

# Placing survivor wellbeing on the policy and evidence map

## Research Report

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## Background

There is a growing evidence base that highlights survivors of modern slavery experience significant mental health problems (Oram et al., 2012; Ottisova et al., 2016; Pocock et al., 2018). High prevalence rates of depression, anxiety and post-traumatic stress disorder (PTSD) have been reported (Oram et al., 2016; Abas et al., 2013). In Europe, survivors are entitled to assistance with psychological needs through the Council of Europe's Convention on Action against Trafficking in Human Beings (ECAT) (Council of Europe, 2005). Despite the Convention's mandate, since 2013 a number of non-governmental organisations (NGOs) have documented the difficulties that survivors experience in accessing psychological support in the UK (e.g., Anti-Trafficking Monitoring Group, 2013; Sophie Hayes Foundation, 2014; Katona et al., 2015; Survivor Alliance, 2018).

This study aimed to update the evidence base on survivors' access to psychological assistance in England and Wales and sought to: (1) establish if survivors are receiving their entitled assistance; (2) document in what format and settings the assistance is received; and (3) understand barriers to access and the impact of psychological assistance on survivors' mental wellbeing.

The UK Government aims to meet its international obligations to support adult survivors (as per ECAT) through the Modern Slavery Victim Care Contract (MSVCC). Support organisations sub-contracted in the MSVCC can either provide in-house psychological assistance or signpost survivors to mainstream psychological support services. In Section 8.12 of the UK's Modern Slavery: Statutory Guidance for England and Wales (UK Home Office, 2022), which was the most recent update at the time of data collection, emotional and mental wellbeing is named as one of the areas in which service providers need to assess survivors for any needs for urgent support on entry to the specialist support provided by the MSVCC. However, the guidance on the Recovery Needs Assessment (RNA), which is conducted after a positive Conclusive Grounds decision to assess whether there are ongoing recovery needs arising from a survivor's experiences of modern slavery, does not make any mention of wellbeing (Home Office, 2021). It is important to note that mental wellbeing is studied in mental health research as a separate, though related, concept to mental health. Whereas mental health typically focuses on diagnosed mental illness, mental wellbeing goes beyond illness and its symptomology to encompass factors such as an individual's satisfaction with life and having a sense of purpose (Cooke et al, 2011; Seligman, 2011).

Alongside our aims to update the evidence regarding survivors' access to psychological assistance and mental wellbeing, this study aimed to increase research capacity within the survivors of modern slavery population. Our project included a peer researcher development programme for survivors that was co-designed, implemented and evaluated. This component of our project focused on the process for engaging and collaborating with survivors as peer researchers throughout the research process. This is in response to increased calls from research institutions (Balch, 2021) and survivor-led groups (Dang, 2018) to include people with lived experience in research roles other than subjects or participants.

This report is presented in three sections in order to provide adequate information about its major components. The first section covers our research on psychological assistance

and mental wellbeing. The second section describes our work focused on developing survivors of modern slavery as peer researchers. The third section discusses the qualitative evaluation of peer researchers' experiences. Even though we are reporting on these work streams separately, they occurred simultaneously for the duration of the project.

Although the project is officially named 'Placing Survivor Voice and Wellbeing on the Policy and Evidence Map', the project team developed a more colloquial name, STAR-WB. STAR-WB stands for Survivors Transforming Anti-Slavery Research on Wellbeing. We decided to give the project this more accessible name for ease of communications drawing in a wider audience for project outputs. Throughout the report, we mostly refer to the project as 'STAR-WB'.

# Psychological Assistance and Mental Wellbeing for Survivors of Modern Slavery

## Methodology

Conducted between September 2021 and June 2022, the study utilised an evidence-based model for community-led assessments of mental wellbeing called the Mental Wellbeing Impact Assessment (MWIA). The MWIA was originally developed in Lewisham and Lambeth in 2007, and further developed in Liverpool in 2011. The MWIA methodology includes a desk-based literature review, development of a Community Profile that maps the demographics, social indicators and health determinants of the population affected by the issue of study, and stakeholder convenings to provide information to those affected, identify how and whether evidence aligns with experience, and to collect stakeholder evidence. For this study, a scoping review was conducted, and development of the Community Profile included an online survey to survivors of modern slavery as well as front line service providers. The surveys were completed by a total of 90 survivors and 26 service providers. Four online stakeholder workshops were conducted with a total of 30 survivors of modern slavery and two online stakeholder workshops were conducted with a total of 10 direct service providers based in England and Wales.

The research team included three peer researchers who took part in the Peer Research Development Programme which is presented in the second part of this report. The peer researchers were involved in reviewing literature, developing and disseminating surveys, and facilitating workshops.

## Literature Review

A scoping review was conducted to identify existing literature on the topic of survivor wellbeing, including academic research and grey literature. While existing research highlights the wide-ranging wellbeing needs of survivors of modern slavery, there is limited existing research on survivors' access to mental wellbeing support in the UK. A joint submission to the Group of Experts on Trafficking in Human Beings (GRETA) from a range of organisations working in the anti-slavery sector identified gaps in such support provision (Sereni and Fernandez, 2020). For example, under the RNA guidance, needs are considered to be met if a referral to NHS services has been made, even if the service has not been received or has not been effective for the survivor (ibid). GRETA's own report (2021) highlighted the difficulties survivors experienced in accessing psychological assistance due to waiting lists, which had further lengthened during the Covid-19 pandemic. Where support is available, Gaitis (2022) found that it tended to be short in duration and was not tailored to survivors' individual needs. Such et al. (2018) highlighted the role of health services in supporting survivors but emphasised the need for further training of healthcare professionals.

Existing evidence identifies a number of features of responsive and appropriate support for survivors of modern slavery. First, as set out in the Slavery and Trafficking Survivor Care Standards, support should be integrated, holistic and appropriate to the survivor's individual needs (Human Trafficking Foundation, 2018). Hemmings et al. (2016) emphasise the importance of a comprehensive needs assessment of physical and

mental health in order to address survivors' holistic needs. Katona et al. (2015) also call for an integrated approach to addressing survivors' mental health needs and highlight the importance of social support and access to education and employment as key factors in psychological recovery. It is also important that the support provided is trauma-informed, person-centred and culturally sensitive (Gaitis, 2022; Hemmings et al., 2016). While psychological assistance is often viewed as one-to-one counselling support, talking therapies may not be appropriate for all survivors, some of whom have reported finding one-to-one counselling 'shameful and blaming' (Hemmings et al., 2016 p.5). Alternative wellbeing support, such as mindfulness, creative therapies and outdoor activities, was identified as potentially beneficial (Hemmings et al., 2016). Understanding the subjective meaning of wellbeing for survivors enables them to take an active role in their recovery and draw on their own strengths, coping strategies and community networks (Wright, 2020).

A clear theme of the current literature is the impact of wider social and economic factors on survivors' mental wellbeing and prospects for psychological recovery (Hemmings, 2016; Williams-Woods and Mellon, 2018; Wright, 2021). Roberts (2018, p.165) found it to be 'unrealistic to expect any kind of meaningful reflection and recovery [...] while an individual still has basic needs such as food and accommodation unmet and does not have even short-term security in the UK'. Security of status is consistently identified as a fundamental element of recovery, both to enable survivors to make plans for the future, and to ensure access to employment, education and accommodation (FLEX, 2015; Williams-Woods and Mellon, 2018). Balch (2017) also notes how the lack of stable accommodation and limited financial and social resources can embed social exclusion and prevent survivors from integrating into society.

