

Salford Safeguarding Children Board

SALFORD SAFEGUARDING CHILDREN AND ADULT SAFEGUARDING BOARDS

Case Review

The Trafficking of Child/Adult 15 for Domestic Servitude and Sexual Exploitation

David Mellor BA QPM



Keeping vulnerable adults safe

IN Salford

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1.0 Introduction

1.1 Child/Adult 15 was a victim of child trafficking from Pakistan into the UK for the purpose of domestic servitude and sexual exploitation. She was trafficked into the UK in 2000.

Although she travelled on a genuinely issued Pakistani passport, it gave her year of birth as 1980 when it is now believed she was born around 1990. She had no hearing or speech, nor did she understand English. The members of a British family of Pakistani descent passed Child/Adult 15 off as a twenty year old woman when she was believed to be a girl of ten. This family brought her into the UK, where for nine years she lived with them in circumstances akin to slavery. She slept in the cellar of the house in which she was locked at night, she was put to work as a domestic servant for which she received no wages, she was regularly beaten and on one occasion stabbed and she was regularly raped by the eldest male in the family. Once she had been granted indefinite leave to remain in the UK, the family falsely claimed benefits in her name for several years.

1.2 Following the rescue of Child/Adult 15 in June 2009, members of the family which had trafficked her into the UK were arrested and subsequently charged. Adult A (details of family composition follow at Paragraph 2.1) was charged with offences of rape, attempted rape and physical assault, human trafficking for human exploitation and benefit fraud. Adult B was charged with offences of sexual assault, physical assault and human trafficking for human exploitation. Adult C was charged with physical assault and benefit fraud.

1.3 In October 2013 Adult A appeared at Manchester Crown Court and was sentenced to 13 years imprisonment. He will also be subject to indefinite sex offender registration. Adult B was imprisoned for 5 years and Adult C was ordered to complete a community order.

Decision to conduct a Case Review

1.4 This case review was jointly commissioned by Salford Safeguarding Children Board (SSCB) and Salford Adult Safeguarding Board (SASB) in view of the fact that the abuse of Child/Adult 15 began when she was a child and continued until she was an adult. The Boards decided to follow the case review processes of the SSCB.

1.5 This case review reveals that Child/ Adult 15 was not recognised as a child nor was she treated as a vulnerable adult. Her “voice” went unheard. For a country with a reputation as a safe place in which human rights are upheld and with sophisticated arrangements for safeguarding children and vulnerable adults, this was indeed a shaming failing. Therefore the Salford Safeguarding Boards apologise to Child/Adult 15 on behalf of all agencies which had contact with her during the period 2000-2009.

2.0 TERMS OF REFERENCE

The Safeguarding Boards agreed the following terms of reference for the review:

1. How was a child of 10 to 17 years of age not recognised as such by your agency and dealt with as an adult instead? This is particularly pertinent for agencies that had contact with Child/ Adult 15 within 2 years of arriving in the UK.
2. Given that Child/ Adult 15 was identified as an adult, what steps could have been taken to respond to her needs, including identifying her as a vulnerable adult with significant communication difficulties?
3. Was Child/ Adult 15’s voice given appropriate recognition and weight in decisions made about her care and the service interventions?
4. What action has your agency taken to address the issues raised in respect of the above?

2.1 Family composition

Child/Adult 15	Child brought into the UK by Adult D in 2000 with passport giving year of birth as 1980 when she was probably born around 1990. She was exploited for domestic servitude by Adults A, B, C and D at Address 1
Adult A	Married to Adult B Father of Adult C and Adult D Lived at Address 1 and also owned Address 2 (next door)
Adult B	Married to Adult A Mother of Adult C and D Lived at Address 1 and also owned Address 2 (next door)
Adult C	Daughter of Adult A and B Lived at Address 1
Adult D	Daughter of Adult A and B Lived at Address 1
Adult E	Husband of Adult D

Adults A, B, C, D and E are members of the same family. Where the family is referred to, as opposed to individual members of the family, the family are referred to as Family Z.

3.0 Synopsis

Visa application in Pakistan – May 2000

3.1 In order to legally enter the UK it was necessary for Child/Adult 15 to obtain a visa. On 30th May 2000 she was granted a visa at the British High Commission in Islamabad. The very limited records which remain confirm that she made an application for a visa as a domestic

worker in a private household on that date, and that the visa was issued the same day. The visa application is likely to have been destroyed after three years in accordance with policy, although no date of destruction has been confirmed. Minimal information has been obtained from the “Proviso” computer system on which visa applications are also recorded because that system was in its infancy at that time. It has not been possible to trace the Entry Clearance Officer (ECO) who authorised the issue of the visa.

