



Covid 19 – Impact on Survivors of Modern Slavery

Below are the key issues identified in Hestia’s Modern Slavery Response Service and in our Phoenix Project. It’s important to note that we have been undertaking a mammoth effort to meet identified needs through public appeals, work with our corporate partners and fundraising applications. We have been successful in sourcing a range of emergency items, including tablets, smartphones, supermarket vouchers, formula, toiletries and nappies, maternity items as well as education and entertainment materials for dependent children. Our team of staff and volunteers have been dropping off these donations across London. However, the sheer volume of clients in our service – currently more than 1,500 survivors and over 600 dependent children across both services - means that we still have a huge task ahead to meet identified needs.

Key issues:

- Mental wellbeing has been negatively affected. People experience isolation, fear and boredom. There has been an increased request for counselling support, however, that support is not readily available. Counselling services have been moved online and over the phone, yet many of our clients don’t even have access to a smartphone or any other access to the internet.
- Lack of access to information, education or any source of entertainment. Many of our clients don’t have access to TV, radio, laptop or smartphones and are feeling incredibly isolated. We have many mums with children crammed in single rooms in hotels or NASS accommodation who have no means of keeping their children entertained. Some of the places our clients are staying in only have the most basic furniture – so not even a sofa to sit on. Books, art and crafts activities for the children and access to smartphones or tablets would go some way in improving people’s wellbeing.
- Poverty and lack of access to essentials. Our clients have to very carefully budget their small allowance and would normally shop for the cheapest items and from specific locations. However, the current situation means that often the only items left on shelves are very expensive. Clients have told us that they may travel to a supermarket that doesn’t have nappies, for example, but can’t afford to pay for an additional trip to another supermarket. Because of the increase in the cost of essentials, clients have even less available income to top up their cards. This creates an additional risk as they are unable to call their advocates in case of an emergency. There is a dire need for access to non-perishable food items, especially as food banks are depleted. Things like fruit and veg are very hard to come by and their absence is particularly felt for half of the women in our service who have children.
- Difficulty in planning for maternity. 1 in 4 women in our service are pregnant and it’s much harder to source essentials for them to prepare for the arrival of their babies. We’d normally rely on small charities to source those items but the charities we regularly work with have suspended operations or have reduced capacity, so things like cots, prams, buggies etc are very difficult to get hold of.



- Service users with a history of alcohol addiction are relapsing. A number of male survivors in our Phoenix project who had their addiction under control have relapsed and are using all their weekly income on alcohol. Case workers had to go and drop off food supplies for them to make sure they had food to eat. Similar incidents are reported in MSRT, including a client who despite having Covid symptoms would regularly leave his hotel room to purchase alcohol.
- Increased risk of homelessness. Many of our clients have chosen to live with friends or family and are now at an increased risk of homelessness. The people who have accommodated survivors in the community are facing an increased strain themselves due to loss of employment or health reasons. As such, many of our clients are being asked to leave at very short notice.
- Risk to people experiencing Covid symptoms: Some of our clients have been hospitalised with Covid symptoms. For some of those, their Hestia advocate is their only existing relationship yet hospitals do not recognise advocates as an emergency contact. We have had problems with convincing hospitals to share information about our clients' wellbeing.

Clients living in Home Office Accommodation are often in overcrowded conditions and have a higher risk of contracting Covid. Clients with symptoms in some NASS accommodation were told there was no way to self isolate. People who are in hotel accommodation take longer to be moved and spend long days in their rooms where they can't self-cater.

Case Study: Fatima, a survivor of sexual exploitation started displaying symptoms of Covid 19 including shortness of breath. She was staying with a family of friends who forced her to leave their house, not even giving her time to pick up her belongings. Fatima ended up on the streets. Fatima cannot speak English and her phone was running out of battery yet the family she'd be staying with wouldn't even let her back in to charge her phone. Fatima rung her advocate who luckily arranged an interpreter and managed to speak to her before her battery run out. Her advocate arranged for an ambulance to meet Fatima on the streets as by that time she was also having a panic attack and her breathing problems were getting very severe. The ambulance arrived but did not agree to take her into hospital as they can only take people in who are so breathless they are losing consciousness. In the meantime, the advocate was frantically trying to identify emergency accommodation for Fatima and managed to find a hotel room for her where she is currently staying. Fatima's advocate is now trying to arrange for the transfer of her belongings to her hotel accommodation.