

# Modern Slavery Core Outcome Set Toolkit



MODERN SLAVERY  
**CORE OUTCOME SET**



Led by the Bingham Centre

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The views expressed in this Toolkit are those of the authors and not necessarily of the Modern Slavery and Human Rights Policy and Evidence Centre or the Arts and Humanities Research Council.

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# KEY DEFINITIONS

## OUTCOME

In this project we have defined outcomes as the direct or indirect result of a planned action which is facilitated by an outside party or programme to facilitate survivor recovery, well-being and reintegration. We understand outcomes broadly to include more intangible outcomes (e.g., celebrating and thinking positively), individual service access and health related outcomes and also large-scale societal outcomes. Outcomes may include for example, employment, sleep quality, educational attainment, being able to maintain positive relationships, and a change in social attitudes.

## SURVIVOR

In this toolkit, a survivor is someone who has lived experience of human trafficking and modern slavery. On the advice of our project partners, Survivor Alliance, we use the terminology of “survivor” throughout our project and documents. This terminology is intended to reflect our view that survivors of modern slavery sit alongside us and in conversation with us in research and intervention development and are not absent from or the object of our discussions.

## SURVIVOR LEADER

A survivor leader is a survivor who is a professional innovator in any discipline within the field of anti-trafficking.

## E-DELPHI

This is an online method to develop group agreement between experts. For our project, it involved asking participants to rate statements on an online questionnaire over several rounds to determine which statements constitute a core outcome to be measured.

## INTERVENTION

An action or programme (e.g., housing application, recreational activities, educational course, therapeutic care ) which is designed to improve the lives of a particular group

## EVALUATION

A process by which we ascertain whether an intervention was effective or not, and how we can improve it. This could involve, for example, a survey, research interviews, and feedback from service users.

## MODERN SLAVERY

Modern slavery is the 'severe exploitation of other people for personal or commercial gain' and can include human trafficking, forced labour and debt bondage (Anti-Slavery International 2021).

## HUMAN TRAFFICKING

The Palermo Protocol (2000) defines “trafficking in persons” to mean 'the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation’.

## EXPERT

This refers to experts in the anti-trafficking field who were consulted for the Modern Slavery Core Outcome Set (MSCOS) project. This included survivors and survivor leaders, academics, NGO professionals, and policymakers.

## RECOVERY

Using the WHO (World Health Organisation) (2013) definition, recovery can be defined as a subjective experience where a survivor can live a 'satisfying', 'hopeful' life, even within any limitations caused by their trafficking or modern slavery experience. Other similar terms are used such as reintegration, healing and 'restoration' (see the IJM, International Justice Mission's Assessment of Survivor Outcomes 2018 handbook).

## INTEGRATION

In the context of trafficking and modern slavery, integration can be defined as 'economic and social inclusion.... [including] settlement in a stable and safe environment, access to a reasonable standard of living, mental and physical well-being, and opportunities for personal, social, and economic development and access to social and emotional support' (Surtees 2010).

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# INTRODUCTION

The Modern Slavery Core Outcome Set (MSCOS) results from a King's College London study conducted in partnership with Survivor Alliance, the University of Nottingham Rights Lab, the University of East London, and the Helen Bamber Foundation. We take inspiration from the impact core outcome sets have made in similar areas, particularly child maltreatment and domestic abuse (Powell et al. 2022), and we have partnered with the academics who created these core outcome sets to develop the MSCOS.

This toolkit provides information on the Modern Slavery Core Outcome Set (MSCOS), together with descriptors of each core outcome, and how the MSCOS can be applied. It sits alongside a full report that outlines in detail the project's methodology, analysis, development, implementation, and recommendations.

The Modern Slavery Core Outcome Set (MSCOS) is a set of seven outcomes for adult survivor recovery, well-being, and integration. These should be referred to as a minimum standard set of outcomes to be used in research, service and intervention design, evaluation and development, and policymaking. The MSCOS is accompanied by a Longlist that provides 38 outcomes, recognising that the core outcome set is a minimum standard and is by no means exhaustive.

The outcomes in the MSCOS are defined as 'the direct or indirect result of a planned action facilitated by an outside party or programme to facilitate survivor recovery, wellbeing and integration post-trafficking'. We understand outcomes broadly to include more intangible emotional outcomes and large-scale societal outcomes as well as more individual-level service access and health-related outcomes. The outcomes represent the consensus of a wide range of adult survivors modern slavery, as well as service providers, academics, civil servants and experts from a range of anti-trafficking-related fields. Though the MSCOS project was based in the UK, it involved stakeholders from across the world, including from India, Cameroon, Nigeria, the USA, Greece and Kenya. Accordingly, it also represents the beginnings of an international consensus on survivor outcomes.

We intend to ensure that the MSCOS is easy to use in a wide variety of settings, from the design and implementation of survivor services to policymaking and research. This toolkit is our first step toward that objective. It offers practical examples of how the MSCOS can support intervention design and delivery, as well as detailing how stakeholders and services may benefit from using the MSCOS.

The MSCOS is only a starting point, however. We consider it essential that MSCOS does not become 'another report on a shelf' but has a continued life beyond the parameters of the research project. For this reason, an MSCOS Community of Practice was envisaged from the outset of the project to ensure that MSCOS has longevity, continuation and will ultimately be developed further.

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## WHAT IS A CORE OUTCOME SET?

A core outcome set is defined as:

**"AN AGREED STANDARDISED SET OF OUTCOMES THAT SHOULD BE MEASURED AND REPORTED, AS A MINIMUM"**

*-(COMET Initiative 2022)*

Core outcome sets were initially intended for use in clinical trials and to support the monitoring and evaluation of health challenges. We have extended the concept to the area of modern slavery and human trafficking, to intervention evaluation, intervention design, service delivery, and policymaking. Interventions directed at adult survivors should assess and measure all of the core outcomes. The MSCOS aims to improve and develop practice around recovery and reintegration for survivors in a holistic way that will practically necessitate the kind of cross-sector and partnership working required to achieve this.

The outcomes included in a core outcome set aren't necessarily the only outcomes that stakeholders should refer to in intervention and service development or assessment. They should typically be supplemented with further outcomes related to the context and population that stakeholders are working with. The Outcome Longlist that we have developed to accompany the core outcome set can be used to support this.

A core outcome set is a living project that continues to respond to ever-changing contexts and stakeholder input. You can find out more about core outcome sets, in particular their use in the health sector, by visiting the COMET Initiative website (<https://www.comet-initiative.org/>).

## WHY DO WE NEED A MODERN SLAVERY CORE OUTCOME SET?

We know that survivors of modern slavery experience serious and long-term health, social, and economic consequences. Yet, high-quality evidence is lacking about how policies and services can intervene effectively to support recovery, well-being, and reintegration. Developing effective interventions and comparing the effectiveness of interventions requires that the measurement of outcomes is standardised, and properly incorporated into robust monitoring and evaluation. To do this, we need a core outcome set produced by a group of experts including people who have lived experience of modern slavery, people who have experience working on a frontline basis with survivors ('practitioners'), those who develop and formulate anti-trafficking policy, as well as academics.

The MSCOS is designed to fill this need. The Modern Slavery Core Outcome Set (MSCOS) results from a King's College London study conducted in partnership with Survivor Alliance, the University of Nottingham Rights Lab, the University of East London and the Helen Bamber Foundation. We take inspiration from the impact core outcome sets have made in similar areas, particularly child maltreatment and domestic abuse (Powell et al. 2022), and we have partnered with the academics who created these core outcome sets to develop the MSCOS.

## THE CENTRAL ROLE OF SURVIVORS IN THE MSCOS PROJECT

From its inception, the study has benefited from the guidance of peer-researchers and an MSCOS Research Advisory Board (SRAB) comprising experts by lived experience. The majority of participants in the MSCOS project were survivors. The high level of survivor leadership, participation and input into the MSCOS addresses another gap around the outcomes that are currently used in research, policymaking, casework and intervention evaluation – namely, that relatively few of these outcomes are explicitly chosen by survivors through a meaningful and accessible engagement process.