## Community Profile

In order to understand the wellbeing needs and experiences of the wider community of people with lived experience of modern slavery, surveys were distributed to survivors and service providers. A total of 90 survivors and 26 service providers completed the surveys.

### Survivor survey participants (n=90)

Survivors were invited to participate in the survey if they had lived experience of modern slavery, were aged over 18 at the time of taking the survey and had been referred to the NRM in the UK. Responses from participants who did not meet these criteria were screened out of the survey. Of the valid responses received n=90, 77% of participants had been referred into the NRM within the last 0-5 years, and 88% had been referred in as an adult.

The pattern of NRM referrals changes over time, with greater numbers of survivors of particular genders, nationalities or exploitation types varying over the years. For this reason, it is difficult to compare our participants with the broader population of survivors given the variation in when participants were referred into the NRM. However, to provide some context on the wider community, our sample has been compared with the most recent full-year report on NRM statistics available at the time of data collection, which covers 2021 (Home Office, 2022). During 2021, 75% (4,812) of adults referred to the NRM were male, and 25% (1,594) were female. Participants in this study were more

likely to be female, with 72% women completing the survey, 19% men and 2% who were non-binary. Transgender participants made up 8% of respondents.

Survivor participants ranged in age from 18 to 64. Of those who gave their nationality, 87% were non-British from a total of 29 different countries, and 3% were British. This compares with 15% of adults referred into the NRM 2021 being British. Forty-three percent of survivor participants described their ethnicity as Black African, with a further 18% identifying as another Black background, and 19% identified as Asian. Data on ethnicity is not collected by the NRM, so it was not possible to compare our participants with the broader population.

Of those who chose to say what type of exploitation they had experienced (participants could select more than one type), 41% reported sexual exploitation, 39% domestic servitude, 32% labour exploitation and 8% criminal exploitation. In 2021, labour exploitation was the most commonly reported type of exploitation in the NRM statistics, making up 33% of adult referrals (Home Office, 2022).

### **Service provider survey participants (n=26)**

Twenty-six service providers operating in England and Wales completed the service provider survey, of whom 73% had worked in the anti-slavery sector for 0-5 years. Of the 26 participants, 19% provided services under the Victim Care Contract (VCC) while 38% were not VCC subcontractors but did provide services to people in the NRM. The remaining organisations (43%) provided support to survivors of modern slavery outside the NRM, including pre-NRM and post-NRM support. Although current service providers who also hold lived experience of modern slavery were invited to take either survey, or both, only one service provider self-identified as someone with lived experience of modern slavery.

As with survivor participants, the service providers who chose to disclose their gender were predominantly women (69%), with 19% men and 8% trans or non-binary. The majority of service provider participants were British (77%), with 15% reporting other nationalities, and 69% were White, compared with 4% of survivors. Eighty-eight percent of service provider participants were aged between 25 and 54.

### **Stakeholder workshops**

The stakeholder workshops provided a collective space for survivors and service providers to give more detail of their views and experiences. The four survivor workshops and two service provider workshops followed the same pattern, focusing first on defining wellbeing and then on exploring mental wellbeing needs and experiences at the individual, community and societal levels.

## Key Findings

The findings from the literature review, community profile and stakeholder workshops highlight the vital **importance of mental wellbeing and psychological assistance** for survivors. However, the study also identifies **gaps in the provision and accessibility of appropriate psychological assistance and mental wellbeing support**. The findings emphasise the need for holistic support for survivors through a diverse range of **mental wellbeing activities** that are responsive to survivors' needs and priorities. Participants highlighted the **interconnectedness of ECAT entitlements**, with mental wellbeing dependent on the security of other entitlements such as safe accommodation and access to legal rights and assistance. Finally, the **impact of harmful policy and procedures** on survivor wellbeing was consistently raised by participants, particularly in relation to the NRM process, asylum system and access to housing.

The MWIA model identifies four key protective factors for mental wellbeing which underpin the findings from this study: enhancing control; increasing resilience and community assets; facilitating participation and promoting inclusion. Participants in this research also identified a key additional factor of safety. These factors are reflected throughout the findings and recommendations in the following ways:

- The MWIA toolkit identifies **enhancing control** as a significant element of mental wellbeing. In this study, survivors and service providers highlighted the negative impact on wellbeing of a lack of autonomy for survivors due to lack of available choices, resources and awareness of rights.
- **Increasing resilience and community assets** connects with people's ability to cope with adversity and the way that the local area can promote resilience. In this study, participants discussed the importance of local services and access to nature for wellbeing, and shared the individual and collective coping strategies that supported their resilience.
- **Facilitating participation** is defined as increasing engagement in community activities, including leisure activities, volunteering, group membership and political participation. Within this study, participants highlighted the importance of physical and creative activities for wellbeing, and the value of being able to contribute at a local level through volunteering and involvement in activities with the wider survivor community.
- **Promoting inclusion** refers to the extent to which particular groups are able to access activities and opportunities to support their wellbeing. In this study, participants highlighted the barriers to accessing appropriate mental wellbeing support, including practical issues such as location and transport costs, challenges within service provision such as lack of culturally sensitive and trauma-informed support, and immigration status as a barrier to accessing support and wellbeing activities.
- **Safety** was a theme that underpinned the discussion in different areas. This included physical safety, particularly in relation to safehouse and asylum accommodation, and psychological safety as a wellbeing need.

## Definitions of mental wellbeing

This study uses the term 'mental wellbeing' in keeping with the MWIA model, but it is recognised that the terms psychological recovery, mental health and mental wellbeing are often used interchangeably in modern slavery policy and practice. Survivors understood these terms differently, with psychological recovery often seen as an end goal, mental health as relating to diagnosed psychiatric conditions, and mental wellbeing as the ability to function and manage the impact of trauma on a day-to-day basis. During the workshops, all three terms were used by survivors when asked about the needs that psychological assistance should meet.

In general, survivors associated wellbeing with self-care and the ability to function in daily life, manage difficult emotions without being overwhelmed by them, and interact positively with others. Safety was the foundation for wellbeing for many survivors, including both physical and psychological safety.

*"If I'm still in the recovering stage, then the very first thing I need for my wellbeing is my safety and to be free from fear."* – Survivor workshop

*"I think wellbeing is also from the inside, like a personal feeling and can only be measured by an individual. For example, a person may work or have an education or look healthy, but if the person doesn't feel good on the inside or feel they have room or a safe space to thrive from the inside, they may not have a great sense of wellbeing."* – Survivor workshop

## A need for psychological assistance

An overwhelming majority of survivors of modern slavery (97%) who participated in our survey (n=90), expressed a need for psychological assistance while in the National Referral Mechanism (NRM). The majority (81%) of survivor survey respondents indicated they received some form of psychological assistance, which they defined in a variety of ways.

The assistance that people received varied from receiving a referral to mainstream or specialised services, to accessing informal support from case workers, to receiving 1-on-1 counselling. Of the 48 who said their needs were met, 72% (34/48) said they had received individual counselling, 40% (19/48) had received group support, and 46% (22/48) had engaged with wellbeing activities, with 10 participants having received all three types of support. Of the 24 who said they received support but it did not meet their needs, 50% (12/24) had received individual counselling, 30% (6/24) had received group support, and 35% (6/24) had engaged with group activities.

