Grant, Healthwatch Haringey, stated that she was not opposed to the establishment of a board but queried whether the governance arrangements should include a Chair who was not a councillor. The Assistant Director for Commissioning explained that this would be possible but that it had proved difficult to secure and retain independent Chairs in other bodies. It was recommended that the Chair of the Health and Wellbeing Board took on the role of Chair of the Community Health and Care Advisory Board, at least to begin with, so that there would be a strong link between the two Boards. It was added that the Chairing arrangements could be changed once the new board was in operation.

Geoffrey Ocen, Bride Renewal Trust, stated that the establishment of the new Board was a good concept. He highlighted that, as the representatives would be selected from existing groups, it would be important to ensure that the Board membership was diverse. The Assistant Director for Commissioning noted that it was aimed to encourage and enable a diverse range of voices on the new Board and that this would be monitored.

RESOLVED

To agree to establish a Community Health and Care Advisory Board in Haringey.

14. MODERN SLAVERY PLAN

The Chair enquired whether it would be appropriate for this item to be considered at the next meeting, given the limited remaining time at this meeting. Nadia Burrell,

Modern Slavery Co-ordinator, noted that this would be possible and that it would be beneficial to ensure sufficient discussion on the item. The Principal Committee Co-ordinator enquired whether there were any elements of the Plan which required approval or action in advance of the next meeting in 2021. It was noted that it was aimed to publicise the Plan on 10 December 2020 to coincide with Human Rights Day. The Chair noted that it would be acceptable to continue with this and that any messaging around the Plan could be discussed outside of the meeting.

RESOLVED

That this item be deferred to be considered as the first substantive item on the next Health and Wellbeing Board agenda.

15. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

David Archibald, Independent Chair of the Local Safeguarding Children Board (LSCB), introduced the report which presented the annual report from April 2018 until September 2019. It was noted that the LSCB ceased to exist on 29 September 2019 when it was replaced by the new Multi Agency Safeguarding Arrangements (MASA) required by the Children's and Social Work Act 2017 and Working Together 2018. It was explained that this was the final report in this style.

It was noted that the new arrangements were built on the strengths of the old arrangements and the group was now called the Haringey Children's Safeguarding Partnership. It was added that, as set out in the Children's and Social Work Act 2017, there was a new emphasis on the three statutory partners: the Police, the Clinical Commissioning Group, and the Council. Children's Services within the Council had overall responsibility for making safeguarding systems work. It was explained that the move to the new MASA arrangements was well planned and the arrangements had adapted well to the challenges of the Covid-19 pandemic. It was noted that the next report, the first under the new MASA arrangements, would report on the period up until March 2021 and would be presented to the Health and Wellbeing Board in June 2021.

RESOLVED

To note the report which provided an overview of the new arrangements.

16. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

17. FUTURE AGENDA ITEMS AND DATES OF FUTURE MEETINGS

It was noted that the dates of future meetings were:

10 February 2021

CHAIR: Councillor Sarah James

Signed by Chair

Date

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Report for: Health and Wellbeing Board – 18 January 2021

Title: Modern Slavery Plan

Report

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1. Describe the issue under consideration

1.1 The Modern Slavery Plan sets out the key areas for strategic development to tackle modern slavery in Haringey over the next two years.

2. Recommendations

The Health and Wellbeing Board is asked:

2.1 To consider and agree the strategic focus of the Modern Slavery Plan on the following areas:

i. Data and Intelligence. The key recommendations are:

1. A modern slavery dashboard could be created to collect data on modern slavery;
2. It is recommended that information should be shared with the Modern Slavery Coordinator upon the identification of a potential victim.

ii. Awareness and Training. The key recommendations are:

1. Modern slavery awareness training to be delivered across all council services;
2. Specific training to be available to officers who are responsible for referring potential victims to the National Referral Mechanism.

iii. Reporting Concerns. The key recommendations are:

1. Modern Slavery Coordinator to produce toolkit of advice and guidance on identifying victims and reporting concerns;
2. Appoint key specialists – Special Points of Contact (SPoCs) – to refer potential victims to the National Referral Mechanism.

iv. Support for Victims. The key recommendations are:

1. Establish a clear referral pathway that covers a victims journey from identification, to referral into the NRM, and also post NRM support;
2. Establish a Multi-Agency Case Conference to assess the needs of a potential victim upon identification and establish how these needs can be met.

v. Disruption, Prosecution and Procurement. The key recommendations are:

1. Publish a modern slavery statement, which will soon become a legal requirement;
 2. Include a modern slavery clause in call Haringey Council procurement contracts that involve supply good and/or services.
- vi. Engagement with the community. The key recommendations are:
1. Offer training to spotting the signs of modern slavery to key voluntary sector partners;
 2. Consider a communications campaign to raise awareness of modern slavery throughout the borough once the referral pathway has been finalised;
 3. Share referral pathway with voluntary sector partners;
 4. Create clear network of services offered to victims throughout Haringey, allowing providers to direct victims to the services they require.
- vii. Responding to Covid-19. The key recommendations are:
1. Raise awareness in business community of exploitative labour practices;
 2. Provide modern slavery awareness training to the enforcement team;
 3. Same as 2.1, v, 2.

3. Background Information

- 3.1 Modern slavery is the exploitation of people who have been forced, deceived or coerced into a life of labour and servitude.
- 3.2 Available data from 2019 shows that last year we identified and referred 17 potential victims of modern slavery to the National Referral Mechanism (NRM) in Haringey – we know this number is likely to be much higher. Data from the Met Police revealed that 150 victims of modern slavery were referred by police officers in Haringey last year. We want to work with partners to make sure we are identifying a supporting more victims of modern slavery.

4. Contribution to strategic outcomes

- 4.1 The Modern Slavery Plan contributes to the following strategic priorities of the Borough Plan 2019 -2023:
- i. **Tackling serious violent crime.** Modern slavery is a serious and organised crime, the Modern Slavery Plan's recommendations on disruption and procurement will help to tackle modern slavery in the borough.
 - ii. **Reducing inequality and making Haringey a fairer place.** Those who are most likely to be victims of modern slavery are the poorest and the most vulnerable. The recommendations of the Modern Slavery Plan priorities those who are highly vulnerable by:
 1. Raising awareness of modern slavery meaning victims are more likely to be identified and supported.
 2. Improving support pathways so that potential victims are able to get the support they need to recover

5. Statutory Officer Comments (Legal and Finance)

5.1 Legal

N/A

5.2 Finance

N/A

6. Environmental Implications

6.1 No notable environmental implications

7. Resident and Equalities Implications

7.1 The Modern Slavery Plan acts to support all those, living and working in the borough regardless of settled status.

8. Use of Appendices

8.1 Appendix 1: Current Activity around Modern Slavery in Haringey

8.2 Appendix 2: Signs of Modern Slavery

8.3 Appendix 3: Reporting Concerns and the Role of Partners

8.4 Appendix 4: Haringey referral pathway

8.5 Appendix 5: Benefits and challenges presented by the National Referral Mechanism

8.6 Appendix 6: Responses for VCS engagement session

9. Background Papers

9.1 Modern Day Slavery in Haringey, Needs Assessment 2019

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Haringey Modern Slavery Plan

September 2020

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Note:

All contacts and weblinks are correct at the time of publication. It will be important to refresh this as work develops with this led by the Modern Slavery Co-Ordinator.