Survivor involvement was underpinned by a dedication to participatory research principles and an adherence to the Survivor Voice's Charter for Engaging Survivors ([survivorsvoices.org/charter](https://survivorsvoices.org/charter)). Accordingly, we adopted an embedded approach to developing survivor leadership within our team through the employment, training, and mentorship of three survivors. We also established a RAB to work closely with the team at crucial junctions in the project. The RAB's advice has been a fundamental component of the MSCOS project and remains at the centre of the MSCOS Community of Practice providing vital input into all matters related to MSCOS development and participation.

The MSCOS represents survivor views, having included survivor voices at all stages of the research study that has produced the Core Outcome Set and the MSCOS Outcomes Longlist. The majority of attendees at the exploratory workshops to design the outcomes longlist were survivors, and their inclusion was facilitated through advised adaptations including trauma-informed moderation of workshops, a survivor-only debrief space, the use of pseudonyms where required, and by allowing people to contribute using audio only or simply typing in the chat. We also provided disability accessible information and additional time where needed for individual participants. Throughout our E-Delphi survey and in the final workshop, survivor choices were weighted more heavily than those of the other participants to ensure survivor priorities and perspectives were prioritised.

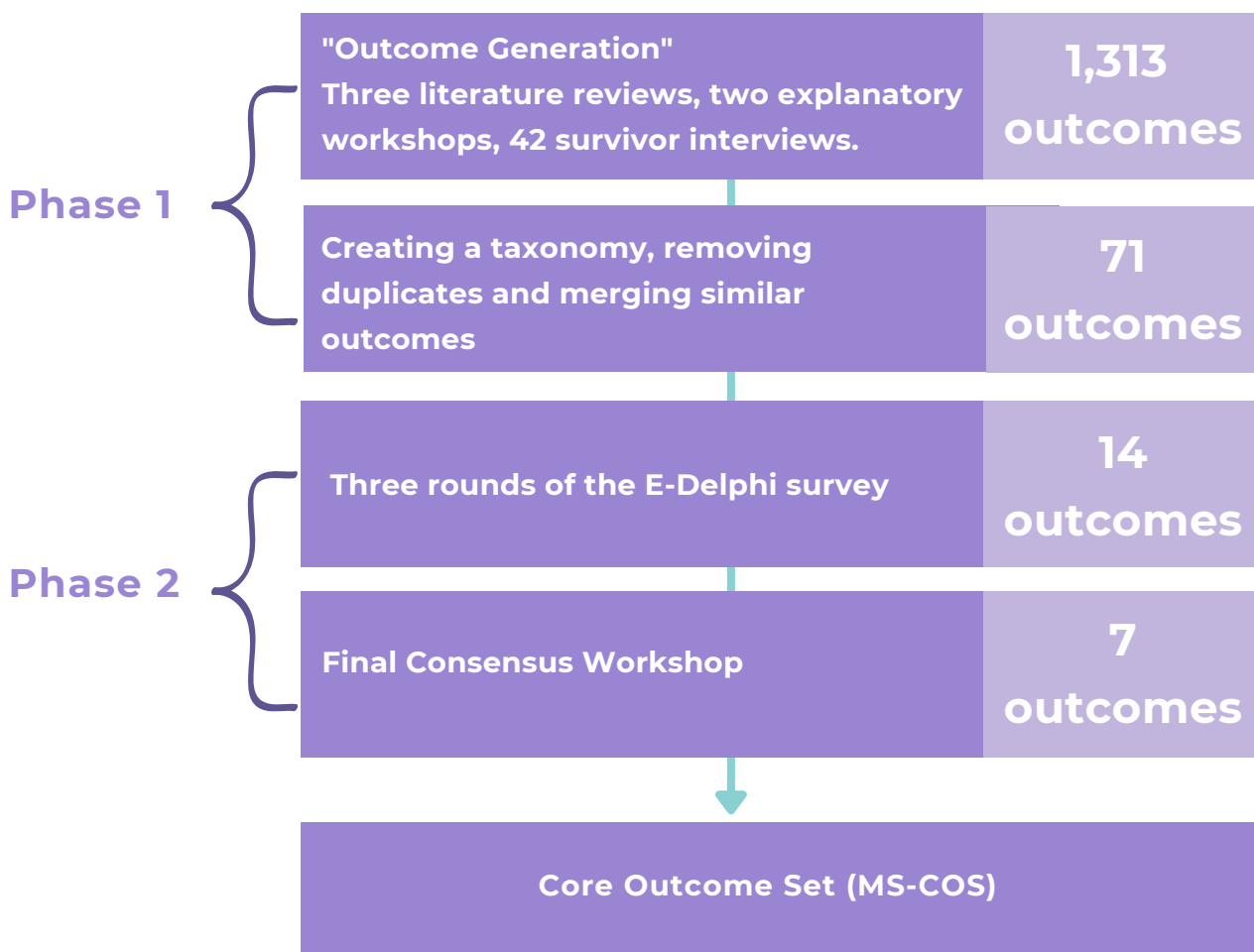




## HOW DID WE PRODUCE THE MODERN SLAVERY CORE OUTCOME SET?

The development of the Modern Slavery Core Outcome Set was a year-long project (see Figure 1).

**Figure 1: An overview of the MSCOS process**



We began developing the MSCOS through an outcome generation process, aiming to capture as many relevant outcomes as possible. We conducted three global literature reviews of qualitative, quantitative, and grey literature. This included summarising 46 papers and reports; the secondary analysis of 36 anonymised interview transcripts with survivors of modern slavery from a University of Nottingham study (interviews asked survivors what mental health recovery means to them); analysis of primary interviews with eight survivors of modern slavery from underrepresented groups across the literature and pre-existing studies; and two exploratory stakeholder workshops with a total of 80 attendees. The exploratory workshops aimed to identify potential gaps in current global practice and thinking in mainstream and specialised support. We emphasised the need to be forward-thinking and asked stakeholders not to constrain themselves with feasibility concerns when identifying outcomes in order to generate the most comprehensive list of outcomes to consider for recovery, well-being, and reintegration.

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Through our outcome generation process we arrived at 1,313 individual outcomes for possible inclusion in the MSCOS.

Once we had generated all of these outcomes, we began the process of streamlining and synthesising them. We narrowed down this list by merging similar outcomes and we sorted outcomes into 16 different domains based on their descriptive similarities. These domains, and the outcomes within them, were then merged and narrowed down further based on conceptual similarity, arriving at 74 unique outcomes for possible inclusion in the MSCOS. We developed descriptors for each outcome that include qualitative indicators for the outcomes. These were developed from survivor interviews, detail in the literature reviews, and input from participants who attended the exploratory workshops. These descriptors were then refined and changed based on RAB feedback and input from participants in the three rounds of the E-Delphi process.

After generating and refining our 74 outcomes, we began a consensus process to narrow down the outcomes for inclusion in the MSCOS through a three-stage online survey in which stakeholders were asked to comment on and rank outcomes.

- **In Round Zero**, we used comments from 43 survey respondents to merge, reduce, add, and change the wording, on outcomes. This slightly reduced our outcomes to 72 in total.
- **In Round 1**, 64 stakeholders ranked the outcomes based on how strongly they agreed or disagreed that they should be included in our final core outcome set. After removing the least popular outcomes, we were left with 34 outcomes to be ranked in Round 2.
- **Seventy-eight people** responded in Round 2, and we were able to synthesise the outcomes down to just 14. In both Round 1 and Round 2, outcomes were also refined and merged based on people's comments.

Through the E-Delphi process we developed a shortlist of 14 outcomes to be discussed at a final consensus workshop with 48 participants. This final workshop included discussions and ranking exercises through which we narrowed down our outcomes to arrive at the final 7 core outcomes. Using the 14 outcomes we shortlisted and the 34 outcomes from Round 2 of the E-Delphi process, we finalised MSCOS Outcomes Longlist.