Overall, of all those who received individual counselling, 20% (10/49) said this support did not meet their needs, and 8% (4/49) said they needed this support but did not receive it. Of those who received group support, 19% (6/32) said it did not meet their needs, and 16% (5/32) said they needed this support but did not receive it. Of those who accessed wellbeing activities, 20% (7/35) said it did not meet their needs, and 17% (6/35) said they needed this support but did not receive it.

Asked how services were accessed, and allowed to select several responses, participants shared that they received assistance directly from NRM providers (31/90)



and through referral organisations (43/90). Participants (19/90) also found assistance on their own. Of those who received support from their NRM provider or other organisation, for 23% (18/77) this support ended before their Conclusive Grounds decision. For 30% (23/77), the support ended when they received their decision or shortly afterwards.

## Inadequate psychological assistance

Despite the high need for psychological assistance, 44% of those who needed this assistance indicated that their needs were **not** met. Most of the 44% are non-British nationals. Some of the needs were not met because they never received any assistance at all, whereas others received assistance but found it inappropriate or inadequate to their needs.

Provision of psychological assistance tended to be resource-led rather than needs-led, and survivors reported long waiting lists and restrictive eligibility criteria preventing timely access to support.

*They don't differentiate between different types of therapy, they just go, oh you got therapy and that's okay. There's no individual assessment to say whether that person's got the right therapy. – Survivor workshop*

*I think in my own journey, the biggest barrier for wellbeing has been thresholds, in the sense that if you want to get mental health support, you've got to fit a criteria. So I think organisations that recognise that everyone's different and on different levels helps with wellbeing, but to get support for wellbeing it's almost like you have to fit a box. – Survivor workshop*

Survivors consistently raised the need for holistic, survivor-centred, and culturally appropriate psychological assistance with specialist services. They indicated that many providers were not familiar with the unique challenges and experiences faced by survivors of modern slavery. Survivors and service providers also gave examples of practitioners who lacked knowledge of modern slavery and cultural awareness, or who demonstrated racist attitudes.

*"I've had clients who have had difficult times with GPs, where the GP is just not trained [in survivors' needs], doesn't refer on and doesn't believe them, or doesn't give them the right pain medication. And I don't know, this is just a doubt in my mind, I'm always just thinking of institutional racism, you know, these people are from other areas, other countries; 'you can deal with a bit of pain', you know? That's just my take on it, but I see it a lot." – Service provider workshop*

*"I think it's lack of professionalism, because even though they're working with survivors and they might have many years working with them, they do mix up people from different countries, they don't understand the cultures. There's a lack of cultural awareness as well, they've been like, oh, well you're Pakistani, this is what happens. Well I'm not from Pakistan, I'm from Albania, there's different cultures and different things." – Survivor workshop*

Survivors also noted that their mental wellbeing was often judged by external factors, such as having a job or relationship, rather than a meaningful engagement with their inner world.

*“Sometimes survivors can disguise their wellbeing by being busy or trying to find a sense of purpose, but then on the outside, people will say, but you're working so you're financially okay, or you're busy, but underneath it could be like a survivor with a disability or health issues.” - Survivor workshop*

*“Just because I am married or have children, that doesn't mean I'm not suffering. It's like engraved in my brain. It's like I am living a nightmare. I don't sleep, I have dark circles under my eyes, like somebody punched me, it's there permanently. So all these scars remind you of everything that you've been through and then people come and just judge you because you have kids you should be happy.” - Survivor workshop*

*“Mental health is connected to emotional and psychological state of mind. Every factor affects our wellbeing every day, from day to day, so for instance, if you have sad news or somebody has upset you [...], all this contributes to the psychological state of mind, and that will trigger trauma and depression, anxiety.” - Survivor workshop*

## Barriers to accessing psychological assistance

Both survivors and those who support them reported significant barriers to accessing support, even when it was available to them. Barriers identified by service providers included lack of funding, local availability of services and lengthy waiting lists. Both survivors and service providers referred to language as a barrier to accessing support, and a lack of childcare, which made it difficult for survivors to attend appointments.

One of the key barriers was paying for transportation. Although these costs should be covered under the Modern Slavery Victim Care Contract, in pragmatic terms, it is difficult for survivors to access this funding. Echoing previous research findings (Davy & Knott, 2020), participants in the workshop shared that they do not have cash on hand to pay for these costs. It is also important to note that the MSVCC only reimburses costs after the first £10. There were also particular challenges for survivors living in remote areas, or locations with limited options for specialist support.

*“Constantly fighting for my support entitlements became mentally and emotionally exhausting, I also occurred substantial debt paying for childcare and travel to therapy but I never received subsistence and have yet to have it refunded (it's been 4 years).” - Survivor survey respondent*

Whether or not participants were receiving statutory psychological assistance, they also discussed their extensive use of individual coping strategies to cope with triggers and overall distress and to support their mental wellbeing. Survivors showed significant resilience in the face of the ongoing impacts of their experiences on their mental wellbeing. However, survivors and service providers both noted that often survivors had to be resilient to compensate for the lack of external support available to them. Survivors also identified barriers to implementing their coping strategies. For many, distraction activities to keep their mind occupied were important, but lack of money or access to jobs and study meant that the activities available to them were limited.

*“If you want to watch a movie, then you'll need a device to watch it on, and then you need the money to pay for the data to do that and so finances are a big one, so this is why during lockdown we ended up buying some tablets and loaning*

*them out to clients, so that could be a form that distraction.” - Service provider workshop*

## Importance of mental wellbeing activities

Mental wellbeing is a concept that extends beyond mental health, which often narrow the focus onto psychological illness or symptoms. The concept of psychological assistance in Modern Slavery s49 Statutory Guidance is narrowly focused on a medical approach to mental health. In addition to psychological assistance provided by the NRM, survivors of modern slavery identified the importance of using their own internal psychological resources and engaging in activities that support wider mental wellbeing. The wider wellbeing practices and internal resources noted by research participants included the use of their personal faith, physical exercise, building community (e.g., with other survivors, in cultural, faith-based communities), and pursuing volunteering and education, to name a few.

Several participants raised issues with the narrow focus of some services on a particular definition of psychological assistance that did not necessarily meet survivors' needs.

*“The type of therapy, it’s very ad hoc [...]. It’s very low key, and it’s CBT [Cognitive Behavioural Therapy]. It’s not helpful to survivors at all, if anything it’s more triggering and they find it difficult to engage.” - Service provider workshop*

*“One of the things that will be more effective [...] would be giving survivors the opportunity to have more choices, rather than the limited choices that are given these days. Because now it’s more like, we know you need this, but this is what we’re offering you. So if you really need it, you just have to take it. There are no more options there. There’s no empowerment in that, because people are still stuck in limbo.” - Survivor workshop participant*

Survivors and service providers highlighted the value of community resources in supporting survivors' resilience and developing support networks. In addition to community resources such as education and healthcare, survivors gave examples of joining choirs, connecting with faith communities and having access to nature, sports and social groups as activities that supported their wellbeing. Opportunities to connect with other survivors were also valued. However, both survivors and service providers also noted challenges in accessing these resources. These included practical challenges such as the availability of particular activities in survivors' local areas and the cost of participation, travel and childcare, but also emotional challenges such as fear of judgement from others in group settings.

