



CHANGES TO NRM REASONABLE GROUNDS DECISION MAKING

Key considerations for all agencies:

- Ensure training and policies are updated to include changes outlined in this document.
- When updated, follow your own organisations safeguarding or modern slavery policy and seek advice from internal specialists if required.
- Where specific guidance is provided by your organisation, be aware of and follow this.
- If you have identified a potential victim and are not a First Responder, ensure that all possible steps are taken to make yourself known to the First Responder to support an NRM submission.
- When a potential victim is encountered, ensure detailed notes are kept, including key information on [modern slavery indicators](#), to support any submission to the National Referral Mechanism made by a First Responder.
- There may be a need to refer into local safeguarding or support services. Do ensure these are completed in addition to the NRM submission e.g., Barnardo's Independent Child Trafficking Guardianship Service or to MASH for an adult s.42 assessment.

Background

As a result of the Nationality and Borders Act 2022, changes have been made to the evidence that should be provided to support how decisions are made regarding potential victims of modern slavery and human trafficking (MSHT).

If a potential victim is identified, a [First Responder](#) can make a submission to the National Referral Mechanism (NRM), which can enable access to victim care and support dependent on a positive reasonable grounds decision being made. The NRM comprises two decision making bodies:

- The Single Competent Authority (SCA). All NRMs made go to the SCA in the first instance.
- The Immigration Enforcement Single Competent Authority (IESCA). In the following instances, the SCA will pass decision making to the IESCA:
 - o all adult Foreign National Offenders (FNOs) detained in an Immigration Removal Centre.
 - o all adult FNOs in prison where a decision to deport has been made.
 - o all adult FNOs in prison where a decision has yet to be made on deportation.
 - o all non-detained adult FNOs where action to pursue cases towards deportation is taken in the community .
 - o all individuals detained in an Immigration Removal Centre (IRC) managed by the National Returns Command (NRC), including those in the Detained Asylum Casework (DAC) process.
 - o all individuals in the Third Country Unit (TCU)/inadmissible process irrespective of whether detained or non-detained.

These decision-making bodies decide, based on information provided, whether or not an individual can be considered a potential victim. There are two stages to the process:

- Reasonable Grounds (RG) decision. There have been two changes this year to this part of the process which affects the evidence provided in an NRM submission and the way in which decisions are made. A decision should be made within five days of an NRM being submitted, although we are aware of this taking longer in some circumstances.
- Conclusive Grounds (CG) decision.

What changes have been made?

In February 2023, changes to making Reasonable Grounds decisions that were included in the Nationality and Borders Act 2022 came into force. This changed the decision-making threshold from 'may be' to 'is'.

Previously, the decision was made based on whether there were reasonable grounds to believe an individual **may be** a victim of modern slavery.

The decision is made based on whether there are reasonable grounds to believe an individual **is** a victim of modern slavery. However, Statutory Guidance published in July 2023 changes the requirement of a decision maker to base a Reasonable Grounds decision on objective factors from **'must'** to **'should'**. This means all forms of evidence can be considered, not just objective factors.

Evidence of 'objective factors' should continue to be provided by the First Responder where it is available, to evidence that someone submitted to the NRM **is** a potential victim. This evidence may include:

- **Country evidence:** E.g. Does public or government information relating to modern slavery trends in a particular country support the account?
- **Indicators of Modern Slavery:** Are there [specific indicators of modern slavery](#) included in the referral?
- **Travel Records:** Is there confirmation, for example, that the individual was in a country where the claim is centred. However, travel records, without some other specific evidence, will not usually be sufficient to meet the RG threshold.
- **Added vulnerability:** Is the victim in a demographic known to be particularly vulnerable to Modern Slavery such as children or those whose age of maturity or developmental stage is that of a child? Does the victim present with vulnerabilities?
- **Witness statements:** Is there supporting evidence from an independent witness, e.g., a police officer?
- A detailed explanation of **why the individual has been referred**. Additional evidence or information relating to the person's exploitation and any evidence raised regarding the credibility of the account,
- **Evidence against any suspect** that can be considered,
- **Information requested by the First Responder but not provided,**
- **How the referral came to be made** e.g. was the First Responder asked to make the referral by the individual or a third party
- **Views of trusted third parties other than the Police:** For instance, Adult or Child Safeguarding Services, Independent Child Trafficking Guardians (where appointed).

