

## Trafficked people encounter significant health care barriers

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Trafficked people in England are often denied healthcare and face significant barriers to access NHS services, reveals new independent research funded by Department of Health Policy Research Programme and carried out by a team led by King's College London, the University of Stirling, The London School of Hygiene and Tropical Medicine and The University of Central Lancashire.

To date, little research has been carried out into trafficked people's experiences of accessing healthcare services or how health professionals meet their needs, but for the first time new research examines trafficked people's access to <u>health care</u> in England.

Joanne Westwood, Head of Social Work at the University of Stirling, along with a team of researchers interviewed 136 trafficked people from 30 countries of whom 91 (67%) were female and 45 (33%) male. Participants reported being trafficked for domestic servitude (29%), sexual exploitation (30%), and labour exploitation (for example, agriculture or factory work) (38%). 19% of the participants reported having access to healthcare services while being trafficked, most often via GP surgeries and walk-in centres. However, 80% of women and 58% of men reported never being able to go out unaccompanied, meaning GP consultations were almost impossible.

Traffickers, other trafficked people, neighbours, and friends were named as people who helped the trafficked person register with GPs and to access health services. It was rare for trafficked people to be able to



access <u>healthcare services</u> without being accompanied by the people who were exploiting them. For other trafficked people, their first contact with health services was during a medical emergency.

Many responders reported that traffickers restricted access to their services, accompanied them, or interpreted for them during consultations. Requirements to present identity documents to register for care, along with poor access to interpreters, were other barriers to care during and after trafficking. Others were unable to access health services because they lacked the necessary identity documents to register, lacked sufficient English-language skills or had concerns about potential repercussions from traffickers or immigration authorities

The report highlights that GPs and other practitioners would benefit from guidance on how these people can be supported to access care, especially if they lack official documentation.

## Dr Westwood, said:

"People who have been trafficked are often scared of bad repercussions if they report their situations. This is why GP's and other health practitioners need to be alert to signs that their patient may be in extremely exploitative circumstances and offer safe easy ways for victims to disclose their circumstances. The health sector also needs to develop clear options for referral to services that can address people's health and security needs.

"Our findings suggest that future guidance for practitioners recommend that potential victims are seen privately, are offered professional interpreting services; and given clear information, in their own language, about medical care options."



## Provided by University of Sheffield

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