*“I’d love to go to craft sessions, books clubs, you know all this stuff and it just doesn’t exist. Unless I’m prepared to travel but then it is difficult because I am very conscious that then you’ve got the introductions; who are you, where are you from, what’s your background, how come you’re here... And then people start digging into your past, so I tend to shut down. So for me personally, I’d really appreciate being able to access groups that involve other survivors, specifically to prevent any sort of judgement.” – Survivor workshop participant*

## Access to safe accommodation and all ECAT entitlements crucial for mental wellbeing

Through the European Convention on Action against Trafficking in Human Beings (ECAT), identified victims of modern slavery are entitled to safe and secure accommodation, material assistance, psychological assistance, and legal assistance, to name a few. This study found that access to other assistance, beyond psychological assistance, plays a key role in mental wellbeing. Psychological assistance cannot have a meaningful impact on survivors' recovery unless access to other ECAT entitlements is also assured. Appropriate and secure accommodation was the most prominent, but the importance of other entitlements was also raised, particularly in relation to material assistance, legal advice and access to interpreters.

Over half our survey respondents (63%) indicated that they received appropriate and secure accommodation, but 26% felt that they did not receive such accommodation. Participants indicated that it is not merely the provision of accommodation, but the standard of accommodation and the ability to enact common freedoms while in their accommodation is important. Several participants referred to the restrictions in place in safe house accommodation as having a detrimental impact on their wellbeing, particularly not being able to have friends to visit and having limitations on their freedom.

*"I think the safe house rules need to change because they're more like [...] controlling us. Keeping us in a cage, we've got no movement, we've got nothing, we have to be listening to them. [...] Yes, they have to ensure that we are safe and stuff but that doesn't mean that they have to control our movements, they have to tell us what time to sleep, what time to wake up or this you can do; this, you can't do. As long as we are not breaking the rules, then they should just let us live our lives." - Survivor workshop participant*

Participants also raised concerns about their physical safety in some safe house accommodation, and the impact this had on their wellbeing.

*"The poor service and negligence I received in the former mixed gender safe house drew me five steps backwards. I've had to start from scratch and feel like I have been rescued twice. The first time was from the frying pan into the fire and the second from the fire onto a plate. The former safe house and my perpetrator's house are literally the same. [...] A safe house shouldn't be like that." - Survivor workshop participant*

*"I was abused and victimized in the safe house without any support from the support worker. There's too much racism in safe houses. I was harassed for sex and was told we are adult to do what I want. I didn't expect to live in a brothel when I was rescued." - Survivor survey respondent*

Participants who had been living in asylum accommodation during the NRM process also raised concerns about the appropriateness and security of this accommodation to survivors' needs.

Article 12 of the ECAT highlights survivors' entitlement to information regarding their 'legal rights and services available to them'. Research participants shared a lack of understanding of their rights:

*“I think lots of organisations help in different ways giving moral support, some giving proper guidance, but I have to find out this kind of thing on the Internet otherwise no one can suggest it to me, so I’m searching the internet for which support is best for me. This kind of thing is helpful for us who are victims of modern slavery or asylum seekers, they need this kind of information.” - Survivor workshop participant*

## **Policies and procedures harmful to survivor wellbeing**

Wider UK policies and procedures can also negatively impact survivors’ mental wellbeing. The ones identified through this study include the asylum process, regularizing immigration status, accessing appropriate accommodation, delays in the NRM process and having No Recourse to Public Funds (NRPF). This was mentioned consistently within the survey responses and was raised at all survivor and service provider workshops. Even for those who gained a positive Conclusive Grounds decision or were granted asylum, stakeholder workshop participants indicated that it was a struggle to access long-term housing, leading to homelessness and housing insecurity.

The NRM process itself was challenging for many participants, who often felt they did not receive sufficient information on the process received at the point of referral, or they were overwhelmed by information but did not have the time and support to understand it. Participants and service providers shared that survivors are often entered into the NRM without informed consent.

*“A letter came that had ‘NRM’ written on it telling me that your NRM case is still waiting. I didn’t know what NRM was. I knew that on my first interview they had written something about a victim of human trafficking, but that was it, there was no mention of NRM or anything like that.” - Survivor workshop participant*

This lack of informed consent can also have detrimental impact on wellbeing, both through the denial of choice and the fear of the potential consequences of the referral.

*“I also think that not gaining informed consent has such a huge impact on their wellbeing when we have to tell them, actually you’ve been referred to the NRM. We’re so sorry that this has happened. And we can withdraw it. The fear in somebody when we tell them that actually a referral has been submitted to the Home Office regarding their circumstances when a first responder has submitted one without their consent, is so detrimental to their wellbeing.” – Service provider workshop participant*

First Responders have varying levels of knowledge, training, and experiences, and have other competing priorities, which prevent them from having the time to ensure survivors understand the NRM process and the support available. For many survivors, previous experiences have led to a distrust of authorities, which makes it harder to share their account with many of the agencies designated as First Responders.

For those survivors who are also seeking asylum, having to go through both an NRM process and the asylum process concurrently can create psychological harm for survivors. This may require telling a traumatic narrative multiple times to NRM and asylum decision-makers, as well as legal representatives and support providers. Survivors

described the negative impact on their mental wellbeing of not being believed or having their credibility questioned, and of revisiting traumatic memories and then being left alone to manage the emotional impact.

Across these processes, participants highlighted procedural delays and lack of information as key barriers to wellbeing. Waiting times for decisions, lack of access to interpreters and being accommodated in new areas with limited community support all have harmful impacts on survivors' mental wellbeing. Even for those who gained a positive Conclusive Grounds decision or were granted asylum, it was a struggle to access long-term housing, leading to homelessness or periods of short-term and disrupted accommodation.

The lack of stability in survivors' living circumstances made it difficult to focus on recovery, and in some cases, psychological therapy services would not provide support until the survivor was in a more stable position.

*"The therapist assessed me and decided that we can't start the therapy, because I need to be in a safe, conducive environment, they said no, we can't start unless you have a better place to live or you become suicidal." - Survivor workshop participant*

This also highlighted the need for psychological and wellbeing support to continue beyond the NRM once a survivor is in a more settled position.

Social inclusion and community participation are key aspects of mental wellbeing, and many participants described how their immigration status prevented them from taking part in meaningful activities such as education and employment, and from making a positive contribution to their communities. For those who had the rights to education or employment in theory, in practice the restrictions on the type of employment or level of education meant that these rights could not be accessed.

Survivors subject to NRPF conditions found that the challenges accessing healthcare had a significant detrimental effect on their own mental wellbeing, as well as on their children's health, wellbeing and opportunities.

## Priority Recommendations

This research study led to many recommendations related to survivors' access to psychological assistance and mental wellbeing. We highlight seven of them below. The recommendations are intended for policy makers, service providers working under the Modern Slavery Victim Care Contract, and research institutions.