- This symbol is used throughout the document to highlight information which relates to children and young people (under 18).

1. Purpose

Modern slavery is the exploitation and control of one person by another. It is a varied, international and often hidden crime which includes human trafficking, sexual exploitation and forced labour.

This plan sets out the current approach to tackling modern slavery in Haringey and identifies areas for development over the next two years.

The plan will focus on the following areas, which will form our strategic response:

- Data & Intelligence
- Awareness & Training
- Reporting concerns
- Support for Victims
- Disruption, Prosecution and Procurement
- Responding to Covid-19

Modern slavery is a complex and challenging issue and as such we want to involve our partners and communities in how we respond collectively. This plan has been developed through engagement with a wide range of stakeholders including the police, health colleagues and the voluntary and community sector (VCS).

The council is developing this plan because we want work with partners to make progress on this issue, fulfilling our statutory duties and improving outcomes for our most vulnerable residents. We want to ensure those living, working and visiting Haringey feel welcome, safe and free from harm¹ and are committed to working in collaboration to achieve this.

¹Haringey Borough Plan 2019-2023. Haringey Council. 2019
https://www.haringey.gov.uk/sites/haringeygovuk/files/borough_plan_2019-23.pdf

2. Modern Slavery in the UK

What is Modern Slavery?

Modern slavery is an umbrella term encompassing human trafficking slavery, servitude and forced labour.

Someone is in **slavery** if they are:

- Forced to work through mental or physical threat
- Owned or controlled by an 'employer' usually through mental or physical abuse or threat of abuse
- Dehumanised, treated as a commodity or bought and sold as 'property'
- Physically constrained or have restrictions placed on their freedom²

Servitude, like slavery, involves a person being under an obligation to provide a service which is imposed on them, but unlike slavery, there is no element of ownership.

Forced labour is when a person is coerced to work using violence or intimidation, or by more subtle means such as debt bondage.³ This form of modern slavery has been found in a number of different industries including manufacturing, agriculture, and hospitality.

Human trafficking is when people are moved and forced into exploitation. The movement could be international but also within the country. A person is a victim of human trafficking even if they have not yet been exploited but have been moved for the purposes of exploitation

Human trafficking is different from, yet closely linked to, **smuggling**, in which a person gives consent to be moved across an international border. However, people who have been smuggled sometimes go on to become victims of modern slavery.

- **Child labour** refers to any enslavement of a child, whether this is forced labour, domestic servitude or sexual exploitation.

Types of Modern Slavery

² Unseen, www.unseenuk.org/about/the-problem/modern-slavery

³ International Labour Organisation, https://www.ilo.org/global/topics/forced-labour/news/WCMS_237569/lang-en/index.htm

Forms of modern slavery, many of which occur together, include:



SEXUAL EXPLOITATION

This includes but is not limited to sexual exploitation and sexual abuse, forced prostitution and the abuse of children for the production of child abuse images/videos. 34% of all reported trafficking victims in the UK are victims of sexual exploitation.²



DOMESTIC SERVITUDE

This involves a victim being forced to work in usually private households, usually performing domestic chores and childcare duties. Their freedom may be restricted and they may work long hours often for little or no pay, often sleeping where they work. 11% of all potential modern slavery victims in 2016 were subjected to domestic servitude.³



FORCED LABOUR

Victims may be forced to work long hours for little or no pay in poor conditions under verbal or physical threats of violence to them or their families. It can happen in various industries, including construction, manufacturing, laying driveways, hospitality, food packaging, agriculture, maritime and beauty (nail bars). Often victims are housed together in one dwelling. 47% of potential victims of Modern Slavery reported to have been exploited in the UK are subject to forced labour. 18% of all reported forced labour victims in the UK are children – an increase of 62.5% since 2015. 81% of all reported victims of forced labour taking place in the UK are male.⁴



CRIMINAL EXPLOITATION

This can be understood as the exploitation of a person to commit a crime, such as pick-pocketing, shop-lifting, cannabis cultivation, drug trafficking and other similar activities that are subject to penalties and imply financial gain for the trafficker. In the UK in 2016, 34 potential modern slavery victims were also involved in fraud or financial crime whereby perpetrators force victims to claim benefits on arrival but the money is withheld, or the victim is forced to take out loans or credit cards.⁵ Cannabis cultivation is the highest category of criminal exploitation with 33% of those being a minor at the time of referral, the majority being Vietnamese.⁶



OTHER FORMS OF EXPLOITATION

Organ removal; forced begging; forced benefit fraud; forced marriage and illegal adoption.

**Figure 2: Types of Modern Slavery- UK Government Briefing⁴
National Context**

⁴ Types of Modern Slavery UK Government Briefing:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638368/MS_-_a_briefing_NCA_v2.pdf

It is estimated that 40.3 million people are in modern slavery worldwide, this includes 24.9 million in forced labour and 15.4 million in forced marriage.

In the UK this figure is estimated to be between 10,000 and 130,000, although this a conservative estimate and others estimate the figure is closer to 136,000⁵. The cost of modern slavery is estimated to be between 3.3 and 4.3 billion⁶.

Table 1, The total costs of suspected victims of modern slavery by category⁷

Total costs	Anticipation	Physical and emotional harm	Lost output and time	Health services	Victim services	Law enforcement costs	Suspected victims
Labour exploitation	£0.14m	£181.2m	£27.2m	£2.4m	£8.4m	£39.7m	£259.1m
Sexual exploitation	£0.13m	£171.2m	£23.7m	£7.5m	£7.9m	£37.2m	£247.6m
Domestic servitude	£0.04m	£57.4m	£20.2m	£0.6m	£2.7m	£12.0m	£92.8m
Total	£0.31m	£409.8m	£71.1m	£10.5m	£19.0m	£88.9m	£599.5m

Some of the cost categories do not apply to unknown victims, so for estimating the overall costs to society of modern slavery, the health and victims services and law enforcement costs are only scaled up for suspected victims and no further. When scaling up further to the estimates of all victims (where applicable), the estimated total costs are between £3.3 billion and £4.3 billion.

In 2019, over 10,000 people were referred to the National Referral Mechanism because they were thought to be victims of slavery. Just over half of the referrals were for adults, and two thirds were male. Most male victims are coerced into forced labour, and most female victims are coerced into prostitution.

One in four victims are British but many others come from countries across the world such as Albania, Vietnam and China.