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# THE SEVEN CORE OUTCOMES IN THE MSCOS



The Modern Slavery Core Outcome Set (MSCOS) comprises seven outcomes that should be measured and referred to as a minimum standard in modern slavery and human trafficking research, service and intervention design, evaluation and development, and policymaking.

The MSCOS is only for use with adult survivors. This is because experiences of trafficking, statutory rights and entitlements and charity support, as well as the outcomes that child survivors may prioritise, differ substantially from those of adults. For outcomes related specifically to child survivors, we refer you to *Creating Stable Futures: Human Trafficking, Participation and Outcomes for Children*[1]. by Sheffield Hallam, the University of Bedfordshire and ECPAT UK.

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## SECURE AND SUITABLE HOUSING

Survivors should live in a place they can call home, where they feel safe and secure, can exercise freedom and independence, and live without suffering, abuse, or exploitation. Housing should offer private personal space, be hygienic, have enough peace to be able to rest and sleep, and preclude worries about being evicted. Key outcome features include that: safe house accommodation is gender-sensitive, allows for the proper investigation of complaints, has cooking and cleaning facilities, is not overcrowded, and is a place where survivors feel respected.

## WHAT SURVIVORS SAY

'Having a safe space is the best... having a space and being reassured of your safety... because if I'm not in a safe space, even, it's going to contradict the support that I'm that I'm receiving, you know.'

'Housing is a key and whatever happens, there has a positive or negative impact on survivor recovery.'

"For instance, if I'm having a chaotic environment, then I'm going to see my therapist or psychologist... it doesn't really change how I feel. In fact, it makes it great when you're out, but then, when you come back to the same environment, it just brings you to where it started, you know it keeps on reminding you, it keeps on just putting you not in the best place, for yourself."

'I don't sleep, there's a lot of noise, they're stealing, I'm stressed, I'm not healing. I didn't come here for this; this is not what I was told the safe house is...'

'I just want to have my own space like you know and... start recovering and move on with my life.'

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## SAFETY FROM ANY TRAFFICKER OR OTHER ABUSER

This outcome includes a safe rescue process as well as sustained safety from all traffickers and abusers. It is critical that survivors live free from fear that perpetrators will recapture them, find out where they live, or threaten them in some way. Safety from new perpetrators who can target victims for re-trafficking or harm them in other ways is also vital. Ongoing safety can involve multiple aspects such as: having a landline to call emergency services in a safe house; living far from traffickers and their associates; and the police being careful in the way they handle cases. This outcome includes psychological safety from traffickers.

### WHAT SURVIVORS SAY

‘So, you have to be aware of those things and not allow them to happen again, because you don’t wanna go, you know, to that hard place where you were... You don’t wanna be there twice... Cos I know now how it feels and I know now how to protect myself. And then, you know, and not get to that point that, you know, it just happen again. So, you know, yeah, just fear.’

"I mean I still don't feel safe all the time"

‘But at the end of the day, being safe is a really, really important part of the recovery.’

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## LONG-TERM, CONSISTENT SUPPORT

Support services should be advocated for at the right time and available when they are required in accordance with each survivor's individual circumstances. It is important that survivors can access support that is long-term (e.g., therapeutic care and individual support s specifically tailored to each person's assessed needs, risks, and circumstances). Assessment of needs and risks should be revisited and updated on a regular basis and services available for as long as is required. A key outcome feature is that support is consistent and it enables survivors to build a trusting relationship with professionals. It is important that support staff have training and pastoral supervision so that they do not suffer professional burnout and can continue to provide the long-term consistent support that is needed.

### WHAT SURVIVORS SAY

"One thing I understand is whatever challenge I'm facing it can never be taken away, like in a day, like just like that in a minute, in the blink of an eye."

"Yeah so, soon as you get your paper, they just leave you, like, you know they don't help you like you find that you further ahead they say we just support you for one week, but they don't help you like further ahead so, that was the hardest for me because I didn't know like what to do, you know?"

"Support is in different way, and, like I said, you've got different people with different things and needs as well, you know, like, there is support of being stable in life"

"What I think for me which would mean recovery for me, it can mean... am I stable? Have I got the support that I need for me to move on and feel like I'm stable in life?"

"If I feel safe, then I will open slowly, slowly, but it takes time for me to feel secure, and to open myself completely."

"The government and organisations should continue... to provide support not only for those that are living in the safe house, [but] after they leaving the safe house. They should not stop."

"There is a need for long-term support, rather than just support for the sake of doing it, you see. There is need for support, long-term support, even when a survivor is out from the things that happened, you know, or leaving it."

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## COMPASSIONATE, TRAUMA-INFORMED SERVICES

This outcome describes the need for staff who are trained and experienced in working with survivors who have traumatic histories. Survivors need to be able to trust all the professionals who work with them including police, immigration authorities, support workers, social workers, and shelter staff. This means developing trusting relationships, working to realistic expectations, supporting survivors to understand all the information they are being given, communicating to survivors in their language, and being honest. At a very basic level, this outcome is about staff treating survivors as human beings, listening to their stories and needs, and being a positive force in people's lives. All services need to be as inclusive and sensitively delivered as possible.

### WHAT SURVIVORS SAY

"I wish they can employ somebody who has been a victim before to help other victims. Because you understand, if they can employ me to help somebody who is a victim of human trafficking, I would be able to help that person because yeah I will know like what I came through, like everything, the whole process. Like I will know what that person will be going through. But these people, they employ somebody who have no experience. They just studied it up on the internet, 'oh victim go through this, oh victim do this', but they haven't actually experienced, they don't care, they don't have that heart to you know feel like how support and emotional support that person."

"There's fewer people who really have lived experience or they're informed...of...of probably if I can just say it, like, trauma, or something else, you know, they're not informed about it. If there was people who were informed, much informed about trauma, so that you know, they'll be in the position to give me the support that I need, they'll be in a position to take the survivors to the support that they need, because they really understand what it means to be there."

"There can't be a language barrier, you know, that makes you not be able to access the support or get the support because there are people who can't even express themselves and say 'this is what I'm going through', just because they're, speaking in a different language."

'Hopefully therapists and specialists will get more trained and will understand more what really mental health is in survivors and the ways that they can help, mostly people who whatever their status is, it might whatever where they come from, what their religion, their nationality, just consider them human beings and try and help, just do your best to help them recover.'

"Don't always share with someone. Because that's part of me and I don't want to bother somebody else. With my, with my trauma. Mostly when someone hasn't really have any experience in that field so they don't know anything, so you can't, you just think well, I don't think there will be understanding, you know, they'll think, you know, it's just like a dream, you know, I don't believe those things happens."

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## FINDING PURPOSE IN LIFE AND SELF-ACTUALISATION

This outcome is about a feeling of optimism and fulfilment. The idea of being able to have hope to dream and desire to live is crucial, as is being able to tolerate good and bad days without fully losing this sense of hope. A key outcome feature is self-actualisation understood as the ability to follow passions in life and living life to the fullest. This could include, for example, using talents, setting goals for self-advancement, and articulating personal goals and dreams.

### WHAT SURVIVORS SAY

'Have a purpose, so yes, that would be a step forward where I would see myself in the future because now I'm thinking that I don't even have anything that I should have had since I was 21, now am I going to be like this until I'm 40/50, I pray not, I pray that I would have achieved something.'

'Do something, do what it is you want to do.'

'Being able to have somewhere to go and do constructive things that you benefit from mentally and emotionally... I also sing and I write so I think if I could get back to that that would help tremendously.'

'I like to do anything that makes me alive, produce something, constructions, build something, to get something out of my life. I like to work, I like to do anything, I just want to be doing something.'

"We're getting sewing machines, I'll teach them how to use machines and how to...to sew. So like that, it's a road for me to recover, I'm recovering, I'm using my talent, what I love to do. I love to cook, I love to do crafts."

"Recover from your lost time, recover from your lost destiny, cos when you're being abused and exploited, you're not doing it for yourself you're doing it for them, they are the ones who are gaining and you are the one who is losing, so you have to recover from all the things you have lost in life."

"I do believe in myself, and I'm following my dreams."