### **Recommendation 1: Clarify the psychological assistance entitlement.**

The current Modern Slavery (s49) Statutory Guidance does not currently define psychological assistance or psychological recovery. The specific guidance on psychological health and counselling is limited. As of July 2022, the Statutory Guidance did not make reference to trauma or wellbeing. To both survivors and service providers, it was unclear what is covered under the entitlement in specific terms, and what survivors' options are if the provision of services does not meet an individual's needs.

Explicitly defining vocabulary and how they should be interpreted will help ensure there is a shared understanding of what provisions are required to meet this entitlement.

We welcome the update to the Statutory Guidance in January 2023 that includes a new Recovery Rate that “can be used to assist a victim in accessing health, fitness, or wellness classes, to help fund additional weekly transport and communication costs, or flexibly towards other recovery related costs.”

Additional clarification to the wait times and duration of support are needed. The guidance does not indicate how to determine what qualifies as a reasonable wait time, nor does it indicate the length of time a survivor may have access to psychological assistance. This makes it difficult for survivors and service providers to determine if survivors have received their minimum entitlements or need to request additional resources to extend the provision of psychological assistance.

**Recommendation 2: Ensure survivors supported in the NRM are provided with information throughout on the services available to them in a language they can understand.**

A lot of information is provided to individuals about the support available through the NRM at the initial assessment stage. Service providers and survivors indicated that there can be information overload at this stage and it needs to be repeated throughout a survivor’s journey in the NRM. In line with Article 12(d) of ECAT, this information needs to be provided in languages that people can understand. In addition to translated materials, materials in English also need to contain less jargon.

**Recommendation 3: Enable survivors’ access to mental wellbeing activities and support.**

Both survivors and service providers indicated that the practices they use to support their psychological needs go far beyond the treatment of mental illness diagnoses. Dismantling barriers to this access and providing funding for these activities is critical. The barriers identified by survivors to accessing mental wellbeing support include a lack of awareness of the support available and practical issues such as language barriers and location. Funding for transport and interpretation services for these activities would enable greater access.

**Recommendation 4: Evaluate the appropriateness of service provision on survivors’ mental wellbeing at various stages of their NRM journey.**

In addition to the Initial Risk Assessment and the Recovery Needs Assessment, seek survivor feedback on, and assess the appropriateness of, psychological assistance received whilst in the NRM prior to conclusion grounds decisions. As demonstrated in the findings, survivors and service providers highlighted the need to distinguish between whether psychological assistance was offered and whether it met the needs of survivors. Such an assessment needs to be undertaken at the individual level as well as at the service-level, as part of existing monitoring and evaluation processes.

**Recommendation 5. Ensure provision of all ECAT entitlements, especially housing, and that provisions meet Slavery and Trafficking Care Standards.**

Highlighted in our stakeholder workshops was the importance and interconnectedness of all ECAT entitlements to mental wellbeing. Appropriate and secure accommodation was the most prominent, but the importance of other entitlements was also raised, particularly in relation to material assistance, legal advice and access to interpreters. But it is not only the access to an entitlement that is important; the quality of the provision is equally important. If the provision does not meet the Slavery and Trafficking Care standards, it can cause harm or leave survivors without an understanding of their rights and entitlements.

### **Recommendation 6. Reduce timeframes for NRM decision-making to provide greater stability for survivors' wellbeing.**

The end of year report on NRM statistics for 2021 found that the median decision-making timeframe was 448 days, an increase from 338 days in 2020 (Home Office, 2022b). The report noted that there were significant resource pressures within the Single Competent Authority (SCA) during 2021 which impacted on these timeframes (ibid.). Participants highlighted the negative impact on survivors of the uncertainty caused by lengthy waiting times for NRM decisions. Service providers also stated that the lack of clarity over when a decision would be made meant that hampered their ability to work with survivors to plan for their future in a safe and structured way.

### **Recommendation 7. Extend 'priority need' housing status to survivors with a positive Conclusive Grounds decision who are eligible for assistance.**

The impact of accommodation on survivor wellbeing was a key theme in both the survivor and service provider workshops. Examples are given in the findings above of where survivors felt that accommodation provided during the NRM process or within the asylum system was not secure or appropriate to their needs. However, even those with access to the housing system due following a positive Conclusive Grounds decision or grant of refugee status find themselves at risk of homelessness or in unsuitable and/or short-term accommodation which prevents them from moving on in their recovery. Extending 'priority need' housing status to survivors with a positive Conclusive Grounds decision, in the same way that the Domestic Abuse Act 2021 provided this status to victims of domestic abuse, would provide a clearer pathway to appropriate housing assistance.

## **Conclusion**

This study aimed to understand the extent to which survivors are receiving the psychological assistance to which they are entitled, whether it meets their needs, and the barriers to accessing appropriate support. The findings highlight the vital importance of psychological assistance for survivors but identify gaps in the provision and accessibility of appropriate support that meets survivors' needs. To address this, clarification is needed of the psychological assistance entitlement so that survivors and service providers can understand the support and resources available. Evaluating the impact of support in a more meaningful way will also help identify where needs are not being met. Survivors and service providers emphasised the importance of understanding wellbeing support more broadly, to include the range of holistic factors that can contribute to survivors' psychological recovery. These factors included meeting survivors' basic needs for security and stability through faster decision-making and access to safe and



appropriate accommodation during and after the NRM process. Overall, this research shows that by understanding survivors' perspectives on psychological wellbeing and ensuring that timely, appropriate, and survivor-informed assistance is provided, survivors can be better supported in their journey towards psychological recovery.

## Survivors of Modern Slavery as Peer Researchers

Peer research broadly refers to approaches in which members of the target population are directly involved in the process of conducting a study (Guta et al., 2013). The crucial difference between peer research and other types of involvement (e.g participating in committees, consulting on information sheets and involvement in consensus workshops) is that it gives a person with lived expertise the opportunity to work alongside other members of the research team on all aspects of a project (Di Lorito et al., 2017). Peer research approaches have been used for studying diverse communities including adolescent sexual health, HIV/AIDS and illicit drug use (Guta et al., 2013). Reported benefits of peer research include capacity development for the researcher, integration of the lived experience perspective into the evidence base, better quality research outputs and a more holistic understanding of a particular issue for academics (Di Lorito et al., 2017).

Whilst there have been advancements in the practice of survivor involvement in the modern slavery sector, the empirical literature reporting peer research in this area remains scarce. To begin to address this gap, the STAR-WB project developed and tested a process for collaborating with survivors of modern slavery as peer researchers. This aimed to increase survivor voice, presence and capacity in the interactive production of knowledge. First, we will share the Peer Research Development Programme and Curriculum (PRDP). The PRDP was created and implemented for training and preparation of peer researchers. Curriculum materials and content are shared publicly so that they may be utilised by those interested in co-production of research with survivors of modern slavery. Second, we will present information and findings from qualitative evaluation on the experience of being a peer researcher, the barriers and facilitators to engaging as a peer researcher, and the impact on individuals' wellbeing.

## Peer Researcher Development Programme

### Introduction

The Peer Researcher Development Programme (PRDP) was created to train and support a group of peer researchers who participated in the wider STAR-WB goals. One goal of this undertaking was to pave the way for survivors to transform anti-slavery research on topics beyond wellbeing.

The PRDP was intended not only to support the STAR-WB peer researchers but to train peer researchers who were participating on a total of three research projects. The curriculum provided a baseline of knowledge about research and research processes and was designed to be supplemented by project-specific training that peer researchers received from their respective project leads or supervisors. The full description of the PRDP and the Curriculum is available online: <https://www.survivoralliance.org/starwb-prdp-curriculum>.