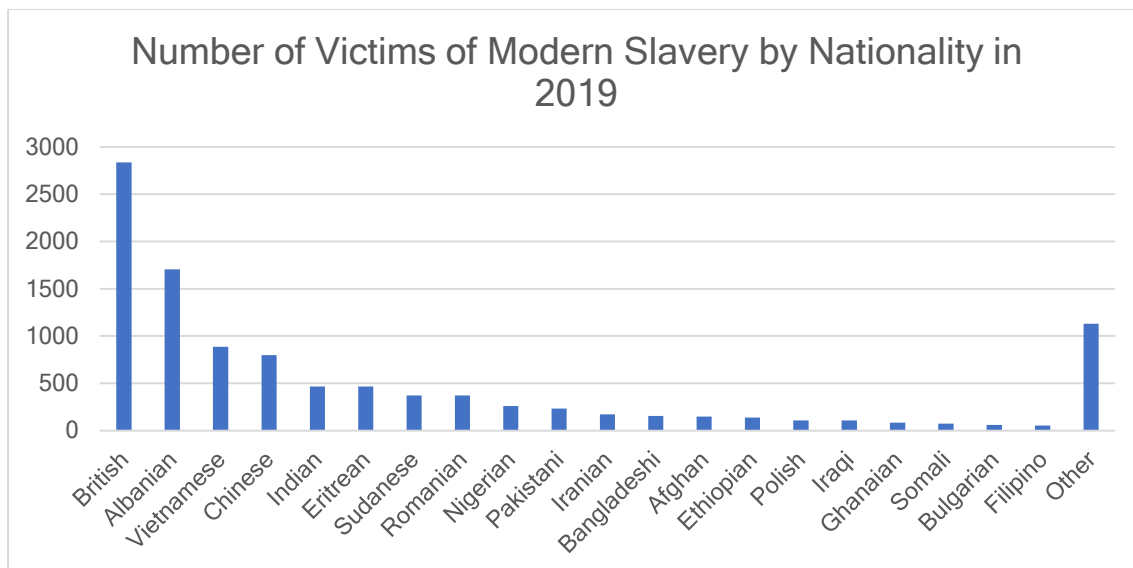
Table 2, Number of victims of modern slavery by nationality in 2019⁸

⁵ The Global Slavery Index, United Kingdom, <https://www.globallslaveryindex.org/2018/findings/country-studies/united-kingdom/>

⁶ The economic and social costs of modern slavery: Research Report 100. The Home office 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729836/economic-and-social-costs-of-modern-slavery-horr100.pdf

⁷ Ibid, page 25

⁸ Statistics taken from National Referral Mechanism statistics UK: End of year summary 2019 <https://www.gov.uk/government/statistics/national-referral-mechanism-statistics-uk-end-of-year-summary-2019>



There has been a substantial increase in those exploited as minors through criminal exploitation. This has been driven by the increase in the identification of 'county lines' cases. County lines is used to describe drugs gangs in large cities expanding their reach to small towns, through exploiting individuals to transport substances and mobile phone 'lines' are used to communicate orders.⁹

Local Context

Data at the local authority level on modern slavery in the borough is limited. Data is available on referrals to the National Referral Mechanism (NRM), from the police on offences and victims and from the modern slavery helpline. The true scale of modern slavery in the borough is unknown.

There has been a slow increase in the number of people referred as potential victims of slavery in Haringey. The table below illustrates this¹⁰.

Table 3, Number of potential victims of referred in Haringey since 2014

Year	No. of adults	No. of minors	Total
2019	2	15	17
2018	2	4	6
2017	0	8	8
2016	0	0	0
2015	0	1	1
2014	Not recorded	Not recorded	1

In Haringey, more children are referred to the NRM than adults. This could mean that child exploitation is more common than adult exploitation, or that child exploitation is

⁹ Home Office, National Referral Mechanism Statistics UK, End of Year Summary, 2019 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876646/national-referral-mechanism-statistics-uk-end-of-year-summary-2019.pdf

¹⁰ Data from National Referral Mechanism, <https://nationalcrimeagency.gov.uk/who-we-are/publications?search=&category%5B%5D=3&limit=15&tag=&tag=>

more likely to be found and reported. The increase in 2019 of children referred is likely due to increased identification of county lines cases.

Data from the Modern Slavery Helpline (MSH) reveals that they were contacted by 15 potential victims with an exploitation location of Haringey in 2017, and four in 2018. The majority of potential victims were female (Table 4), with the most common type of exploitation stated as either sexual, domestic servitude or forced labour. Nine of the 19 cases reported in 2017/2018 were of unknown nationality, four were Ghanaian and three were Bulgarian.

Table 4, Potential victims of Modern Slavery that contacted the Modern Slavery Helpline and cited their place of exploitation as Haringey, by gender, 2017-2018

Year	Female	Male	Total
2017	12	3	15
2018	4	0	4
Total	16	3	19

Local police data shows a range of modern slavery offences in Haringey in the last two years (Table 5), although the offences are often not clearly linked to a specific borough

Table 5. Local police data showing numbers of modern slavery offences in Haringey, April 2017 to March 2019.

Crime type	April 2017 to March 2018	April 2018 to March 2019
Hold a person in slavery or servitude	4	3
Require a person to perform forced/compulsory labour	0	8
Arrange / facilitate travel of another person with a view to exploitation	2	1
Commit kidnap with intention of arranging travel with a view to exploitation	1	0
Total	7	12

Further information on modern slavery in Haringey can be found in the Modern Slavery Needs Assessment¹¹.

The National Referral Mechanism (NRM) In the UK, the National Referral Mechanism (NRM) is the national framework to identify, refer and record potential victims of modern slavery and provide government-funded support for victims.



Only specific agencies, known as ‘first responder organisations’, can refer into the NRM. These include the police, local authorities and specific voluntary community sector (VCS) organisations. Those identifying a potential case of modern slavery who do not work for any of these would make contact with a first responder organisation in order to begin the NRM process.

The range of first responder organisations, as well as the many practitioners across the borough who may come into contact with and play a role in referring potential victims, reflects the many organisations that have a role to play in responding to modern slavery and the need for collaborative working. This makes a strong case for establishing a more developed partnership approach to modern slavery in Haringey.

A full list of first responders can be found [here](#)¹².

Legislation Context - The Modern Slavery Act 2015

The Modern Slavery Act, 2015 (the ‘Act’), is the UK legislative framework for the national response to modern slavery.

Prosecution is central to the Act, which was designed to send a clear message to perpetrators that modern slavery will not be tolerated. This Act saw the maximum term for modern slavery offences increase to life imprisonment.

Under the Act, local authorities have a ‘duty to notify’ the Home Office of any individual they believe to be a victim of modern slavery, through an anonymous MS1 form. Information and guidance on the duty to notify can be found [here](#).

The Act requires some commercial organisations, who have an annual turnover of £36 million or more to publish an [annual modern slavery statement](#). This should include information on the

3. Areas for Strategic Approach

a. Data & Intelligence

The Centre for Social Justice reports that: “the hidden nature of modern slavery means that building an accurate picture of the problem and its scale is a serious challenge”¹³. While we know that modern slavery is present in Haringey, we also recognise that there are significant gaps around our data and intelligence picture.

This presents a particular challenge when looking to understand the age, sex and ethnicity of victims, and impacts on our ability to identify victims and design appropriate support services.

What’s already happening?

The council’s Public Health team have produced a Modern Slavery Needs Assessment¹⁴, which pulls together all available data on modern slavery in the borough.

Available data gives some insight into the sex and number of victims; however, gaps remain for age and type of exploitation.

The needs assessment identifies that there is a need to collate data more effectively across the council and partners.

As noted earlier in this plan , 17 suspected victims were referred to the NRM in 2019. Through engagement with staff across the council it seems the number of referrals (as well as victims) could increase.

There are several contributing factors to low NRM referral numbers.

1. Victims going undetected due to poor understanding of the signs of modern slavery.
2. Lack of understanding on the behalf of the first responder about the NRM and referral process.
3. Unwillingness on the behalf of the victim to be referred to the NRM.

How can we improve our data on modern slavery?

Improving our intelligence picture in Haringey is vital to developing a coordinated and appropriate response to modern slavery in the borough.