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## ACCESS TO MEDICAL TREATMENT

This outcome is about ensuring that survivors have access to adequate services to meet their health needs. This includes having access to dental treatment. It requires, for example, having sufficient funds for transport to attend appointments and funding for therapy if this is not freely available. It also includes being registered with a GP and it could include access to culturally appropriate support. There is a desperate need for therapists to specialise in evidence-based trauma therapy to help survivors. Specific group therapies should exist for survivors to complement individual therapy.

## WHAT SURVIVORS SAY

'The lady [at the hospital] I spoke to she said they don't deal with that kind of anxious, they were looking for those who wanted to kill themselves... I still need them, but I have to wait.'

'I've heard of other survivors who've been offered counselling but can't afford the travel costs or even find it difficult after the sessions using public transport.'

'I have not got access to any of the services, I am put on waiting lists'

'I want to put a petition on Facebook asking for donations if people could help me. When I was in capture, lots of punching in the face, that my jaw is not straight... I am having so much trouble eating.'

'People with mental health issues do not always get enough support and very often overlooked, there is a tendency of them falling through the cracks.'

'I'm sure I should have asked for more help, and you know more maybe therapies, or counselling'

'There's that support of feeling that you're still living, that your life is still moving on, there's the support of mental health, the support of, there's emotional support that is needed, there is physical support that is needed, yeah. There is, uh, psychological support as well. Am I able to get that support that's gonna take me to, that's gonna make my life be more stable'

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## ACCESS TO EDUCATION

Key features include: access to appropriate educational institutions and the availability of free courses and colleges; not being discriminated against by educational institutions in terms of course applications and eligibility; and, sufficient funds to travel for courses and legal permission to study (sometimes denied by immigration laws). Access to education also includes foundational courses for work preparedness as well as less formal learning, such as being able to learn and practice new skills e.g., IT, sewing and crafts, photography, art and design, etc.

## WHAT SURVIVORS SAY

"What's kind of missing for me for me is like my education because I never went to school... after I got my decision, I was thinking of going to college. At that time, I didn't get much help."

"I am trying really hard to finish my university... I don't feel like I have done something to be proud of myself. But I am working on it. I would like to finish my university."

"I'm trying to finish my high school diploma as well because that helps a lot in terms of getting a job and how far you can go."

"I know that one thing that would have been helpful to me is gaining new skills that would be desirable in the workplace."

"I can't go to education at the moment... I am not permitted to study."

"I would like to actually myself do more activities; maybe go for courses I really like to do like art stuff. I really want to find you know when you made the old furniture new... [I would like to] study for my hobby making from old furniture new"

"I would love to do more studying really to be honest"

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# USING THE MSCOS

We want the MSCOS to be easy to use in a variety of settings from service provision and design to policymaking and research. This toolkit is our first step towards that objective. In this section of the toolkit we offer some concrete examples of what interventions the outcomes relate to, who might benefit from using the MSCOS, and in what context. However, we hope to build on this toolkit through our Community of Practice, where we will have regular discussions on how to facilitate the use of the MSCOS and build a bank of real-world examples of its use.

## INTERVENTION APPLICATION EXAMPLES

This section includes real world examples of how interventions can address the outcomes in the MSCOS. For these examples, we draw on Dell et al.'s (2017) review [2]; partner experiences of core outcome sets; as well as our own quantitative, qualitative and grey literature reviews.

### THE FLORIDA FREEDOM PARTNERSHIP



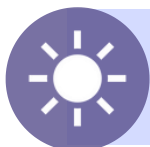
This intervention addresses a range of MSCOS outcomes, in particular around the MSCOS outcome of "**Secure and suitable housing**".

The intervention provided 'a rapid-response, comprehensive support system for trafficked persons... [including] case management, safe and appropriate housing, legal services, medical care, and clinical intervention'[3]. The project worked with 'victims of human trafficking who were undocumented immigrants in the United States'. It zoned in on housing as one of the most significant problems for survivors. Case managers spent a large amount of time finding safe and affordable housing, resolving disputes with landlords as well as conflicts with other survivors in overcrowded shelters, and supporting survivors through moves between accommodation. These activities are crucial to the secure and suitable housing outcome, relating to overcrowding, not being worried about being evicted and feeling respected in the home environment.

Potocky's evaluation of the Florida Freedom Partnership looked at 43 outcomes in areas across 'housing, food, immigration status, mental health, health, English-speaking ability, education and employment status, and life skills'. These outcomes were based on the client service plan developed by case managers. Using the MSCOS in an evaluation like this would ensure that the evaluation assessed outcomes that were meaningful to survivors, that a comparable and manageable number of outcomes were chosen, and could even provide caseworkers a framework to support their clients.

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## THRIVING CONVERSATION PROJECT



This project addresses the MSCOS outcome of "**Finding purpose in life and self-actualisation**".

This project offered young people with a history of trafficking for sexual exploitation 'a structured mentoring curriculum for use within a one-to-one mentoring relationship'[2]. Among other outcomes, it aimed to increase survivor feelings of self-worth, future orientation, job competency, the 'prioritisation and setting of goals based on personal motives' (Muller and Weigl 2017)[4], and life-management. These were partly measured through the Selection Optimization and Competency Questionnaire, and the Future Orientation Scale (Criswell, 2014)[5]. These indicators are all key to 'Finding purpose in life and self-actualisation', speaking to elements around following your dreams, living life to the fullest, self-advancement, and using your talents.

The MSCOS could have been useful in supporting this intervention by suggesting that 'Finding purpose in life and self-actualisation' is an overall framework and goal to tie together the multiple indicators assessed in the project. Using the MSCOS could have encouraged the project to consider how the intervention might relate to a wider range of outcomes and identify additional positive benefits. For example, it is possible that the mentoring programme might have unintentionally improved access to education through better networks and information about education opportunities. Even if additional benefits were not identified, the MSCOS could highlight important outcomes the intervention does not address and suggest how the intervention could be adapted or be complemented with other interventions.

## LEARN TO IDENTIFY AND FIGHT TRAFFICKING



This training course for healthcare professionals addresses the MSCOS outcome of "**Compassionate, trauma-informed services**".

This series of training events for medical professionals (including physicians, nurses, and social workers) not only aimed to improve the identification of human trafficking victims, but also to support their trauma informed evaluation and treatment. The training covered topics such as 'why should we care' and how to connect people with other services, through group discussion as well as a panel by 'community partners engaged in human trafficking work' (Lee et al. 2021)[6]. The outcomes of the project encompass compassionate, trauma-informed services, and relate to facets such as staff who show empathy not sympathy, developing a rapport with people, and being a positive force in people's lives. Using the MSCOS could have directly benefited the content and structure of the training intervention, highlighting to healthcare professionals what outcomes survivors want to see post-trafficking. It could have potentially broadened professional views on what recovery involves and encouraged them to consider more structural issues around access.

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## STAKEHOLDER APPLICATION EXAMPLES

We believe that our outcomes could potentially be useful for a wide range of stakeholders. Below are some practical examples of how the MSCOS and the related Outcomes Longlist could be used by different groups of stakeholders.

### STATUTORY SUPPORT PROVIDERS

Local councils, clinicians and hospitals, sexual health providers, social services, as well as services working under government contracts such as the UK Government's Modern Slavery Victims Care Contract (MSVCC) are providing crucial services to survivors. Through our Community of Practice and the qualitative indicators in our outcome descriptors, the MSCOS could inform the development of state provider monitoring and evaluation practices.

### MODERN SLAVERY RESEARCHERS

There is a wealth of research being conducted to try and understand survivor experiences. Wright et al. (2020)[7], for instance, conducted interviews with survivors attempting to understand experiences of mental health recovery. The MSCOS and Outcomes Longlist could provide material and direction for researcher discussion guides, outcomes to measure and a sounding board for how research relates to other survivor issues. Indicators can already largely be drawn from our outcomes descriptors, will be developed further by our community of practice, and should be the target for future research. Moreover, if the MSCOS is adopted and used in interventions and research, future systematic reviews can compare and synthesise findings more effectively. This will provide a clear indication of which interventions work and which could be improved. It will lead to better interventions and care for survivors.

