**Unseen UK Submission Notes via Email**

1. **What the issue(s) is**
* Impact of COVID on the charitable sector as a whole.
* Loss of funding and income streams not being replaced by the funding announcements made by Government. Trusts and grants unrestricting committed funding (really positive) but other grants and ‘rescue’ funds only looking at short term impact of COVID. Medium term to longer losses (staffing, resource, finance, service delivery) not being considered as part of the financial responses we are seeing. (£4.2billion loss, £750 million investment – in very specific areas)
* Right to respond to the immediate issues but this has taken some time and we are now in a position where we need to start planning for future phases – what services needs to look like, when we ‘resume’ normal services, what the new normal looks like.
* Issues for those PVoMS who are in services and the changes that have had to be implements (immediate, medium term and longer term impact of these)
* Issues for those PVoMS who are yet to be identified, yet be offered services and for who COVID has meant further displacement – shutting of industries involved in exploitative practices and the movement of PVoMS into other industries/sectors

1. **How it is affecting the experience of victims of modern slavery**

COVID is highlighting and exacerbating the cracks that were already present in the system for VofMS. Lockdown has been hard for everyone but potentially harder for those who have previously experienced being controlled, had a lack of choice, been isolated from community and exploited as they are once again faced with restrictive practices as a result of lockdown. This has the potential to trigger traumatic memories and result in poor emotional and physical well-being. Support that

VoT are being offered has had to alter in its delivery and whilst phone support and using online video calls are a useful way of keeping in contact is less than ideal for meeting any new referrals and establishing a supporting and collaborative relationships. First contacts without face to face support have potential risks associated and this has to be considered for both beneficiary and support service.

1. Those who are yet to be identified need to be considered – sectors they may have been moved into. We see these as potentially the construction (has not ceased a lot of their work during COVID19) and agriculture/food packing & processing industries (increased demand for these services to maintain food supplies).In response to this the sector needs to work with these industries to raise awareness of modern slavery and assist them should this be an issue for them.
2. Those in service (Victim care contract and outside of) – issues we have faced include: no access to data – can’t entertain children, keep connected with others and support services, access to limited finances, lack of support and child care, lack of family, friends, isolated living conditions, houses of multiple occupancy in which people may be approaching hygiene and isolation/distancing rules and advice differently (adds to anxieties and stresses already felt – heightens emotional responses), lack of services available – lots of services have shut down and are unable to offer support at this time (increased isolation)

Maintaining level of support and service appropriate for the vulnerabilities VoMS are facing is a real challenge and whilst everyone is currently ‘coping’ we predict this will have longer lasting impact and effect on both staff working in the sector as well as beneficiaries. Research on quarantine and lockdown indicates this to be the case.

1. **What measures have been put in place to resolve this and why these are not sufficient to meet need**

Unseen have put continuity planning in place to ensure we are able to continue a service to VoMS both in our safe house and outreach services- this service looks different to what we are usually able to offer beneficiaries but means we are still able to offer a service.

Frontline teams are being amazingly innovative but we do risk (on a wider level) lots of innovative and everyone doing the same or different things – centralising expectations and delivery methods, especially for the VCC should have been a priority. Announcement this weekend that £1.73million will be funnelled into the Victim Care Contract is useful but

1. **What you believe should be done to resolve the problem**

Requires true collaboration and multi-agency thinking

Requires a sense of urgency and understanding of what is being faced on the ground so that plans can be effectively put into place

1. **Who is responsible for this area**

Within the VCC Home Office (MSU), The Salvation Army and sub-contractors expected to deliver the service

For those outside of the VCC providing services to VofMS responsibility is not clear