Over the next 2 years, we need to think through and develop a plan to:

- Collate and share intelligence between partners and across London Boroughs
- Use this intelligence to:
 - Improve the identification of victims and the places where modern slavery takes place
 - Design appropriate support services which promote recovery

¹³ Centre for Social Justice, It Happens Here, London 2013, p.29. Available at:

<https://www.centreforsocialjustice.org.uk/library/happens-equipping-united-kingdom-fight-modern-slavery>



- Inform training and communication, with the aim of raising awareness and improving confidence and capacity to respond
- Use data and intelligence to inform potential Social Return on Investment of tackling modern slavery in Haringey
- Develop a performance monitoring template to capture key indicators and performance which includes strategic input from partners

Proposed actions to improve data on modern slavery could include:

- The Modern Slavery Co-ordinator to become the key contact for partners and council staff who wish to share intelligence - with an associated dedicated mailbox
- The Co-ordinator to be notified of all referrals into the NRM and where possible be informed on the conclusion of this process. This process could be similar to duty to notify.
- Work with the charity Unseen, who run the Modern Slavery Helpline, to understand the calls they receive in Haringey and what we can learn from this
- Use the strategic and operational group for modern slavery as a forum for discussion and intelligence sharing
- Implement data sharing protocols to ensure that the correct procedures are followed when sharing sensitive information across multi agencies (e.g. referrals)
- Development of a modern slavery dashboard to illustrate key data and intelligence relating to e.g. number of cases and variations over time
- Use data and intelligence to inform where to target campaign work and communications such as posters to highlight where support is available to victims of modern slavery
- Improve the dialogue with the Home Office and better utilise their published data, applying this where possible to Haringey
- Work closely with the Police National Modern Slavery Investigation Team, which responds to all crime reports generated by the NRM.

b. Awareness & Training

To uncover more cases of modern slavery and reduce its incidence, we need more people to be looking out for it – and to know what to look for. That means improving our access to information and providing targeted training to the public, practitioners, and voluntary sector.

How to identify modern slavery?

Modern slavery is recognised as a serious safeguarding concern and as such the signs to look out for are similar to those for other forms of exploitation and abuse, as listed on the Haringey Council [website](#)¹⁵:

- Bruises, falls and injuries
- Signs of neglect such as clothes being dirty
- Poor self-care
- Changes in someone's financial situation
- Changes in behavior such as loss of confidence or nervousness
- Isolation
- Being withdrawn

Specific guidance on spotting the signs of modern slavery is published by the Human Trafficking Foundation¹⁶, and Home Office¹⁷ and a summary of signs for teams in housing, health and work can be found in Appendix 2.

What's already happening?

Haringey council currently offer modern slavery awareness training to all staff in the organisation. These sessions run on a quarterly basis and are delivered by the Principle Adults' Social Worker using the ADASS training module. To date, over 100 officers have received the training.

The Bridge Renewal Trust (the council's VCS partner), provide a modern slavery e-learning module to community organisations and volunteers in the borough and the MET police are delivering modern slavery training to police officers.

How should we develop the training offer in borough?

The training delivered within the council focuses on improving awareness and identifying the signs of modern slavery. While feedback is largely positive, it is recognised that training could be contextualised to different council areas, taking into account the different ways they may come into contact with victims and places where modern slavery takes place.

These areas include:

- Housing and homelessness
- Councillors (who may hear complaints from residents about housing/businesses in their area)
- Migrant support services
- Procurement

¹⁵ Safeguarding Adults- What is abuse? Haringey Council.2020. <https://www.haringey.gov.uk/social-care-and-health/safeguarding-adults#howcanyoutell>

¹⁶ Adult Modern Slavery Protocol for Local Authorities. Human Trafficking Foundation. 2019. <https://static1.squarespace.com/static/599abfb4e6f2e19ff048494f/t/5b164da11ae6cfbba8d27b36/1528188329682/LWG+Local+Authorities+Modern+Slavery+Protocol+%28adults%29+-+Identification+....pdf>

¹⁷<https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims>

- Customer services
- Safeguarding services (children and adults)
- Community Safety
 - Trading Standards
 - Environmental Health
 - Licensing

It is also recognised that specific training is needed for officers who could be directly involved in supporting victims and completing referrals to the NRM. This is to improve the rate of detection, to ensure the best possible support for victims and to prevent NRM referrals being rejected on grounds of poor evidence.

Partners agree that training should be joined up to improve consistency in both understanding and approach. This is something for development over the next two years and will be led by the council's modern slavery co-ordinator.

It is important to raise awareness within the community of modern slavery; encouraging individuals to report concerns and challenge their own consumer practice. We need to consider a model for training the community, raising awareness and signposting to information. Plans to deliver this will be explored through the strategic and operational group for modern slavery and we will work collaboratively to develop different, learning from the experience of partners.

Proposed actions to develop our training offer in Haringey, could include:

- Modern slavery awareness training to be delivered across all council services (e-learning module or face to face)
- Specific training for officers, working to support victims and distribute the opportunity for modern slavery to take place
- Specific training for identified officers who will be supporting victims of work to disrupt the for modern slavery to take place
- Utilising the available free training offer through The Children's Society and Hestia, which can be adapted for specific teams and organisations

c. Reporting Concerns

While increasing the identification of victims is key to our approach, we also need to have clear plans and procedures to act on intelligence.

Key to our approach will be publishing clear, accessible, and up to date information on where and how to report concerns about modern slavery and communicating these messages with partners, practitioners and the public.

Where to report concerns?

In an emergency, where there is immediate risk to life, always call **999** and then follow up with a specialist agency.

To raise and record suspicions and for information, advice and guidance on next steps:

- Call the [Modern Slavery Helpline](#) on **08000 131 700** (this service can be used by victims, the

Current approach?

Modern slavery is a serious safeguarding concern, and as such when victims are identified the current response is to refer to the Haringey First Response Team in the case of adults, and Multi-Agency Safeguarding Hub (MASH) in the case of children.

The Modern Slavery Coordinator should be notified when a potential victim of modern slavery is identified.

How can we improve reporting?

It has been recognised that the response to modern slavery in Haringey varies significantly, depending who is identified and where.

Over the next 2 years, we need to develop a plan to improve access to information, which advises on where to report concerns. It is recommended that the modern slavery co-ordinator develops a toolkit of advice and information and clear pathways for sharing intelligence among partners. This will be available to download from the website and should be provided to and promoted among partners.

The Human Trafficking Foundation suggest that key specialists in each department with an understanding of the NRM process should be developed. It is common for NRM referrals to be refused due to mistakes in filling in the form. Having a dedicated specialist in each department would help reduce the number of unsuccessful applications.

It is also important to be aware of other available resources and the role they play in supporting Haringey's response. This includes the Modern Slavery Helpline and reporting apps delivered through Unseen and Stop the Traffik.

Training also has a key role to play in improving the reporting rate as well as general awareness raising of modern slavery.

d. Support for Victims

Victims of modern slavery are often deeply traumatised and vulnerable to re-exploitation, making the case for good and specialist support to promote recovery. This support should include safe accommodation, access to medical treatment and legal advice ¹⁸.