The core outcome set for child maltreatment and domestic violence (Howarth et al. 2021) provides a useful guide. Like the MSCOS, the project's aim was to create standard outcomes for use in 'research and evaluations around child focused interventions for child maltreatment or domestic violence and abuse' (Gilbert et al. 2021). Since its development, the team have used conferences, academic publications, lectures, and their academic network to encourage researchers to reach a consensus on how outcomes should be measured and made more specific. The team has also created a research repository to provide detailed information on their outcomes to support implementation. Through our community of practice work, we envision a similar trajectory for the MSCOS.

## GRANT FUNDERS

When assessing grants, many funders mark proposals against a set of consistent principles and criteria. The Modern Slavery Policy and Evidence Centre, for instance, has three guiding principles that it grades all applications against: effective research that can ‘shift established ways of doing things in business, government and wider society’, survivor involvement ‘in all aspects of the research process’, and equity - addressing ‘weaknesses in the research field and evidence base’. The MSCOS can help funders assess grants in relation to all of these areas. Given that the MSCOS is survivor-driven, a sign of equity and relevance in research could, for instance, be a project that explores an area related to a core outcome, ideally through further survivor-led research.

Similarly, all the MSCOS outcomes speak to gaps in research and policy by highlighting areas that survivors and other experts feel are underserved. For example, ‘secure and suitable housing’ was a vital and prioritised outcome. Survivors and other experts who participated described how the housing provided through various systems is unsafe, including designated safe houses. There was concern that no one is addressing this critical issue which has a profound negative impact on survivor recovery, well-being, and reintegration. Survivors felt that basic outcomes such as ‘Safety from trafficker and any other abuser’ were also not being adequately addressed and needed to take centre stage in the MSCOS. The outcome ‘Compassionate, trauma-informed services’ speaks to a lack of trauma-informed training, and services that are inhibiting, distancing, or even hostile for survivors. The MSCOS outcome of ‘Finding purpose in life and self-actualisation’ also describes an unmet need of survivors. It suggests that inadequate services that prevent survivors from realising their full potential.

## SERVICES PROVIDERS AND POLICYMAKERS

We envisage the MSCOS being effective in the development of service provision, procedures and policy changes in National Referral Mechanisms and anti-trafficking systems internationally. In the UK for example, the Home Office announced reforms to the National Referral Mechanism (NRM - the state process through which survivors are identified and supported) in 2017 with ‘a core aim to improve support for victims of modern slavery after they leave the NRM’ (2020)[8]. Given the ongoing NRM transformation programme, including the introduction of move-on time post-NRM, future reforms could be developed with reference to the MSCOS. For example, the ‘long-term consistent support’ outcome suggests that policymakers should consider promoting a NRM drop-in that is accessible on an ongoing basis in accordance with individual need. This interpretation sees consistent support as a comprehensive framework designed to provide a safety net of specialised support. On an international level we see wide-ranging potential reach and stakeholder partnerships for MSCOS in relation to the international OSCE NRM Handbook [9] which is informed by survivor leaders and provides a guidance model for nations to adapt and apply within their own national systems.

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## MEASURING OUTCOMES

All outcome descriptors include qualitative indicators with the potential for development of implementable standards. For instance, 'secure and suitable housing' includes hygienic accommodation, having private personal space, a lack of overcrowding, as well as having cooking and cleaning facilities. Similarly, 'access to medical treatment' includes specifics around being able to access dental treatment, having transport money to attend appointments, being registered for a GP, and being able to afford therapy. These qualitative indicators and descriptors can feasibly be expressed as a potential set of standards that could be further developed to be measured quantitatively, qualitatively, and through survivor self-report.

We anticipate that many of these descriptors are already assessed by service providers in some way. More intangible outcomes, for instance around self-fulfilment, might initially seem more difficult to measure in service settings. However, these outcomes have been identified by survivors as a priority and we believe that their inclusion is a strength, encouraging stakeholders to centre survivor agency, self-development, and life goals.

At this stage it is not yet clear whether all indicators need to be present to achieve the outcome. This requires further research. This research could involve a scoping review to identify what measures are currently used in modern slavery work; workshops with survivors on the indicators and measures identified, assessing which are the most sensitive, least intrusive measures and whether survivors prefer to self-report on certain outcomes; and the creation of a rubric of qualitative indicators to complement the MSCOS, describing the different levels of achievement for each core outcome.

Some of the core outcomes may seem to be longer or shorter term in comparison to others, and there may be a temptation to measure them at different times. However, in our research we found that they can all be relevant at all stages of someone's journey. Recovery, well-being, reintegration are not linear paths. For example, someone may need access to mental health support soon after their trafficking experience and then go for many years without needing any further assistance. Decades later, though, they might experience a trigger event (e.g., moving country, having a family, starting a relationship) that makes mental health support relevant once more. We recommend, therefore, that all the core outcomes are measured as standard at consistent, regular timepoints regardless of someone's circumstances. This can be achieved via use and adaptation of the Adult Needs and Risk Assessment from the OSCE NRM Handbook Section 12.6. [10]

# THE MSCOS COMMUNITY OF PRACTICE

## WHAT IS A COMMUNITY OF PRACTICE?

A community of practice is 'a group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfil both individual and group goals' (Community of Practice 2022) [11]. Our vision for membership of the MSCOS Community of Practice is wide-ranging. It includes the original participants of the project, survivor leaders from a wide range of backgrounds and lived experience. This includes survivor leaders (national and international), senior academics within anti-trafficking and other related fields, UK Modern Slavery Victim Care Contract (MSVCC) subcontractors, anti-slavery hubs, independent charities and NGOs (including umbrella organisations), and services that are specifically focused on delivery of the MSCOS core outcomes. It will also include stakeholders from business and corporate organisations (collaborative hubs and initiatives), the legal sector (asylum, immigration, criminal justice, housing), government departments, councils, local authorities and statutory services, children's organisations, and international partnerships.

An MSCOS Community of Practice Fellow has taken up the role of inviting, engaging with and co-ordinating this wide variety of stakeholders to form the MSCOS Community of Practice. This role is located within the Counter-Trafficking Department of MSCOS partner organisation Helen Bamber Foundation (HBF). The Research Advisory Board (RAB) set up for this project will also continue their vital work in collaboration with the Community of Practice Fellow. The involvement of the RAB and other survivor leaders will enable survivor-driven policy strategy for change, in relation both to specific Core Outcomes and to the adoption of the MSCOS as a whole.



**Anyone reading this can join our community of practice by emailing us at [mscos@kcl.ac.uk](mailto:mscos@kcl.ac.uk).**

## WHAT ARE THE OBJECTIVES?

Our key objectives for the Community of Practice are three-fold:

- 1** To develop an understanding of the MSCOS Core Outcome Set as a model of practice to be incorporated into the knowledge base and work of Community of Practice stakeholders at both an individual and collective level, via meetings, events, activities, and forums.
- 2** To harness the wide-ranging knowledge and experience of the MSCOS Community of Practice towards further development of practical, measurable standards for each Core Outcome, working towards a further academic Delphi project to further advance the MSCOS.
- 3** To work towards further research to further advance the MSCOS, including development of a robust system for feedback, monitoring and evaluation.



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Together, these key objectives should further consolidate the use, implementation, and promotion of MSCOS, leading to development of responsive interventions and services which instill quality of standards as well as core outcomes.

## OUR COMMUNITY OF PRACTICE WILL DEVELOP THE MSCOS

Through our Community of Practice, we hope that the MSCOS will become ubiquitous and embedded in practice, enabling the development of responsive interventions and services, as well as effective synthesis and comparison between interventions and services. The Community of Practice will be engaged in regular discussions and learning events to develop the use of the MSCOS and build a bank of real-world examples of its use.