## Methodology

Peer researchers were recruited by Survivor Alliance UK CIC (a partner on the project) through their [Survivors LEAD programme](#). Survivor Alliance decided to select STAR-WB participants from this program because participants in this program already self-identified as survivors, a majority of participants were UK-based, and the programme offers foundational training in being a lived experience expert. This training includes but is not limited to: understanding the anti-slavery NGO and policy landscape, identifying expertise arising from lived experience, leadership styles, and managing trauma in professional settings.

To participate in the Survivors LEAD programme, participants had to submit an interest form, a CV, have an initial discussion with Survivor Alliance staff to gauge their interest in survivor leadership, and they had to indicate research as their desired area of focus among a choice of four focus areas (community building, policy advocacy, direct services and research). Eight of the eighteen Survivors LEAD participants indicated their interest in becoming peer researchers and received a 12-week training module introducing them to some concepts about research. Toward the end of Survivors LEAD, they were invited to continue their development as researchers through joining the STAR-WB project. All eight expressed interest, but one participant stepped out of the programme shortly after the start of the project. Participation in Survivors LEAD was not a prerequisite for PRDP. It was a convenient pre-existing structure for recruiting STAR-WB participants.

Seven peer researchers were engaged across a total of three research projects (three were based with the STAR-WB team who conducted the MWIA, two with the [Modern Slavery Core Outcome Set \(MS-COS\)](#) project led by Kings College University, and two with [Azadi Kenya](#) to complete a COVID research study). The peer researchers were engaged in several activities which included conducting literature reviews, developing interview schedules, interviewing participants, data analysis, facilitating research advisory boards, and writing and dissemination activities. Dissemination activities included a webinar to increase awareness about the research study, meeting with key policy makers to discuss recommendations, and working on an academic article output. Simultaneously, the peer researchers attended fortnightly seminars for the PRDP designed to help upskill and support them in their roles as peer researchers.

The PDPR was designed and refined throughout the process in collaboration with the participating peer researchers. A research fellow, hired by the University of Nottingham and funded by this project, worked closely with Survivor Alliance to develop the initial structure and content for the PRDP. As soon as the PRDP was underway, the research fellow engaged the peer-researchers in co-designing further content and presentations utilised in the PRDP. Feedback from peer researchers on the PRDP was collected verbally during PRDP seminars, and through a final program survey. Results of this survey are included in the '[Peer Researcher Development Programme Curriculum](#)'. The research fellow also asked the peer researchers' supervisors, typically the principal investigators of the three supported projects, to indicate the types of skills or training that peer researchers might benefit from to enable their successful completion of research related tasks. Feedback from peer researchers' supervisors was solicited by email and through in-person site visits (one of which was conducted online due to extenuating circumstances).

## Findings

In this section we share the lessons learned and recommendations for developing and facilitating a training program for peer researchers. Please note that these are separate findings from the Peer Researcher Evaluation (to be shared below).

### Importance of site visits with peer researchers' supervisors

The research fellow leading the PRDP conducted in-person site visits with supervisors of the peer researchers about mid-way through the project. Prior to the in-person visits, online meetings and email communications also occurred. The ability to connect with supervisors in a relatively informal and conversational setting appeared to facilitate more candid feedback and responses than the online meetings. This feedback is invaluable to any future development of the program and is detailed in the next finding.

### Increased support for peer researchers' supervisors

Supervisors indicated that they were not adequately supported or prepared for the extent of their role with the peer researchers. Supervisors understood that peer researchers would not bring high levels of skill and understanding of research related topics or methods. However, they were not prepared for the level of upskilling required in the use of technology and standard software. Supervisors were also faced with challenges regarding peer researchers' access to both hardware and software and providing payments to peer researchers.

Additionally, there was insufficient communication between the STAR-WB research team and supervisors. Some supervisors were uncertain of who on that team they should be contacting with peer researcher-related queries and who from the team was meant to be supporting the supervisors. Since direct supervisors for peer researchers were spread across three different projects led by three different organisations, the information flow regarding the overall PRDP needed more coordination.

### Importance of prior experience of the research team

All members of the STAR-WB research team had previous experience working directly with survivors of modern slavery or survivors of interpersonal violence. This experience proved invaluable as it enabled the research team to engage in a trauma-sensitive manner. The practices they utilised included: hosting optional event debrief sessions for peer researchers after stakeholder workshops, being flexible with peer researchers' scheduling needs, focusing on strengths and expertise instead of trauma narratives, and providing extra support for research writing related tasks. Although this previous experience proved useful, we do not discourage others from endeavouring to work with survivors of trauma. We recommend that those without previous experience receive training to promote understanding around trauma and its impact on cognition and learning.

Implementing the PDPR presented challenges that aren't normally present in research projects, therefore team members' commitment to the importance of survivor engagement in research was key to its success. Whether through their own work with mental health service users, survivors of gender-based violence, or survivors of modern

slavery, all research team members were convinced of the importance of engaging impacted communities in the research process. This commitment was demonstrated by working through challenges, nuanced discussions about how to engage peer researchers, and the willingness to provide one-to-one support for peer researchers in the PRDP.

Finally, first hand research experience was also crucial for the role of the research fellow facilitating the PRDP. As both the curriculum developer and primary facilitator, her status as an early career researcher enabled her to more easily recall her experiences of being in the learner position regarding the topics she was teaching, such as reflexivity and British academic norms. Combining her own research experience and her experience in the broader anti-slavery sector, this enabled the research fellow to empathise with the peer researchers in both their challenges and successes.

## Priority Recommendations

The recommendations apply to NGOs and other institutions who wish to lead a PRDP, as well as peer researcher supervisors.

### **Recommendation 8. Review and adapt the PRDP programme and curriculum before future use**

Any training programme for peer researchers based on the PRDP and [curriculum](#) will need to be adapted by the programme facilitator. Ideally, it will be adapted in consultation with peer researchers' supervisors and peer researchers. The unique combination of professional and lived experiences will vary for each group of peer researchers and supervisors. For example, if peer researchers already possess the necessary technological skills, fewer sessions can focus on technology upskilling. Or if peer researchers have served on several projects as a peer researcher, some content on the structure and role of research teams might not be relevant.

### **Recommendation 9. Conduct a baseline assessment of peer researchers' skills at the start of the programme**

To provide additional support to peer researchers' supervisors and the PRDP facilitator, conducting a baseline assessment of peer researchers' skills at the start of the program will provide information about how much support peer researchers will need from the programme. There is a specific need to assess skills around the use of technology, but also skills related to fact finding, asking for help, and problem solving. This could be done via a series of questions examining wider skills, for example, the PRDP research facilitator asked peer researchers, 'How do you usually learn the answers to questions you don't already know the answers to?' This was partly to facilitate peer researchers' learning about one another, but also to allow the programme facilitator to understand an informal baseline for how peer researchers acquire knowledge (e.g., Google or asking others for advice). [This training needs assessment](#) is recommended in the Peer Research Development Programme and Curriculum.