Whilst the Modern Slavery Act 2015 focuses largely on the prosecution of perpetrators, victim support is crucial to obtaining prosecutions. This is because victims may feel more able to give evidence against the perpetrators if they feel

¹⁸ Survivor Alliance. 2020. Victim Support

supported and safe¹⁹. The Government have produced guidance on identifying and supporting victims (under Section 49) and may well produce regulations on victim support (under Section 50).

In terms of the accessibility and funding of support, there are distinct differences between adults and children and for those with different immigration status, including those with no recourse to public funds (NRPF). It is important to recognise this, continue to build our intelligence picture and offer support that reflects a range of different experiences.

Current approach

Across the UK and in Haringey, support for victims of modern slavery is provided through:

- Existing council and partner safeguarding procedures
- The National Referral Mechanism (NRM) and Victim Care Contract (VCC)
- Local and national charities

Over the next 2 years, there is a need to define a clear support offer for victims, considering a range of different needs and experiences, including for children, adults and those with no recourse to public funds (NRPF).

It is important that as well as a clear pathway into the NRM, there is a clear post-NRM pathway of support for victims in Haringey.

The National Referral Mechanism (NRM)

The NRM is the current process in place in the UK for victim identification and support. Haringey is a **first responder** into the NRM process and has a **duty to notify** the Home Office if anyone working within the council identifies a potential victim of modern slavery.

As a system of support the National Referral Mechanism (NRM) is recognised as having both benefits and challenges (summarised in appendix 5).

The below table outlines some of the challenges Haringey Council needs to address to support victims of modern slavery in the borough.

Need	Response
Referral to the NRM	Haringey will establish a Special Point of Contact (SPoC) in each department to refer potential victims (PVs) encountered by their department to the

¹⁹ House of Commons, Home Affairs Committee, Oral evidence: Modern Slavery HC1460, 2018, Q115, <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/home-affairs-committee/modern-slavery/oral/92346.pdf>

	NRM. The Modern Slavery Coordinator should be notified of any referral and will assist with the process.
Recommending the NRM	<p>Adult. Haringey will recommend the NRM to all adult PVs and explain the benefits of entering.</p> <p>Child. All child PVs will be referred to the NRM.</p>
Support for those who do not consent to enter the NRM	<p>Adult. PVs who do not enter the NRM can be extremely vulnerable. We will carry out a risk assessment of the PV's situation and ensure they have support and safe space to stay.</p> <p>We will complete an duty to notify form and send to the Home Office.</p> <p>(Note: one study found that three fifths of victims agreed to be referred to the NRM after 6 weeks of information, support and reassurance they were safe)²⁰</p>
Support for those after referral and before a Reasonable Grounds (RG) decision	<p>Adult. A risk assessment should be carried out within the first 24 hours, and immediate needs of the PV must be met. Accommodation must be provided for the PV in which they feel safe.</p> <p>It can take on average 14 days for an RG to be made and the Salvation Army (victim care contract holder) has no obligation to provide accommodation.</p> <p>Child. At point of contact the child should be referred to child safeguarding services. Child protection processes should continue to take place regardless of subsequent decisions made though the NRM</p>
Support for victims with a negative Reasonable Grounds or Conclusive Grounds (CG)	Adult. Haringey will conduct a risk assessment of the PV's situation and ensure they have support and safe

²⁰ Human Trafficking Foundation, Adult Modern Slavery Protocol for Local Authorities

	<p>space to stay. The PV will still possibly possess some or all of the vulnerabilities they had prior to NRM referral.</p> <p>If we or the PV believe the negative decision made by the SCA is incorrect, we will submit a reconsideration request. If a reconsideration request has not been made and no extension request has been submitted, the PV will leave support provided under the Victim Care Contract within 9 working days.</p> <p>Child. Where a negative decision is reached, we will revert to our normal child protection assessments to identify what support is needed for the child.</p>
<p>Support for victims post NRM</p>	<p>Adult. If a victim returns to the borough post-NRM their needs should be re-assessed.</p> <p>Haringey will contact key agencies including Housing/Homelessness teams, Adult Social Care, Jobcentre Plus and GP surgeries so the victim can have fast-tracked access to financial support, housing and medical support.</p> <p>Child. The support we provide to child victims is not dependent on a child remaining in the NRM. As such, children will continue to be supported in their existing situation by Haringey under our statutory duty to safeguard and promote the welfare of looked after children in their area.</p>
<p>Ensure there is clear multi-agency communication</p>	<p>A Multi Agency Case Conference will identify the recourses and actions needed to meet the needs of victims of modern slavery in Haringey.</p> <p>Modern Slavery Coordinator is the link between different departments and agencies on modern slavery implementation and performance.</p>

<p>Learning and sharing information to understand and improve the NRM</p>	<p>Haringey will collect data on the support pathway of victims and support outcomes. This can be used to understand the suitability of the current process and where it can be improved.</p> <p>The Modern Slavery Coordinator will liaise with the Home Office and other Modern Slavery groups to ensure Haringey’s victim support practice is up to date.</p>
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Alternative Support

There is a need to provide support to victims who do not enter the NRM, or who enter and are given a negative reasonable or conclusive grounds decision.

Over the next 2 years, the council will work partners to develop an agreed support offer, recognising the important role the VCS have to play within this.

There are many specialist charities and support services in the UK where victims or those at risk from modern slavery can access advice and support. These have been mapped by The Human Trafficking Foundation²¹ and it is recommended that a more localised directory of support services is developed.

e. Disruption, Prosecution and Procurement

The UK Modern Slavery Strategy emphasises the importance of disruption activity in responding to modern slavery and recognises the importance of close collaboration between the Home Office, police, and local authorities in achieving this.

The police and the council are already in dialogue about how we can work together to develop a coordinated response to modern slavery which supports victims and criminal investigations. We recognise that this conversation needs to include wider partners and work with both local police and national specialist police agencies.

The below table makes recommendations on how we can work together to disrupt opportunities for modern slavery to occur, recognising the important role the police play in prosecuting perpetrators and acting upon intelligence.

²¹Modern Slavery Support Services <https://www.humantraffickingfoundation.org/support-services>

A list of the available regulatory powers for councils which may prove useful in disrupting modern slavery can be found [here](#)²².

Recommended Actions		
Housing	Health	Work
<ul style="list-style-type: none"> • For the council to create a mandate for Housing Enforcement Officers who are inspecting properties to look for signs of modern slavery and work jointly with the police and modern slavery co-ordinator to act upon this. • Community safety enforcement officers work with Homes for Haringey and the police to target properties that are suspected of being used for modern slavery. It is important that this work is aligned to services who offer support for victims found such as Brining Unity Back into the Community (BUBIC). • Licenses issued to Houses in Multiple Occupation (HMO) to be displayed and include a section written in Albanian and Vietnamese (the most common source countries for trafficking) making it clear that exploitation is illegal and which signposts to emergency services and the modern slavery helpline. • Housing associations to proactively look out 	<ul style="list-style-type: none"> • Haringey to work with Islington and Enfield Clinical Commissioning Groups (CCG), to provide a consistent training and approach when responding to concerns identified at the North Middlesex and Whittington Hospitals. • Modern slavery co-ordinator to develop partnerships and share information with Haringey based GPs, ensuring there are clear communication channels to assist referrals into the NRM, where this is felt to be appropriate. • Information on modern slavery including available training to be shared via the Association Director of Public Health (ADPH) 	<ul style="list-style-type: none"> • For the council to create a mandate, whereby trading standards officers look for signs of modern slavery and report any suspicious activity immediately to the modern slavery co-ordinator or police. • Proactive inspections should target high-risk industries and businesses, including construction, beauty and nail salons, car washes, and others. • Modern slavery co-ordinator to work with colleagues within regeneration and business network to raise awareness within this area.