Using the MSCOS will require a set of standards and measures to assess the progress of achieving the outcomes. Though each outcome has a detailed descriptors that provide direction, our Community of Practice will start to explore consensus on potential standards for the outcomes and to build a framework of measures for each. The Community of Practice can help us to prepare for further academic study by providing guidance on how measurable standards can be introduced and adapted into a wide variety of service models and policies.

The circular MSCOS practice model (Figure 2) represents the Core Outcomes from a multi-dimensional practice perspective, rather than as a flat list. It is comprised of the seven MS Core Outcomes and demonstrates how they can relate to each other. This practice model aids stakeholders' conceptual understanding that the Core Outcomes are a set of equal components, presenting the MSCOS as a whole entity.

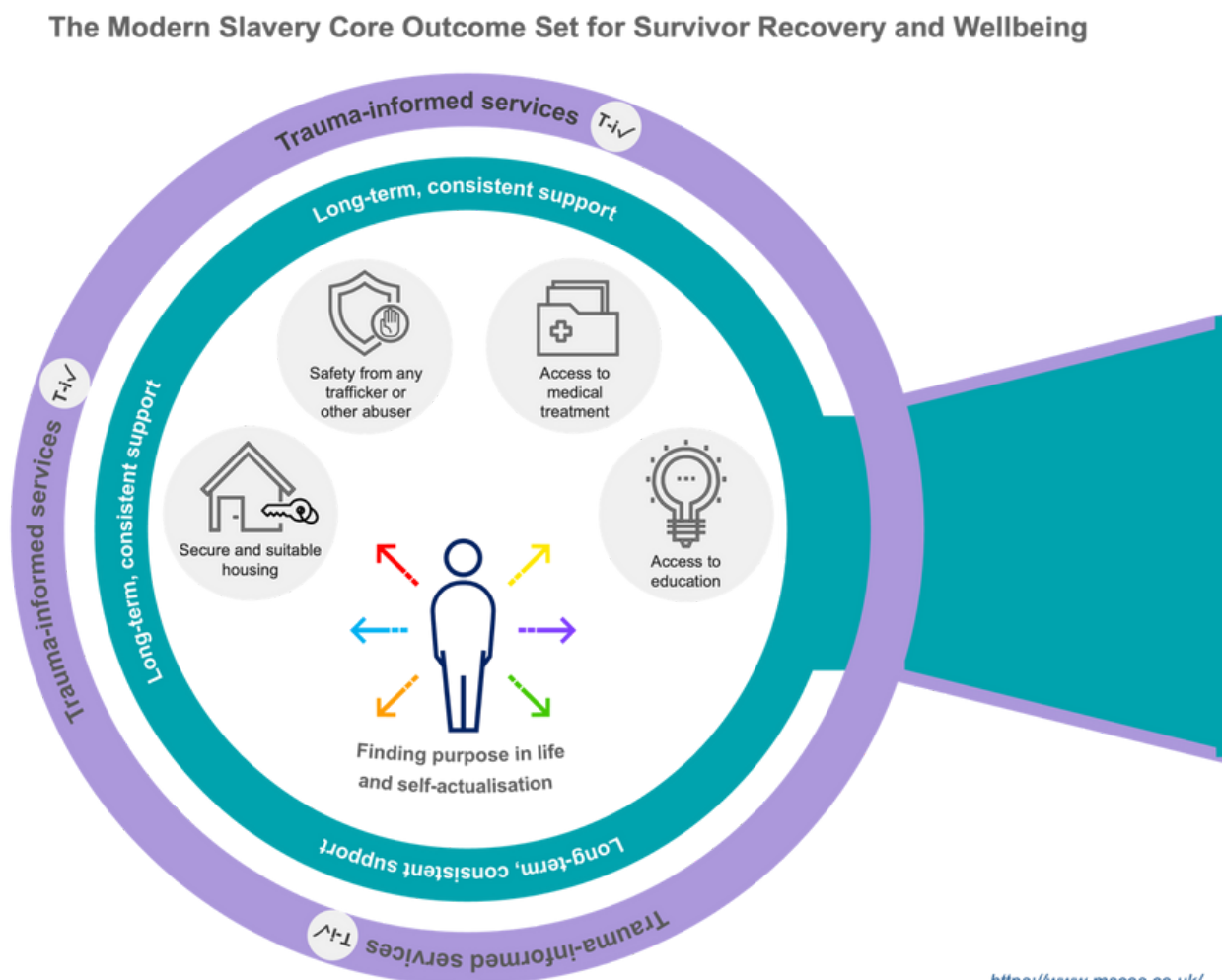
## UNDERSTANDING THE OUTCOMES AS A SET

The Community of Practice model will help us understand the MSCOS as a set of interrelated outcomes.

Professionals often meet survivors of modern slavery in organised offices, interview rooms, courts, clinics, hospitals and therapy rooms. Professional roles are often confined to the progress and completion of a specific task or outcome. Survivors commonly return from professional appointments to inhabit dangerous, dirty and insecure housing in neighbourhoods where criminals operate with impunity and can target them due to their clear vulnerability or safe-houses in which they may fear other residents or the attitudes of staff; to situations of a seemingly endless cycle of telling and re-telling their history and current circumstances to a range of distant or, in some cases, hostile service providers or competent service providers who are hugely overstretched in terms of time and resources. There is often a life of hidden and lonely isolation after slavery in which survivors lack relationships of trust and companionship. Poverty stigmatises survivors because it results in the lack of ability to purchase basic provisions needed and situations in which they feel shame for not being able to fund appropriate clothes or books for college, which limits their ability to feel equal to others or to achieve social inclusion which is vital for sustaining recovery. Hidden mental and physical health issues often remain undiagnosed and untreated for a range of reasons including lack of access to appropriate, trauma-informed healthcare services. It is also common for survivors to live in fear of their traffickers, facing continuing threats online and offline against themselves and their families.

All of these factors create significant risks of re-trafficking and enable traffickers to operate with impunity. The lives of survivors need to be considered squarely and in full by all stakeholders in the anti-trafficking field if there is to be progress above and beyond immediate, task-based duties.

**Figure 2: The MSCOS Practice Model illustrates how the core outcomes relate to each other**



In this model, compassionate, trauma-informed services and long-term, consistent support wrap around a circle of core outcomes. These also continue together outwards from the circle as a reminder that they continue to be needed beyond the completion of the MSCOS.

**Compassionate, trauma-informed services** were seen as being vital from the outset of identification and provision of core outcomes by MSCOS participants: without trauma-informed services, the MSCOS practice model cannot be formed.

**Long-term, consistent support** provides survivors with support to fully access to the MSCOS. In the view of participants, this was selected as a core outcome because it is directly connected to the achievement of all outcomes for survivors and therefore fundamental to recovery, well-being, and integration.

The icons which represent **secure and suitable housing, safety from any trafficker or other abuser, access to medical treatment and access to education** are depicted to ensure that they can be interpreted as widely as possible, in accordance with the vision of project participants. Together these make up the top half of the circular practice model.

**Finding purpose in life and self-actualisation** in accordance with survivors' strong input on this aspect of the MSCOS is represented as infinitely interpretable, depending upon the beliefs, preferences and self-identified needs of each individual survivor; therefore it is provided with plenty of space within the circle, and coloured arrows to depict freedom of movement in various possible directions.

All of the core outcomes and the visual representation are subject to the views, interpretation and information provided by the RAB and other survivor participants. The further development of MSCOS as a practice model depends upon this informed participation and leadership within the wider community of practice.

## THE CHALLENGES OF MAINTAINING THE MSCOS COMMUNITY OF PRACTICE

It is important to acknowledge and address the significant challenges of creating and maintaining a proactive MSCOS Community of Practice. There are world-wide economic challenges and the Covid-19 pandemic which have affected frontline responses and service provision. In countries hosting Ukrainian and Afghan refugees, resettlement schemes have often been unmonitored, unregulated and placed people in vulnerable situations (e.g., Cockbain 2022 [12]). This has increased the risk of human trafficking and placed significant pressure on anti-trafficking organisations. In addition, legislative and policy developments in many countries, together with increasing anti-migrant rhetoric are considered by anti-trafficking experts and advocates to be highly negative for survivors.

