

# Challenges faced by unaccompanied minors who are victims of trafficking

## CONTEXT

Isolation, poverty and poor housing conditions, underlying health conditions, lack of access to appropriate care and essential services and experiences of marginalisation all contribute to survivors being unable to manage this crisis and to defend themselves effectively against Covid-19. Many survivors live in fear of threats and reprisals from traffickers and can face the risks of re-trafficking and other crimes being committed against them, particularly at times of crisis or increased vulnerability.

## SPECIFIC CHALLENGES

### 1. **Re-trafficking and or exploitation of vulnerable UASC young people**

Since the spread of COVID-19 and the resulting lockdown, we have found our young people significantly struggling with restrictions imposed by the lockdown. A lot of them have shared with us that they are reminded of situations where they were locked in/arrested/held in captivity by traffickers and or government authorities in their home country.

The normal distractions and coping mechanisms they used on a day to day basis have now been taken away. They have said to us that they feel unsure as to who to trust. The perceived lack of freedom has caused young people to say things like 'I might as well been in the camp' – referring to when they were in a slave labour camp in Libya.

The need to block their intrusive negative and traumatic thoughts is very high. This has meant that some of the young people have started going out and making contact with individuals who are willing to give them a distraction. For a specific young person, we found him (accidentally) speaking to a known drug dealer in the area. We are not certain if this was to buy for personal use or if it is something even more concerning. We are concerned young people would be targeted by traffickers in this period where services from social care services, police and general safeguarding measures are minimal in comparison to pre-COVID.

### 2. **Access to health services for testing of blood borne viruses and infectious diseases through the initial health assessment route**

We are aware that survivors often have significant underlying physical conditions related to their trafficking history. Infectious diseases such as tuberculosis, HIV and hepatitis tend to be more prevalent within our group of young people.

All initial health assessments carried out for looked after children have been cancelled or paused. Without the initial health assessment, they do not get access to the tests needed to identify these blood viruses and infectious diseases they may already carry. Certain diseases like TB makes them particularly more vulnerable to COVID-19. Without the assessments, it is not possible to take specific steps to protect the concerned young people from COVID. This in turn could affect the local population.

We also have one young person suspected to have certain learning difficulties. The learning difficulties makes it hard for him to be in a shared house during lockdown. There have been instances where the situation in a house got heated very quickly and is on the brink of a violent fight. Fortunately, the support we have put in place has ensured these situations have not gone out of control.

We have been told by the health service that at this point the above assessments cannot go ahead and this leaves our young people in a very vulnerable position. This increases the risks to the public as well as to individuals.

### **3. Access to mental health support**

There is also evidence that Post- Traumatic Stress Disorder can suppress the immune system and render individuals more vulnerable to illness. Connected to this issue, conditions such as depression, which can be closely linked to trauma symptoms, can impact negatively on self-care (for example by reducing motivation and even the will to live). This is a particular concern at this time in the Covid-19 crisis, when survivors have to self-isolate with most of their survival mechanisms taken away and will be without access to appropriate mental healthcare services and in-person professional support.

We have young people struggling with sleep, self-harming, flashbacks and young people seeking substances as a source of relief. CAMHS have attempted some appointments remotely with the young people. However, these have been on a phone call (audio only) and we have found more than one occasion where the young person has been misinterpreted. This has led to over-reacting to the young person's comments and taking actions that was inappropriate for the young person. Access to interpreters has also been a significant challenge.

### **4. Asylum applications – remote appointments by immigration solicitors**

Witness statements created by immigration solicitors without in-person meetings have led to misunderstandings and misrepresentations. Young people are concerned about their stories not reflecting exactly what they shared in the first place and this then leading to the questioning of their credibility by the Home Office.

### **5. Newly arriving UASCs**

Risks faced by unaccompanied minors newly arriving into the country is very high due to lack of safe social isolation measures in place. If a young person is left in an unsupervised accommodation arrangement for the first two weeks after their arrival, it provides a clear opportunity for traffickers to make contact with the young person and traffick them into exploitation.

We have received one new young person into our service since the lockdown. In that instance, we have been able to manage the risk during the 1<sup>st</sup> two weeks of their self-isolation by working in partnership with the local authority and a second organisation to identify a suitable accommodation.

## **ACTIONS IN PLACE CURRENTLY TO MANAGE THE ABOVE CONCERNS**

1. We are continuing to support all young people in the best possible manner, without fully cutting out face to face contact. We have small group from our team who are not directly at risk from the virus or do not live with someone at risk, delivering services on the frontline. They are structured so that we have presence on all days except Sundays. We also have a 24/7 on-call team to respond to emergencies outside of the team's working hours.
2. Operationally, we have assigned one frontline worker per house and are working very hard to minimise crossover of staff between houses.
3. We are working hard to enable the young people to have a routine and structure during the day. The young people have been engaging in home based learning of english, maths and ict. Our education team have put together materials that young people are supported to access online. This is working well but is also challenging because of varying levels of language and computer literacy. We are in the process of trying to get temporary laptops to the houses so that young people can carry out their learning without having to share machines.

4. We are encouraging young people to go out for exercise, once a day. Sometimes, we are taking them for walks and cycle rides whilst maintaining safe distances. We have mixed engagement with this, as some of them are not interested.
5. Some of the young people are also engaging with some therapeutic art support with our Art Therapist. The materials and instructions are put online by the therapist and the young people are then supported at home to engage with this. This arrangement is far from ideal but it is working for some of the young people.
6. We are trying to get the young people involved in new skills or creative activities to help them stay busy. Young people in one of our houses built a wooden hammock frame with the support from one of the residential volunteer who lives in that house.
7. Alongside all of this, young people are being supported to attend remote meetings and appointments.