²² Tackling modern slavery, a council guide. Local Government Association.2017.
https://local.gov.uk/sites/default/files/documents/22.12_Modern_slavery_WEB%20.pdf, p34

for signs of modern slavery in their properties and report concerns to the police or modern slavery co-ordinator	Network, who are co-located with Haringey Public Health.	
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Council Procurement

Understanding the Council's supply chains and assessing the risk to those working within them is an important part of our response to modern slavery and requires support and collaboration from across teams and partners.

As a council, we are signed up to the Cooperative Party Charter Against Modern Slavery²³. This enhances our responsibility to ensure that supply chains in the borough are free from modern slavery and formally recognises the important role businesses have to play in developing a borough wide response.

To develop this approach further, it is recommended that:

- The council publish a modern slavery statement, responding to best practice guidance from the LGA
- A modern slavery clause is included within all contract templates as standard
- We work with businesses in the borough to make sure they understand their role in responding to modern slavery and responsibility to publish a modern slavery statement

f. Community Engagement

To effectively tackle modern slavery in Haringey, partnership with the voluntary and community sector (VCS) is essential. Any partnership should be based on an understanding that the process of establishing a framework to identify and support victims of modern slavery will require communication and feedback. There is also recognition that the approach to responding to modern slavery in Haringey needs to take an agile and iterative approach, embedding flexibility into strategic and operation activity.

Engagement with a range of VCS partners, both local and national has helped to shape the main priority areas community engagement should focus on these being; identifying victims, referring to the NRM, and providing wider support. A summary of engagement responses can be found in Appendix.6

Spotting the signs

²³ <https://party.coop/local/councillors/modern-slavery-charter/>

Through engagement with a range of VCS partners, it has been identified that confidence levels of identifying the signs of modern slavery vary significantly. Those organisations working specifically with victims of modern slavery are unsurprisingly more confident in identifying victims, whereas other organisations were less confident.

There was general sentiment that awareness throughout the borough was low, and more modern slavery training would be appreciated. This includes raising awareness of suspicious circumstances and how to report concerns. It is recognised that awareness needs to be raised across the partnership, including within the council.

Referring to the NRM and other support services

There is a need to provide VCS organisations and the wider community with the information need to offer support to a potential victim. Part of this work will be to share a clear referral pathway with key points of contact across the partnership.

Providing support to victims

Any partnership should make use of the services provided by voluntary sector organisations, and flag the services provided by Haringey Council. Organisations expressed that Haringey Council must work to ensure victims feel supported and welcomed.

Recommended actions

1. Offer training to spotting the signs of modern slavery to key voluntary sector partners.
2. Consider a communications campaign to raise awareness of modern slavery throughout the borough once the referral pathway has been finalised.
3. Share referral pathway with voluntary sector partners.
4. Create clear network of services offered to victims throughout Haringey, allowing providers to direct victims to the services they require.

g. Responding to Covid-19

The Coronavirus pandemic has had significant implications for global health and security, and these implications extend to modern slavery. There are major risks faced by both those currently being exploited and those vulnerable to exploitation.

Risks for those currently in modern slavery²⁴

Victims of modern slavery are already at risk of exclusion from adequate healthcare, and the pandemic increases the risk of exclusion. Many victims will be forced to

²⁴ Delta 8.7, The Impact of COVID-19 on Modern Slavery <https://delta87.org/2020/03/impact-covid-19-modern-slavery/>

continue working in dangerous environments without access to Personal Protective Equipment (PPE) or adequate sanitation.

Survivors of modern slavery also face heightened risk, as they often rely on government and charity accommodation. There is a risk that with Government focus on Covid-19 and charities facing financial difficulties, that quality of survivor care could deteriorate.

Risk of those vulnerable to modern slavery²⁵

The pandemic has exacerbated unemployment and job insecurity, leaving many vulnerable to exploitation. Poverty and financial problems are major contributors to modern slavery, as they push people towards risky labour market decision, which heightens the risk of exploitation.

Proposed actions for Haringey:

- Monitor developments, research, and data on the impact on Covid-19 on victims of modern slavery
- Ensure that support for victims of modern slavery remains a priority
- Work with enforcement to ensure strong regulation of working conditions in the borough
- Work with the Housing Related Support (HRS) team to ensure potential victims who are homeless or rough sleeping have access to clean, safe and secure housing

Governance and Delivery

Haringey prides itself on being a welcoming borough, which aims to ensure people feel safe, happy and able to fulfil their potential. While modern slavery is a complex issue often perpetrated across international boundaries, the council and partners have a crucial role to play in identifying, safeguarding and supporting vulnerable victims, preventing opportunities for modern slavery to occur and raising awareness of an often-invisible crime at local level.²⁶

Our approach to modern slavery will be delivered in partnership, recognising that no one organisation has the knowledge, skills or resources to respond in isolation. A list of partner organisations include their role and can contacts can be found in Appendix.3

²⁵ Ibid

²⁶ Tackling Modern Slavery: A Council Guide. The Local Government Association. December 2017.
<https://www.local.gov.uk/modern-slavery-council-guide>

Figure 3. Haringey Modern Slavery Partnership



Delivery

To support the delivery of agreed work, the council has recruited a dedicated Modern Slavery Co-Ordinator. The person in this role will be key to delivering this plan and working with partners to strengthen awareness of and responses to modern slavery across the borough.

Key responsibilities will include:

- Awareness raising
- Delivering information, guidance and training for practitioners and community groups
- Coordinating data from across the council and partners
- Developing relationships with partners
- Developing an action plan (from this plan) to implement work

Governance

- The multi-agency strategic and operational group for modern slavery, chaired by the Director of Public Health will provide the main governance structure for work on modern slavery over the next 2 years.

- Work will also report into the Haringey Community Safety Partnership and Health and Wellbeing Board.

4. Appendices

Appendix 1. Current Activity around Modern Slavery in Haringey

Haringey Council: Current Activity around Modern Slavery	
Modern Slavery Co-Ordinator	<p>The Council has recruited a designated modern slavery co-ordinator. This role sits in Public Health and is closely aligned with existing work on ending Violence Against Women and Girls (VAWG).</p> <p>The role will be key in developing relationships with partners, delivering training to staff and practitioners and coordinating data to inform our intelligence picture in the borough.</p> <p>The role will work with partners to establish more defined referral pathways to improve victim support. The role will also improve</p>