Available victim care services

For those under 18, a referral must be made into statutory services, even where an NRM is submitted. Consent is not required for an NRM to be submitted. A separate referral should also be made to Barnardo's [Independent Child Trafficking Guardianship](#) service.

For those over 18, the potential victim must provide consent to be submitted to the NRM, and victim care will be provided by services contracted by the Home Office. Salvation Army are the Primary Contract holders, with a number of local sub-contracted providers across the country. In the Northwest these are:

- Medaille Trust (safe house accommodation).
- Causeway Charitable Services (outreach, inreach and safe house accommodation)
- St. John of God (outreach and inreach)

A safeguarding referral will also be required.

Even where an individual receives a Reasonable Grounds decision, if they have recourse to public funds, certain needs will be expected to be met by statutory services under existing legislation e.g. accommodation.

Where consent to be submitted to the NRM is not provided, or where a negative reasonable grounds decision is received, local service provision should be explored.



THE FOLLOWING INFORMATION IS PROVIDED IN THE JULY 2023 VERION OF THE MODERN SLAVERY STATUTORY GUIDANCE.

PLEASE CHECK YOUR OWN ORGANISATIONS POLICY AND PROCEDURE, IF AVAILABLE

Referral pathways for organisations that may encounter potential victims

Guidance for the National Health Service (NHS)

12.43. Victims of modern slavery have been through trauma and should be treated with the same sensitivity as other vulnerable groups, such as victims of domestic violence and child sexual exploitation. Even where a victim has already been removed from a harmful situation, they are at significant risk of re-victimisation.

Potential victims of modern slavery may be taken to NHS providers by exploiters in the case of an injury, illness or pregnancy that impacts the perceived usefulness of the potential victim to their exploiter. Potential victims may also attend NHS providers independently. The NHS is a key setting in which potential victims of modern slavery may be detected, provided with autonomy, care, dignity and support.

12.44. However, potential victims often have poor access to physical and mental health care services despite their potentially significant and serious health concerns. There are several significant barriers to accessing healthcare which include:

- language and lack of “correct” documentation
- fear towards and a lack of trust in authority (which includes healthcare professionals)
- after years of being controlled, they may lack the autonomy to approach healthcare services
- disclosure may mean recounting a very traumatic history with the shame and risk of re-traumatisation that may occur
- other barriers described in the section on [Victims who are reluctant to self-identify](#)

12.45. Raising awareness in healthcare professionals can be key in helping to support this group of patients.

12.46. Safeguarding issues such as modern slavery should always be dealt with as a crucial safeguarding consideration after immediate clinical needs.

12.47. Health staff have a significant role when they suspect that a patient is a potential victim of modern slavery. As with cases of domestic abuse or sexual exploitation, potential victims will often not disclose on the first presentation but may after a relationship of trust is developed. However, healthcare staff must also be aware that a potential victim may not return to that healthcare setting and so addressing immediate clinical needs will be paramount.

12.48. It is vital that NHS health staff are aware of the indicators of modern slavery and understand what to do when encountering a potential victim, including trauma-informed care and following the statutory processes for safeguarding referrals where appropriate.

12.49. NHS health staff also have a role in responding to public health risks presented by individual trafficking victims, including the reporting and treatment of notifiable diseases such as tuberculosis.

12.50. If a healthcare professional is concerned that their patient is potentially a victim of modern slavery, they should take the following safeguarding principles into consideration and act on their concerns by following their local safeguarding procedures. Healthcare professionals must also be alert to their own safety in such

consultations and should ensure they have appropriate support available. Health professionals should not offer the victim personal support outside of professional boundaries and referrals.

Overall principles

12.51. Healthcare professionals should adhere to the following principles:

- Ensure your own safety at all times
- Then, prioritise the safety of the potential victim
- If there are immediate threats to the potential victim's safety, try to encourage them to stay with you, remain calm and continue working in a trauma informed way and call 999 for the police
- Follow statutory safeguarding procedures for safeguarding children and Adults at Risk
- An adult with capacity must consent to any help and sharing of information beyond the immediate clinical team. Consider the potential victim's capacity according to the Mental Capacity Act 2005 and see the section on [Capacity](#) for more information. In Wales Capacity is explained in the [Social Services and Wellbeing \(Wales\) Act \(2014\)](#)
- Senior staff members must be made aware of your concerns that this patient is, or may be, a potential victim of modern slavery
- Due to the circumstances of modern slavery, the potential victim may not access healthcare again in the same service. It is therefore vital to attempt to address any emergency and urgent health needs whilst the patient is there
- Healthcare professionals should be trauma-informed when conducting the consultations, speaking with the patient and asking sensitive questions. [The Helen Bamber Foundation Trauma Informed Code of Conduct can be accessed here](#)