### **Recommendation 10. Set expectations for peer researchers and their supervisors at the start of the programme.**

Peer researchers need to understand what level of professionalism and experience is or is not expected from the beginning and the level of time commitment that will be required for training. For example, better expectations could have been set regarding communication standards and frequency, required availability for meetings, and that the program is not designed to enable peer researchers to become independent researchers. This recommendation is based on feedback received from peer researchers' supervisors, whose experience was that peer researchers were not uniformly aware of such expectations from the start of their involvement in research projects.

Supervisors need to understand the starting point for their peer researchers and that they are partly responsible for upskilling and supervising within their own projects, as a supervisor would be with a first-time research associate. Expectations that needed greater clarity or communication for supervisors included: who on the STAR-WB team they should reach out to for additional support, peer researchers' access to technology and who would provide this (the PRDP or individual research projects), and some peer researchers' need for supervisors to build team rapport in order to enable peer researchers to feel confident making both queries and contributions.

### **Recommendation 10. Create a logical progression of seminar topics based on the projects in which peer researchers are involved, but allow for flexibility for change.**

Although there was some advance awareness of the skills peer researchers would need to learn in the PRDP based on the goals and methodologies of each specific project they supported, the timing of lesson delivery was not always ideal. For example, a seminar on literature review was planned, but it came after some of the peer researchers were engaged in literature review activities in their research project assignments. It is important for any facilitator to create a progression of seminar topics that align with peer researchers' actual work responsibilities and project timelines.

For organisations facilitating a peer researcher programme, there will be an additional challenge, as was the case for this project, when peer researchers are spread across research projects and engaged in different tasks at different times. Flexibility in the schedule is also important to allow for the expected changes in timelines that occur with research projects. A proposed order of seminar delivery, informed by the challenges and successes in the PRDP pilot, is proposed in the Peer Researcher Development Programme Curriculum. However, this will require additional flexibility and adaptation based on the needs of any specific project(s).

### **Recommendation 11. Increase financial investment in peer researcher programmes.**

Continuing to invest financially in the development of peer researchers will increase the pool of peer researchers who can co-design projects with academic researchers. Financial investment will enable peer researcher development to exist outside the infrastructure of one specific research project. It will also allow peer researchers to be paid for their time spent in any development programme and for the time spent making contributions to research projects.

Additional financial investment will also enable development of a support programme for supervisors of peer researchers. Currently in anti-slavery research, there is a lack of training programmes for academic researchers who want to engage with survivor peer researchers. This training and support are ad-hoc and occurs through informal relationships among researchers. Over 50 people attended the online release of the PRDP Curriculum and there were several requests for the PRDP team to provide support to those who want to implement similar programmes.

**Recommendation 12. Create a mechanism for semi-formally assessing peer researchers' mastery of skills taught in the PRDP.**

To date, the PRDP is not a formal educational programme or an accredited module. However, it would benefit from an assessment mechanism for understanding if, or to what degree, peer researchers were learning the content delivered during the PRDP. The pilot PRDP programme did include an evaluation, completed by peer researchers, which asked peer researchers to assess whether their learning around research had generally increased as a result of the PRDP. For future iterations of the PRDP, it is recommended that facilitators utilise quizzes, seminar feedback forms, or other mechanisms to assess how effectively content has been taught. This would be particularly useful for skills-related content (such as technology training). One of several benefits would be that the programme facilitator would know how to best target follow-up seminars. For example, in the pilot programme the facilitator ran four technology training seminars, during which some skills were taught repeatedly but always in reaction to issues raised during the seminars. An assessment mechanism after the first or second seminar would have allowed the facilitator to proactively plan which skills to repeat -- and potentially to plan on repeating that skills training in an alternative manner so as to increase the likelihood of effective delivery and prevent a third repetition of the same content.

# Peer Researcher Evaluation

## Introduction

Although a number of benefits have been reported in relation to engaging in peer research, challenges have also been documented (Gupta et al., 2013). These include: the representativeness of peer researchers in terms of reflecting the target population; the inherent power relationships and hierarchies involved in the conduct of research; the need to manage expectations of both peer researchers and academics; ensuring appropriate training and professional development for peer researchers; and the potential emotional stress of involvement (Di Lorito et al., 2017). Due to the dearth of literature related to peer research in the modern slavery sector, an evaluation of the role was incorporated into the STAR-WB project. This aimed to explore with peer researchers their experience of the role in terms of both benefits and challenges. We were also interested in identifying factors that helped or hindered involvement and the impact on the individuals' wellbeing. The focus of the evaluation was both the experience of being placed with a research team and of engaging in the peer researcher development programme.

## Methodology

The evaluation utilised a nested, longitudinal qualitative design with data collection taking place between January and June 2022. Data was collected at two time points – the first near the beginning of the peer researcher's engagement and the second at the end.

Two semi-structured interviews were completed with each of the seven peer researchers (14 interviews in total). Interview schedules were developed with reference to the evidence base and in collaboration with the research team. The topics covered included: role expectations; the tasks undertaken as part of projects; experiences of the development programme; skills development; transferability of learning; relationships with others; and the impact on wellbeing. These broad topic areas were used to structure both interviews. Due to the iterative nature of longitudinal qualitative research, the specific questions asked in the second interview were developed from the analysis of those conducted in January. For example whilst both interviews explored the issue of transferability of learning, the questions in the second interview focussed more on specific examples of where peer researchers had applied their learning or planned to apply it in the future. Due to the research taking place during the latter phases of the COVID-19 pandemic, all interviews were conducted online using Zoom to limit social contact and travel. Interviews were audio recorded and transcribed using the automatic transcription function in Zoom. Interviews lasted between 20 and 90 minutes, with timing directed by participants.

Data analysis was conducted within each case and across each case using Braun and Clarke's (2006) thematic analysis approach. To allow for immersion in the data, analysis was completed by hand, rather than using computer software.

Ethical approval for the study was obtained from the University of Birmingham ethics committee in December 2021.



## Key Findings from the peer researcher evaluation

This section outlines the key findings from the peer researcher evaluation. It focuses on three learning points for consideration when engaging peer researchers in studies:

- (1) The impact of being a peer researcher on wellbeing.
- (2) Minimising power and engaging as equals.
- (3) Developing transferable skills and knowledge.

Illustrative quotes are included and [ ] and used to denote information that has been removed to preserve confidentiality and anonymity.

### The impact of being a peer researcher on wellbeing

All seven peer researchers narrated experiences which were both beneficial and challenging to their wellbeing. Being a peer researcher provided a structure, a routine, and a sense of purpose. These elements were often lacking from “everyday” life and were vital for positive wellbeing. It also demonstrated to peer researchers that they were not alone and reinforced their sense of self:

*“Well, benefits to me first. It gives me the sense that I am not alone again, gives me confidence right you know in as much as I went through this thing it is still so important you are still valid you still [peer researchers name].”*

*“Before I was like you know what I think I’m, I’m, my life is useless. I have come to this country doing nothing. You know, for the past 4, 5 years. All I do is to eat and sleep, or you know I, I just felt I was meaningless. My life was meaningless. So well. Yeah, this will have given me that full feeling, and the control over my life, knowing well that I have something nice, something for me to do every day.”*

Improved self-confidence and self-esteem were cited as positive outcomes from being a peer researcher. Individuals highlighted that the experience had given them the confidence to move “outside of the comfort zone” and explore new opportunities such as employment and college courses.

