

# Our inspection programme

We worked with the Home Office to develop a tailored [assessment framework](#) to support the inspections. This was based on our current assessment frameworks for health care and adult social care services and the [2018 Slavery and Trafficking Survivor Care Standards](#) developed by the Human Trafficking Foundation, to align with the requirements of the MSVCC.

The National Referral Mechanism (NRM) is the process that identifies and supports potential and confirmed adult survivors of modern slavery. It does this by connecting them with appropriate support including through the government-funded MSVCC, support provided by local authorities, asylum services, and wider state support services such as the NHS.

The MSVCC provides specialist support to adult survivors of modern slavery (and their dependants) who consent to receive support under the MSVCC and the NRM, and have received a positive Reasonable Grounds or positive Conclusive Grounds decision. The core pillars of support that survivors are entitled to once they enter the MSVCC are:

- provision of safehouse accommodation where necessary
- financial support
- access to a dedicated support worker.

As well as this, the contract outlines the support they should receive once they have been placed in a safehouse or are receiving outreach support.

The assessment framework was designed to reflect our human rights-based approach to inspection. Stakeholders involved in tackling modern slavery and services that provide support to survivors of modern slavery also contributed, and the Home Office approved the framework and shared with service providers.

Our inspectors used their professional judgement, supported by objective measures and evidence, to assess services against the five key questions that we ask of all health and care services that we regulate: are they safe, effective, caring, responsive and well-led? In making their judgements, our inspectors also referred to the MSVCC, particularly Schedule 2.3, which sets out contractual standards.

When we make recommendations as part of this inspection programme, the Salvation Army (TSA) as Prime contractor is responsible for taking action and delivering the necessary improvements. The MSVCC requires TSA to rectify any issues within specific timescales and the Home Office subsequently manages this under the MSVCC Performance Management regime.

The recommendations in this report reflect the levels of service that we found at the time of the inspection. We are aware that these recommendations are being managed actively and that, to date, all recommendations in the individual inspection reports have been resolved by their due date. Along with the Home Office and TSA, we actively engage regarding the inspection programme, and attend a monthly board meeting chaired by colleagues in the Home Office.

## Engaging with survivors

To inform our inspection activity, we gathered information about the experiences of survivors who were using services through a confidential online survey. We provided a questionnaire in different languages, which resulted in 563 responses from survivors.

The survey reflected an overall positive experience from survivors, with 97% reporting they received the support they need from staff in the service.

Our main findings in this report incorporate qualitative themes and the voice of survivors.

## Outputs from inspections

The inspection programme started in January 2021 and completed in June 2022. During this period there were 143 safehouse and outreach locations provided by 12 different organisations.

We inspected each location and grouped some services together as they either had a shared management structure or were geographically close. We produced 60 reports of our findings, which we shared with the provider, TSA as MSVCC Prime Contractor, and the Home Office. These reports were not published on our website to protect the confidentiality of the services and the people who use them, in line with the terms of the MoU.

Using the [assessment framework](#) for this programme of inspections, we judged services as either 'meeting requirements', 'requiring improvement' or 'not meeting requirements'.

We found that the caring element was a strength of the overall service, with only one location not meeting requirements. In cases where we judged the service provider did not meet requirements or required improvement in line with our assessment framework, these were generally categorised under the safe and well-led key questions.

Figure 1: inspection report judgements by key question



Base: 60 reports

Providing safehouse and outreach services is not a regulated activity and we cannot register these service providers. This meant we only had limited regulatory powers for this work and no powers to enforce the regulations under the Health and Social Care Act 2008.

We assessed standards against contractual obligations within the MSVCC and made time-bound recommendations to highlight areas that needed to improve, with a timescale in which to do so. These subsequent recommendations were managed by TSA and the Home Office under contractual mechanisms.

We made 64 recommendations in total.

Figure 2: Number of time-bound recommendations by timescale and service type

Timescale	Safehouse	Outreach	Total
Immediately	2		2
Within 21 days of receiving our report	9	1	10
Within 3 months of receiving our report	29	7	36
Within 6 months of receiving our report	15	1	16
<b>Total recommendations</b>	<b>55</b>	<b>9</b>	<b>64</b>

We made recommendations for providers to improve in these main areas:

- **Training:** There were some gaps in training and providers needed better oversight to ensure staff had undertaken all relevant training and that it was up-to-date. Training also needed to include child safeguarding and first aid. There was a need to improve core training such as health and safety, safeguarding, vicarious trauma, and trauma-informed awareness, particularly for out-of-hours staff.
- **Staffing:** Some services had vacant posts and high workload demands. Other concerns related to improving working practices such as on-call arrangements, handovers, lone working and gender mix of staff. Staff were also not always receiving regular supervision from management.
- **Risk assessments and survivor records:** Not all providers had systems to enable staff to assess, record and update risk appropriately and consistently. Risk assessments, journey plans and survivor case reviews were not always up-to-date, which meant staff may not always respond to risk appropriately. Risks relating to children were not always considered.

- **Property maintenance:** There was a need to refresh and repair accommodation and furniture and address identified issues quickly, particularly where risks related to the safety of children and fire prevention.
- **Health and safety:** Some property maintenance issues led to health and safety concerns and there was a need to ensure effective fire safety arrangements and that accommodation complied with UK fire safety standards.
- **Governance and oversight:** This covered a broad range of areas including monitoring the uptake of training for staff, oversight of incidents, and capturing feedback and complaints to ensure opportunities for learning and improving.

## Analytical approach

To identify the key findings, we have used:

- A thematic analysis of the inspection reports for safehouse and outreach support. The sample included all reports finalised at the end of April 2022. These were coded using a framework designed around our current assessment framework and analysed until we had identified all themes.
- Quantitative analysis of all the judgement statements and time-bound recommendations made in the reports.
- Analysis of the feedback from the survivor survey, which we gave to all survivors using safehouse and outreach support.
- Qualitative analysis of semi-structured interviews with the safehouse inspection team to explore the depth, detail and examples to support and reinforce the thematic analysis of inspection reports.

We have used our quality assurance processes to check all findings and analysis.