Principles for the consultation

12.52. Healthcare professionals should adhere to the following principles during consultation:

- Ensure that it is safe to consult with the patient at the current time, in the current location and under the current circumstances
- Prioritise the safety of the potential victim
- Where possible, conduct the consultation in the most private space available, for example, a room with a door and not in a bay with curtains
- Do not raise any concerns with anyone accompanying the potential victim
- Attempt to separate from accompanying persons if safe to do so. If an accompanying person refuses to leave the room, work gradually and sensitively in order to see the potential victim separately
- Do not use any accompanying person as interpreter for the potential victim; if safe to do so, access an independent interpreter, see your local area protocol for access to interpreting services and this section on [Working with interpreters](#)
- If the potential victim is alone and it is safe to do so, consider asking relevant questions about living and working conditions
- Address health needs of the potential victim as thoroughly as possible, with investigations and treatment whilst the potential victim is there, rather than delayed options. For example, giving a full course of antibiotics now, rather than as delayed prescription or requesting specialists to review the potential victim in an Emergency Department rather than as an outpatient. In other healthcare settings similar principles apply but the healthcare professional should attempt to find reasons for encouraging the potential victim to return for follow up, for example, arrange blood tests the next day in general practice, or to collect results in a sexual health clinic
- Address the potential victim's wishes for help and support
- Always reiterate to them that healthcare settings are a safe and confidential place to come and disclose any concerns. They will be heard, believed and have access to independent support and help



- Arrange individual follow up with the potential victim, ideally without the knowledge of anyone accompanying
- Document the consultation thoroughly with objective reasons for your concerns that the patient is a potential victim of modern slavery and the actions taken

Principles for referring a victim

12.53. The NHS is not a First Responder Organisation and healthcare professionals can not refer directly into the National Referral Mechanism (NRM). Instead the following procedures should be followed to refer a victim into the NRM:

- If there is an immediate, dangerous threat to the staff or patient's safety, try to encourage the patient to stay. Remain calm, and continue working in a trauma-informed way, and call 999 for the Police
- Safeguarding the victim must always be the first priority. Adult victims of modern slavery have experienced complex physical and/or emotional trauma and may be Adults at Risk. Even where an adult has already been removed from a harmful situation, they are at significant risk of re-victimisation
- If there is no immediate fear for welfare, discuss your concerns with your Designated Safeguarding Professional or Local Authority Safeguarding Adults Team and follow your local adult safeguarding policies and procedures. These procedures are governed by separate legislation in England and Wales
- If there is no immediate risk and the adult consents/requests police involvement call the police non-emergency number 101 - request to speak to the Anti-Slavery Unit for specialist input
- All victims, or suspected victims, of slavery under the age of 18 must be referred to the Child Safeguarding team and thus Children's Social Care urgently under child protection procedures. Children in these circumstances must not be allowed to leave the department. Police must be contacted if the child absconds or is removed
- The usual principles of consent apply to all referrals
- Usual principles of mental capacity apply as set out in the [Capacity](#) section; individuals should be presumed to have the capacity to make decisions, including about their care and decisions on whether to agree to, or refuse, an examination, investigation or treatment, unless it is established that they lack capacity
- Mental capacity is decision and time specific
- For more information on mental capacity and what may limit someone's capacity to make decisions, see the [Social Care and Support Guide](#) and the [Mental Capacity Code of Practice](#) or the [Social Services and Well-being \(Wales\) Act 2014](#) in Wales
- If there are questions about whether a victim has capacity to make a certain decision, advice must be sought from senior safeguarding leads
- The named safeguarding professional is responsible for discussions with the patient as to whether they should be referred onto a First Responder

Public health notifications of infectious diseases

12.54. Potential victims of modern slavery, particularly human trafficking, may present with serious infections such as tuberculosis or tropical diseases which carry a public health risk. Healthcare professionals should complete a Notification of Infectious Diseases report form and follow disease-specific treatment protocols. Advice should be sought from hospital specialists in infectious disease, tropical medicine, medical microbiology and virology where appropriate.

12.55. A notification form should be completed immediately on diagnosis of a suspected notifiable disease without waiting for laboratory confirmation of a suspected infection or contamination first. A full [list of UK Notifiable Diseases and notification form can be found here](#).