*“I think I can do this. Let me give it a try and see how it goes. I didn’t used to think like that... no I used to think I couldn’t do things... research was for clever people but I have really enjoyed it and I know in future I want to be a researcher. I also joined school, university, I’ll be doing a degree in psychology, June/July that is when I start.”*

Despite the benefits and opportunities, there were several challenges. Reading and extracting information from lengthy academic articles was difficult. English was not always the peer researchers’ first language, and this task took a lot longer than they anticipated. Even when academic members of the research team provided guidance on how to read articles (e.g., not reading every word, missing out sections etc.), peer researchers still found this difficult. They were aware that their own experiences of trauma may have had an impact on cognition and memory, and this affected how quickly

they could learn and process information. To compensate for this and meet deadlines, peer researcher described spending time outside of working hours to catch up on their reading and prepare for meetings.

In addition to reviewing the literature, peer researchers often transcribed and analysed interview data. This involved prolonged engagement with either audio recordings or written transcripts which often described others experiences of slavery, trauma, and ill health. Peer researchers described “being triggered” by this process as they relived their own experiences vicariously through the accounts of others.

*“They are victims of human trafficking and I am a victim of human trafficking and I am reading this stuff. On the one hand it is good I realise I am not alone in this, on the other hand it is not good. I go into myself and reflect and think about my experiences... that is not always helpful to me. Then I need to stop and look after myself, think of myself.”*

When experiencing challenges, peer researchers described a number of strategies that were in place to support them. Peer researchers were allocated to projects either in pairs or trios. This provided opportunities for informal peer support to take place, whereby individuals could ask others for clarification on what was expected or share challenging experiences. The structured peer support offered as part of the peer researcher development programme was also highlighted as useful. The regularity of it (every two weeks) and knowing that everyone was coming together to share experiences with a facilitator was helpful in managing stressors. Individual project teams also put in place strategies such as weekly team meetings and a WhatsApp group where peer researchers could ask questions, share worries and access support.

## **Minimising power and engaging as equals**

Being a peer researcher led individuals to reconceptualise their experiences as a survivor of modern slavery. For some, exploitation had been a source of embarrassment and stigma – not something to be shared with others. However, in the peer research context this same lived experience was perceived to be valuable and represented a unique contribution to the project. In all cases, peer researchers felt their lived expertise was respected and given equal importance with the academic perspective. Peer researchers articulated specific examples of where they had made a difference to either the conduct of the research (how to approach participants, what phrasing to use on information sheets) or changed the perspective of the academics they were working with e.g., when interpreting findings.

*“So when we started some of the information barely made any sense, there was a whole lot of heavy language. We sat down as a team and went through it and we changed it we broke it down and made it easy to understand. We used words that survivors like us would understand.”*

## **Developing transferable skills and knowledge**

Peer researchers developed new skills and knowledge through their engagement with both the peer researcher development programme and from working on their assigned projects. This included research related skills and knowledge such as understanding the

different types of study design, how to read an academic paper, complete transcription, analyse data and the role of reflexivity. In addition, peer researchers valued the opportunity to engage in professional development activities which were transferable outside of a research context. This included IT skills (such as using PowerPoint, email programmes and word processing packages), presentation skills and how to work as part of a team. Peer researchers emphasised that these skills had been vital to their work and that often there was an assumption they knew or should know how to do these things from others. Being able to learn them with peers, in a non-judgemental setting enabled peer researchers to ask questions, clarify understanding and gain confidence. Some spoke proudly of teaching others the skills they had learnt.

*“I have a colleague of mine at college that was also black, and you know, helping presenting her work in public. So it’s kind of a bit of difficult for her So I help her. I mean, in terms of what to reflect on like using my own experience on the videos that we created with [peer researcher development programme facilitator]. So I asked, if you want to help develop that confidence privately when you’re at home, try to record yourself, you know. Listen to yourself, and you know. Play it over and over again. And she did her presentation and thanked me for the help ... it was nice to be able to help someone... to share my learning.”*

## Priority Recommendations

The recommendations below are directed toward both NGOs and academic institutions partnering on a peer researcher training programme. These recommendations can also be used by research funders that are assessing research projects that integrate people with lived experience as peer researchers.

### **Recommendation 13. Peer researcher programmes need to take into account the impact of previous trauma on learning, memory, and cognition.**

Previous experiences of multiple traumatic events affect an individual’s ability to learn and retain information. The design of any peer researcher development programme needs to include opportunities for recapping and revisiting material multiple times. Different teaching methods should be employed to facilitate various learning styles. Similarly, engaging in research activities may provoke memories of prior experiences of exploitation. Peer researchers may also not have English as a first language. Adjustments to project time scales need to be made to ensure that the complex needs some peer researchers experience are taken into account when allocating workload.

### **Recommendation 14. A trauma-informed research environment is essential to ensure peer researchers are supported in their work.**

A trauma informed research environment is central to developing peer researchers. This means that for those designing curricula, opportunities for peer support should be integrated into the learning opportunities available. Research teams should ensure regular debriefs are planned with peer researchers to review the impact of their work on their wellbeing. Distress protocols and safeguarding procedures should be implemented within the workplace. Funders should allow research teams to factor in costs for clinical supervision and other wellbeing support mechanisms for peer researchers.

### **Recommendation 15. The development of transferable skills is an important part of the peer researcher experience.**

Due to the temporary and short-term nature of peer research posts, provision for the development of transferable skills is an important component of any programme. Since the programme was not designed to enable peer researchers to be independent researchers upon its conclusion, peer researchers will continue to require income earning opportunities elsewhere. Providing transferable skills enables the research project to offer something tangible and pragmatic that benefits survivors' lives after the project. This is an element of reciprocity that can be built into the research projects itself, ensuring that engagement in research is not purely extractive.

## **Conclusion**

Engaging survivors of modern slavery within research teams is an uncommon practice in academia. This project aimed to both study and practice the incorporation survivors of modern slavery as peer researchers. The qualitative study looked at the impact that research engagement had on survivors. One key area of impact was on survivors' wellbeing, boosting self-confidence and self-esteem while also raising worries due to the difficulty of engaging in new research tasks. Survivors also indicated that participating as peer researchers minimized power differences among researchers and allowed them to engage as equals, as well as enabled them to develop transferrable skill and knowledges.

The STAR-WB project incorporated the practice of engaging survivors of modern slavery as researchers by training survivors to be peer researchers, placing them within research project teams, and supporting them along the way through the Peer Researcher Development Programme (PRDP). A lesson from the programme is to increase support for the supervisors of peer researchers. The programme development process focused significantly on peer researchers' experience but did not incorporate enough for supervisors, who were academics with varied experience of working with peer researchers and potentially limited capacity given their workload. It was also important for our PRDP to be led by someone with academic research experience, and for the wider team to have a commitment to engaging survivors in research. This commitment enabled people to work through challenges that were faced. The PRDP curriculum was shared publicly to academics, survivors, and community-based organizations conducting research through an online event and is now permanently available online here: <https://www.survivoralliance.org/peer-researcher-curriculum-download>.

There remains a lot to learn about engaging survivors as peer researchers and designing engagement opportunities to benefit survivors of modern slavery and research projects overall. We think this project has offered deeper insight as well as tangible tools for others who seek to change the way research about modern slavery is conducted.

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