Amid these pressures, the MSCOS 'ask' of Community of Practice stakeholders is challenging. There are few organisations that support survivors with all, or even the majority of the seven core outcomes and none that provide the entirety of the longlist. Without careful planning of approaches, there is the risk that sector stakeholders may simply agree the need for the seven MSCOS core outcomes but be unable to envisage supporting them all in any practical way or advancing them further. Therefore, it is key to the success of MSCOS that organisations and agencies delivering any services to survivors recognise the need for the 7 core outcomes as a whole set.

For those who deliver one or two of the core outcomes for example, a duty should be written into organisational policy to include consideration of the MSCOS in any needs/risk assessment of survivors, and have established professional pathways for liaison with other professional services who can fill the gaps.

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We believe that the approach of having individual meetings with stakeholders prior to inviting them to wider activities, events and forums is a worthwhile investment. Through engagement, and the invitation for stakeholders to platform their own MSCOS-related models and frameworks, we would like all stakeholders to join us in further progressing:

- The overall aims of the MSCOS in ensuring the presence of all 7 Core Outcomes and access to the Long-list for every survivor. They need to know how and why the combination of the 7 Core Outcomes is necessary, and how they can operate individually and together as a community for the recovery, wellbeing and integration of survivors.
- The contribution of the Community of Practice in terms of pro-active participation and further development and standardisation of the MSCOS. Stakeholders will be able to lead on specific issues and hold forums and meetings as well as joining in online chat rooms and podcasts.
- Promoting each Community of Practice member in their own area of work, moving beyond the timeline for the MSCOS project to a long term framework for consistent multi-agency and inter-disciplinary support..



**For further information or to join the MSCOS Community of Practice visit our website on [www.mscos.co.uk](http://www.mscos.co.uk) or email us on [mscos@kcl.ac.uk](mailto:mscos@kcl.ac.uk).**

# MSCOS OUTCOMES LONGLIST

This longlist provides an additional 38 outcomes for people to use based on: 1) the project focus and organisational preference; 2) survivor background, circumstance, and journey stage; and 3) country or community specific contexts. You can see the Outcome Longlist, sorted by domain, below.

SAFETY	
Preventing re-exploitation	Survivors need appropriate protection from future exploitation. This includes protection from not only traffickers and related abusers, but from media, charities, and researchers. It also encompasses survivor privacy. This outcome requires survivors to be well-informed about their rights and how exploitation may occur in a variety of contexts.
A safe mental health service, work and home environment	Survivors should have safe spaces to engage in therapeutic work and to express themselves. Mental health services can become safer spaces in several ways, such as: through gender sensitive services, increasing alternatives to hospitalisation, offering therapy in survivors' languages, and using creative or arts-based therapies. A safer home environment is one where survivors can talk freely and receive therapy. A safer work and home environment means that psychological treatment is not set back by home or work stressors and mental health needs are taken into consideration at home and at work.
Family safety and contact	For many survivors, it is important to have healthy family relationships, safe families, and quality family life. This includes tackling stigma within families; spending quality time together as families; learning how to manage family conflict and reduce family violence; appropriate protection from family members for survivors; and survivors being able to protect their children and be good parents.

## SUPPORTIVE SERVICES

Service accountability	Services and charities need to be transparent and accountable, and survivors should feel heard and able to contribute to improvements in services. This includes having efficient complaints systems that survivors feel safe using, having information available on how and who to complain to when necessary, and that charity and service staff are held accountable for their actions.
Survivor choice in services	Survivors should have a choice in the type of services they receive and when they receive them. For instance, survivors should be able to receive services, especially mental health support, at a pace they are comfortable with.

## CONSISTENCY AND STABILITY

Life skills	Life skills are the skills needed for survivors to participate in society and be independent. They cover a range of areas including budgeting, cleaning, and cooking. They include soft skills such as communication skills and understanding social values or norms. Underlying life skills are executive functioning skills (e.g., beginning and finishing a task, being able to organise resources, and to be able to facilitate task completion) and occupational performance skills (e.g., concentration, problem solving, maintaining appearance).
Reclaiming Normalcy and Appreciating the Everyday	Many survivors desire to reclaim a sense of routine and normalcy. It is to be able to enjoy everyday life free from the shadow of trafficking. This means being able to have a consistent family and romantic life; a regular, balanced schedule encompassing friends, education, and employment; and feeling like you have the same basic life as everyone else.

<p>Healthy lifestyle</p>	<p>A healthy lifestyle includes exercise, diet, and general physical health. Survivors should have the resources, skills, and knowledge to be able to cook healthy meals, understand the impact of diet on health, and take part in regular exercise. Through the activities associated with a healthy lifestyle, survivors can relax and take a break from distressing thoughts. Indicators of a healthy lifestyle could include improved sleep, being able to physically eat and move, having energy, fewer headaches, and not being hospitalised for physical issues.</p>
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<p>Affordable and reliable transport</p>	<p>Survivors need sustainable access to reliable transport. This includes learning about vehicular maintenance and basic repairs, how to use a bus (e.g., reading bus schedules, maps, and stops), and how to find support for transport to medical appointments. A vital part of this outcome is having the finances to access public transport or to afford private transport. Transport is integral to stability as it affects access to education, access to health services, obtaining employment, socialising, and many other outcomes on this list.</p>
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**OPPORTUNITIES**

<p>Obtaining and maintaining meaningful employment</p>	<p>Many survivors want to obtain fulfilling employment with the opportunity of career progression. This requires an understanding of the host country's job market, a path to relevant work experience, and to feel capable of working. A key element of this outcome is employer understanding around human trafficking, being flexible with working arrangements and not discriminating against people because they lack understanding about people's permission to work or why their CV might be affected.</p>
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<p>Personal and family prosperity</p>	<p>Prosperity is desired both on the personal and family levels. On the personal level, it means being debt free, having a regular and sustainable income, having the money to be able to travel and visit friends, and being able to afford costs for life events such as a wedding. On the family level, it means being able to give your children a better life, pay for childcare and ensure educational attainment for children.</p>
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<p>Permission to work and study</p>	<p>Survivors need to have the legal right as well as the choice to work or study. This includes having visas or legal documents permitting work and study, as well as access to university/college fee-waivers and work permit application forms. It also means that pressure does not exist where the individual feels forced to work when they are not able to or ready.</p>
<p><b>RIGHTS, JUSTICE AND DIGNITY</b></p>	
<p>Survival needs and state support</p>	<p>Survival needs comprise necessities such as food, clothing, sanitary provisions, and shelter. A key aspect of survival needs is being able to access financial support from the government or charities for housing and services.</p>
<p>No racism</p>	<p>Survivors should not be subjected to dehumanising or criminalising treatment by government institutions, social workers, first responders, and service providers. Institutional racism must be tackled in and by health care systems and institutions.</p>
<p>No discrimination against LGBTQ+</p>	<p>Survivors who identify as lesbian, gay, bisexual, queer, intersex or asexual should not be discriminated against by government institutions, social workers, first responders, or service providers. Public and charity support should be catered to people of all sexual orientations and genders, and not shaped to promote so-called "traditional families".</p>
<p>Access to quality legal representation</p>	<p>Survivors need access to specialist legal advice and to legal counsel with complex case knowledge specifically around the topic of modern slavery and human trafficking. Quality legal representation also includes having translation services in legal settings, legal aid funding that reflects the complexity of cases, and advocacy supporting all elements of cases (from compensation to survivor preparation for court). Funding for childcare to make attending the legal process possible is also crucial here.</p>