	<p>community engagement to enhance understanding of modern slavery and increase referrals.</p>
<p>Strategic and Operational Group</p>	<p>The Council has set up a Strategic and Operation Group for Modern Slavery, which is chaired by Chantelle Fatania, Public Health Consultant.</p> <p>The purpose of the group is to oversee a partnership response to the issue of modern slavery in Haringey.</p> <p>The group has membership from across the council; housing, health, procurement, children’s, adults, community safety and commission as well as partners form the VCS, Police and the NHS.</p>
<p>Training</p>	<p>Awareness raising training has been delivered by the Principle Social Workers to staff into Adult Social Care. This training has been developed by London ADASS, London MET and the NHS and follows a ‘train the trainer’ model.</p> <p>The training covers:</p> <ul style="list-style-type: none"> - Human trafficking and modern slavery definitions and criteria including case studies - The Modern Slavery Act - Spotting signs of modern slavery (indicators and signs), - Identification and provision (including NRM), - Internal and multi-agency responses <p>There is aspiration to scale up the Councils training offer, extending this to partners and community groups.</p>
<p>Member of the Co-Operative Charter Against Modern Slavery</p>	<p>In 2019 the Council is signed up to the Co-Operative Parties Charter Against Modern Slavery.²⁷ This commits councils to proactively vetting their own supply chain to ensure no instances of modern slavery are taking place and to report annually on process.</p>

²⁷ Co-Operative Party: Modern Slavery Charter. 2020. <https://party.coop/local/councillors/modern-slavery-charter/>

	Work is needed to implement the charter and update on progress monitoring. This work will be led by the Modern Slavery Co-Ordinator.
Public Health: Modern Slavery Needs Assessment	Public Health have undertaken a modern slavery needs assessment, which outlines public health responsibilities and coordinated available data in the borough.
Member of the London Modern Slavery Co-Ordinator Network	<p>Haringey is a member of the London Modern Slavery Leads Network. This is coordinated by the Human Trafficking Foundation and works to share best practice and coordinate a partnership response across London.</p> <p>The Modern Slavery Co-Ordinator will attend and feed into the group, using this as an opportunity to develop pan-London partnerships.</p>
Online Information for Residents	Information from the Governments 'Modern Slavery is Closer than You Think' is available on the Haringey Website. Development of posters and flyers to support victims of modern slavery for dissemination in GP surgeries.

Signs of Modern Slavery- Adapted from Human Trafficking Foundation Guidance

Housing	Health	Work
<ul style="list-style-type: none"> • Crammed/rough sleeping conditions • Cars or minibuses picking up at unusual times • No private sleeping space • Lack of family photos or personal belongings • Post stacked up and discarded envelopes on the floor • Scripts by the telephone • Unable to show any autonomy over the accommodation, e.g. no bills or tenancy agreement 	<ul style="list-style-type: none"> • Sign of physical or sexual abuse and/or has contracted STIs or has an unwanted pregnancy • Not registered with a GP practice • Late presentation to maternity services • Malnourished • Mental ill health occurs frequently in survivors of modern slavery²⁸; e.g. trauma, PTSD, panic attacks • Work related injuries often through poor health and safety • Drug/alcohol dependency • Broken bones that haven't health properly 	<ul style="list-style-type: none"> • Wearing unsuitable clothing e.g. flipflops in winter, no helmet of a construction site • Poor health and safety equipment, unhygienic and unsafe working conditions • (Perception of) debt bondage • Employers unable to produce the correct documents for migrant workers

²⁸ The Helen Bamber Foundation and the Freedom Fund, Addressing Mental Health Needs In Survivors Of Modern Slavery A Critical Review and Research Agenda, 2015 <http://www.helenbamber.org/wp-content/uploads/2015/07/2015-Addressing-the-Mental-Health-Needs-in-Survivors-of-Modern-Slavery.pdf>

Appendix 3. Reporting Concerns and the Role of Partners

Partner	Role	Key Contacts
Haringey Council	<ul style="list-style-type: none"> • NRM first responder • Bringing partners together through a modern slavery strategic and operational group • Identifying and supporting victims, through a robust safeguarding response • Raising awareness, both within the council and wider community • Disrupting opportunities for modern slavery to take place • Ensuring the council supply chains and those of businesses in the borough are free from modern slavery 	<ul style="list-style-type: none"> • Modern Slavery Co-Ordinator, Haringey Public Health • Adults First Response Team: 0208 489 1400 • Children's Multi Agency Safeguarding Hub (MASH): 020 8489 4470 • Chris Atherton: Principle Adult's Social Worker and Modern Slavery Training Lead: Chris Atherton • Pauline Morris: Principle Social Worker Children's
Homes for Haringey	<ul style="list-style-type: none"> • NRM first responder • Identifying victims • Supporting victims, through access to emergency accommodation • Signposting to support services 	<ul style="list-style-type: none"> • Chinyere Ugwu: Community and Customer Relations Director • Beverley Faulkner: Housing Needs Manager • Hyacinth Foster: Employment and Social Regeneration Manager
The Police	<ul style="list-style-type: none"> • NRM first responder • Leading on disruption and prosecution activity • Support victims • Sharing and coordinating intelligence • Delivering the pan-London Project Enterprise, modelled on Programme Challenger in Manchester²⁹ 	<ul style="list-style-type: none"> • Joe Derilo: Haringey Police Safeguarding Lead 02071616669/07795845227 Joe.Derilo@met.police.uk • Clare Barnes: Vulnerability Assessment and Partnership Team, Central Specialist Crime Claire.Barnes2@met.police.uk 02072308148/07557 834247 • Chirs Maby: Police National Modern Slavery Transformation Unit Christopher.MABY@devonandcornwall.pnn.police.uk ModernSlavery@devonandcornwall.pnn.police.uk 07740 911729

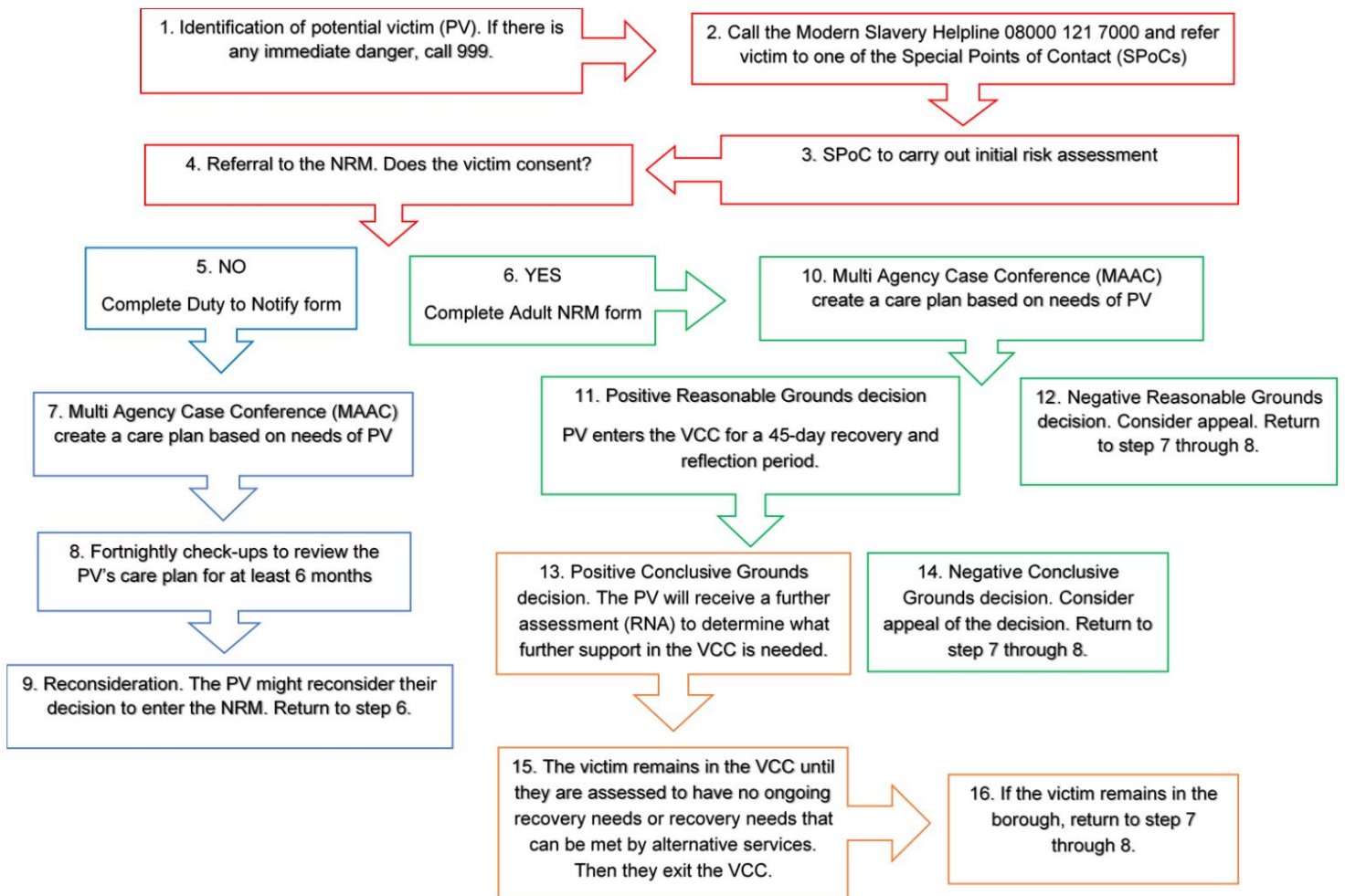
²⁹ Programme Challenger.2020. https://www.programmechallenger.co.uk/what_we_do/modern_slavery/