<p>Better immigration systems</p>	<p>The immigration system should provide survivors with clear and timely communications and support information during application processes. There should be responsive communication channels to engage with government departments and authorities with delays in support or cases being explained, improving waiting times for an asylum decision, a less adversarial asylum interview process, and automatic status for recognised survivors. Better immigration systems facilitate family reunification if this is desired.</p>
<p>Immigration status and documentation</p>	<p>Many survivors felt that security was obtained via immigration status or the right to remain in their current location. Having secure status and appropriate documentation is important to ensure human rights and entitlements for survivors including access to government financial support and health services. Survivors should not have to fear deportation.</p>
<p>Prosecutions</p>	<p>The justice system must ensure prosecutions following the experience of human trafficking (if it is desired by survivors). Longer prison sentences for traffickers, denying bail to perpetrators, and improving success rates in court could all be important. The statute of limitations should be removed for all forms of modern slavery since at times survivors do not learn that their experience was one of trafficking until sometime later.</p>

**HEALTH AND WELLBEING**

<p>Self-compassion, acceptance and self-worth</p>	<p>Services, policies and interventions should support survivors to prioritise mental health by building self-esteem, having self-love, and cultivating inner strength. This involves survivors not blaming themselves and doing things not just for others but also for themselves. It includes acceptance, which means letting go of the past and accepting that it cannot be changed, but also that a full recovery may or may not exist. Finally, this outcome is about feeling less shame and guilt about the past and current situation (such as accommodation and employment).</p>
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<p>Being able to seek support</p>	<p>Being able to seek support includes having the confidence to access services and being able to reach out and talk honestly to a mental health support worker if needed.</p>
<p>Coping with and processing trauma</p>	<p>Survivors should be supported to develop coping strategies for trauma-related mental health issues (including flashbacks, paranoia, depression, and anxiety). Grounding techniques for dissociation can help survivors to reduce and manage triggers, prevent breakdowns, reduce medications and hospitalisations, as well as changing potentially harmful behaviours. Coping is allied with processing trauma. That is, reaching a place where the memory of the trauma does not impact the body and emotions as strongly, or feeling as if traumatic memories do not have the same emotional quality they once had.</p>
<p>Self-awareness and emotional expression</p>	<p>It is vital to support survivors to express themselves by, for example, being able to speak to others freely or cry, not bottling up experiences, confronting emotions and connecting with them as they arise. This also includes helping survivors understand their strengths and limitations, thought processes, and behaviours (harmful and helpful). Emotional regulation for survivors, being able to control and accept their own emotions without acting upon them in an unhealthy way, is also important for this outcome.</p>
<p>Spiritual wellbeing</p>	<p>For some survivors, spiritual well-being was critical. This is about finding balance in life through spirituality, including religious belief and finding purpose in spirituality or prayer. This outcome includes having transport and funding to access and participate in spiritual and religious activities.</p>
<p>Celebrating and thinking positively</p>	<p>Celebrating and thinking positively is about moving from surviving to thriving by transforming struggles into growth. This means embracing happy days and creating positive memories, spreading happiness to others and having a sense of optimism and hope.</p>

## RECOGNITION, AWARENESS AND UNDERSTANDING

<p>Knowledge of rights and entitlements</p>	<p>An understanding of the immigration process is crucial for many survivors, particularly when people have precarious status and limited rights. For those with secure status, it is important to understand the welfare system and how to navigate complex state systems (health, criminal justice, employment), and to be given information in languages and formats that are accessible to them. There is a concomitant demand for accurate, timely, and clear information from those who worked with survivors and from official government services. Finally, it is important for those who interacted with survivors to have deep rather than superficial knowledge about human trafficking to prevent the denial of rights and ensure safeguarding responsibilities are understood and upheld.</p>
<p>Dignified treatment and belief</p>	<p>Survivors are entitled to fair treatment by institutions, public officials, service providers and first responders such as the police. Legal and law enforcement staff should have specialised training to support survivors and work on trafficking cases. Health practitioners and service providers should take survivor concerns seriously, keeping any scepticism to themselves, and carrying out meaningful assessments without judgement or discrimination. Survivors need authorities and public officials to believe them when they make judgments about their credibility and vulnerability, particularly during immigration interviews and when housing or social service decisions are being made.</p>
<p>Living a stigma-free life</p>	<p>Survivors can often be seen solely as victims, without the ability to solve their problems or make a life for themselves. Survivors are clear that this stereotype has negative mental health implications and must be avoided. This can be difficult in the legal system where victimisation is often the only alternative to survivors being criminalised. This outcome requires increased public understanding of human trafficking and modern slavery.</p>

## BELONGING AND SOCIAL SUPPORT

<p>Healthy relationships</p>	<p>Healthy relationships concern both intimate partners and friends. It is important that intimate relationships don't replicate the exploitative dynamics experienced in trafficking around dependency, abuse and negativity. It is important for survivors to gain an understanding of what healthy relationships look like. Healthy relationships involve being able to assert boundaries and being able to say no. Having healthy relationships also means having friends that are enjoyable to spend time with and who give hope. Healthy relationships are equal on both sides. This outcome also means having the confidence to meet and be open to new people, while maintaining control over who is trusted.</p>
<p>Being part of a community</p>	<p>Many survivors wanted to be supported to be part of a community. This community could be a local one formed of neighbours, one formed around shared interests and hobbies, one centred on nationality, a survivor network, or even just family. It is important that survivors, who may have been excluded or marginalised from their communities pre-trafficking can re-enter society.</p>
<p>Socialising</p>	<p>Socialising encompasses going out with friends, having charity-organised activities to attend, or participating in online social activities. It is also about having someone compassionate and supportive to talk to. It does not necessarily mean that more socialising is always wanted, it is important to have the choice and opportunity to socialise when desired. Long-term or ongoing socialising opportunities, such as through a buddy system might also be important for survivors. Socialising could be in the digital realm as well as face-to-face, and it is vital that survivors can use social media and have support to pay for the internet.</p>
<p>Feeling comfortable in a social environment</p>	<p>Feeling comfortable in the social environment means survivors are familiar with the place they live. It means knowing places to go out to and making friends with those in the immediate social environment (e.g., colleagues). Being able to eat culturally appropriate food is an important way to find a sense of familiarity in new settings. Feeling comfortable can include the ability to speak the host country's language.</p>

## AGENCY AND PURPOSE

<p>Making change and improving policy</p>	<p>Survivors want to see changes in the policies that affect them and more direct engagement with survivors from policy makers. This includes creating alternative routes to obtaining visas or immigration status, and well-funded services that respond to survivors' needs. The ability of survivors to influence government and organisations will help put these changes into action. Survivor activists are more than just "speakers of trauma narratives" and should be recognised for their work. Through the change they make, survivors may feel connected to a wider movement.</p>
<p>Survivor leadership</p>	<p>Survivors should have the choice and support to have their voices heard and assume leadership positions within NGOs and broader society. For survivors to become leaders, services must treat them as partners and allies. This means including survivors not just in informing/advising services, but as staff members, mentors and in leadership positions where they can make a difference. Positive representations of survivors and survivor successes in their chosen fields is also important. These strong voices can create change by challenging oppression, changing policy, and educating others.</p>
<p>Moving on and starting a new life</p>	<p>Being able to start afresh without letting the past interfere with the future (whilst still not forgetting what has happened) is important for survivors. This requires recovering physically, having the mental space necessary to plan and reclaiming a sense of personal identity. Reclaiming personal identity for survivors may involve processing the world anew- parts of our personalities can be lost during trauma. Moving on is about rediscovering, or discovering, what we think/feel/want from the world.</p>
<p>Increased male involvement</p>	<p>Men should feel able to be involved in community activities. It's important that men seek out social and emotional support, and that there are male survivor leaders who can support other men. It is also important for men to play an active role in activism and working toward gender equality in a safe and inclusive way.</p>

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Advocating for self and giving to others	Becoming an advocate is about survivors gaining confidence to help others as well as themselves and being able to contribute to areas such as research, volunteering, and campaigning if one so wishes. This could involve, for instance, speaking assertively with social services, supporting other survivors during police interviews, starting peer support groups or being involved in any form of charitable activity.
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# Modern Slavery Core Outcome Set



To find out more about the MSCOS project you can use the links below:

Website: [www.mscos.co.uk](http://www.mscos.co.uk)

Email: [mscos@kcl.ac.uk](mailto:mscos@kcl.ac.uk)



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