Third Sector/National Charities	<ul style="list-style-type: none"> • Providing support to victims, especially for those with no-recourse to public funds (NRPF) • Offer guidance, support and expertise for practitioners • Some charities are first responders into the NRM, these are: <ul style="list-style-type: none"> -Salvation Army -Migrant Help -Medaille Trust -Kalayaan -Barnardo's -Unseen -Tara Project (Scotland) -NSPCC -VAWSO -New Pathways -Refugee Council 	The Human Trafficking Foundation have developed a national directory of support services, which can be found here . ³⁰
Local Voluntary Community Sector	<ul style="list-style-type: none"> • Raising awareness of modern slavery • Signposting to appropriate services and sources of information and advice (service directory) 	https://www.bridgerenewaltrust.org.uk/
The Community	<ul style="list-style-type: none"> • Identifying victims and perpetrators of modern slavery • Limiting opportunities for modern slavery to take place through challenging individual consumer practice 	
Businesses and Commercial Organisations	<ul style="list-style-type: none"> • Ensuring supply chains are free from modern slavery • Promoting ethical consumer practice 	https://www.haringey.gov.uk/business/advise-and-support/traders-groups
NHS	<ul style="list-style-type: none"> • Identifying victims who present to primary care settings • Supporting victims through the provision of health care 	<p>Angela Sealy: Safeguarding Lead, Haringey Clinical Commissioning Group (CCG)</p> <p>Sarah Pope: Safeguarding Lead, North Middlesex Hospital Sarah.pope5@nhs.net</p> <p>Theresa Renwick: Safeguarding Lead, Whittington Theresa.renwick@nhs.net</p>
Home Office	<ul style="list-style-type: none"> • Responsible for running and referring into the NRM 	

³⁰ Modern Slavery Support Services.2020. Human Trafficking Foundation.
<https://www.humantraffickingfoundation.org/support-services>

	<ul style="list-style-type: none"> Recording and collating national intelligence 	
Local Government Association	<ul style="list-style-type: none"> Sharing guidance and best practice to local authorities Facilitating partnership working 	<p>Ellie Greenwood: Ellie.Greenwood@local.gov.uk Leading on work to explore how local authorities can best response to modern slavery.</p>

Appendix 4. Haringey response to support victims of modern slavery



Appendix 5. Benefits and challenges presented by the National Referral Mechanism (NRM)

Benefits	Considerations
<ul style="list-style-type: none"> • Formally recognises a person as a victim of modern slavery (on receiving a positive conclusive ground decision). <ul style="list-style-type: none"> ➤ This can support a Section 45 defence³¹, which is becoming increasingly relevant for young people involved in county lines. 	<ul style="list-style-type: none"> • The NRM provides no tangible support offer for children. Children need to be supported through existing safeguarding procedures and looked after children offer from within the local authority. <p>However, there is a legal duty to refer all potential child victims into the NRM.</p>
<ul style="list-style-type: none"> • Helps to improve the UK data and intelligence picture about modern slavery, with this helping to develop and define the support offer for victims. 	<ul style="list-style-type: none"> • Once a referral has made into the NRM, there is an up to 5 day wait period for a reasonable ground's decision. During this time, there are no clear assurances to the potential victim about accommodation and support. <p>Work is needed to define Haringey's support offer during this 5-day time period.</p>
<ul style="list-style-type: none"> • For Adults the NRM provides a tangible support offer for victims who receive a reasonable ground decision after 5 days. The support offer may include: <ul style="list-style-type: none"> -Safehouse accommodation -Outreach worker support -Legal advise -Healthcare 	<ul style="list-style-type: none"> • Those referred in to the NRM, who are not UK nationals are unable to work during time in support services.
<ul style="list-style-type: none"> • Starts a dialogue between the victim and perpetrators and provides a clear system for submitting evidence to the police to assist in the prosecution of perpetrators 	<ul style="list-style-type: none"> • Some victims may not feel comfortable sharing data and intelligence with the police and entering a system run by the Home Office. This may be due to a lack of trust with the authorities and concerns over deportation where a victim does not have settled status.
<ul style="list-style-type: none"> • Initiates a Police investigation. Every submitted NRM generated a crime report which goes to the MET's central intelligence team. 	<ul style="list-style-type: none"> • Lack of clarity over what happens when a person leaves the NRM
	<ul style="list-style-type: none"> • A lack of feedback on why a person may receive a negative reasonable or conclusive ground decision from the NRM, which prevents future learning and change to better support vulnerable victims.

³¹ The Modern Slavery Act, 2015- Section 45. <http://www.legislation.gov.uk/ukpga/2015/30/section/45/enacted>

Appendix 6.

Responses for VCS engagement session:

Question	Response
In answer to the question 'how confident do you feel in recognising the signs of modern slavery?' the group answered as follows:	<i>Fairly confident 38%</i> <i>Completely confident 25%</i> <i>Somewhat confident 25%</i> <i>Not confident at all 13%</i>
In answer to the question 'If you identify a potential victim of modern slavery, who would you seek help form and refer this to?' the group answered as follows:	<i>Police 50%</i> <i>Local council 50%</i> <i>NRM 50%,</i> <i>National Charities 38%</i> <i>Other 25%</i>
In answer to the question 'In the past 12 months have you provided any of the following support service to potential victims?' the group answered as follows:	<i>Legal advice 38%</i> <i>Mental Health and wellbeing support 13%</i> <i>Education & Training 13%</i> <i>Other 13%</i> <i>None of the above 25%</i>