3.2 Although no records of working methods within the British High Commission in Islamabad have been located, it is likely that the application process would have been as follows:

3.3 Child/Adult 15 would have attended in person and queued outside the visa section until seen on a first come, first served basis. When she finally reached the head of the queue, she would have been spoken to by an ECO positioned behind a glass screen fitted with a microphone. Each ECO was allocated an interpreter who spoke Urdu and a variety of other languages and local dialects.

3.4 It is likely that Child/Adult 15 would have been allowed to be accompanied by Adult D who went with her to the visa section. The ECO would then have checked that nothing adverse was recorded by the UK immigration authorities about Child/Adult 15, assessed the visa application against the Immigration Rules, examined the application and supporting documents and then spoken to either Child/Adult 15 or Adult D. The interpreter would have assisted if required or stepped back if not.

3.5 To qualify as a domestic worker under the Immigration Rules at that time, Child/Adult 15 would have had to demonstrate that she had been in the employment of Adult D for a minimum period of time, was required to accompany Adult D to the UK in order to work for her there and that she would not require public funds for support in the UK. It is not known what evidence was produced to satisfy the ECO on these points.

3.6 The ECO was required to carry out a “face to passport” reconciliation to ensure the visa holder was the rightful holder of the passport. The ECO was also required to look for any evidence of forgery, and trained forgery officers were available to assist if necessary. As previously stated, Child/Adult 15’s passport was issued using due process, although the date of birth recorded in the passport was 1980. It is assumed that the ECO did not notice a visible

age difference, nor is it known if the ECO noticed that Child/Adult 15 was without speech or hearing or was vulnerable in any way.

3.7 The next stage in the process was payment for the visa. Child/Adult 15 would have been given a numbered ticket and waited for her turn to see a cashier. The means of payment would have been by bankers' draft. It seems likely that this part of the process would have been handled by Adult D. It would have been possible for the cashier to bring any concerns about Child/Adult 15 to the notice of the ECO but it may not have been necessary for the cashier to have seen her face to face in order to process the transaction.

3.8 The final stage in the visa application process would have been for Child/Adult 15 to return to collect the visa at a specific time. It is not known if she returned personally to collect the visa. It is permissible for a third party to collect the visa on behalf of the applicant provided they present a letter of authority. Prior to collection, the visa would have been physically put in the passport which would have been endorsed in accordance with the type of visa granted. This would have been done by a British national who would confirm the passport photograph against the application form but would not have had sight of the applicant in person. If Child/Adult 15 collected the visa in person, a member of the visa section may have carried out a further "face to passport" check to confirm she was the rightful person to return the passport to.

First entry into UK in June 2000

3.9 Child/Adult 15 arrived in the UK accompanied by Adult D at 2.20pm on 24th June 2000. She arrived at Terminal 3 at London Heathrow Airport on an Egypt Air Flight from Cairo. It is presumed that she flew via Egypt from Pakistan.

3.10 As a Pakistani national, Child/Adult 15 would queue at the "Other" passport section. Adult D is a British national so would have been entitled to pass through a dedicated queue for British and EU nationals. However should a British national choose to accompany a foreign national they were travelling with into the "Other" queue, this would be permitted. It was a not infrequent practice.

3.11 Border Force Officers (BFO) are responsible for granting entry into the UK. In 2000 Border Force Officers dealing with such duties were known as Immigration Officers. However for ease of understanding all officers performing this role are referred to as BFOs in this review.

3.12 Child/Adult 15 would have presented herself to BFO1 with her passport and landing card. BFO1 would have examined her passport and checked that she held a valid visa as a domestic worker. BFO1 would have carried out a face to passport check to ensure that the person in front of him was the rightful holder of the passport. As Child/Adult 15 had a visa, she had already established that she was qualified under the Immigration Rules as a domestic worker. This meant that she could only be refused entry to the UK in the case of specific events such as a change of circumstances or deception in obtaining her visa. The deception practiced in this case was presenting Child/Adult 15 as an adult when she was probably 10 years old. Had this been noticed, the deception would have been sufficient for the Border Force to overturn the visa.

3.13 BFO1 has contributed to this review. He has no recollection of Child/Adult 15. He would see hundreds of passengers each day at Terminal 3. He said that he would have dealt with many passengers seeking entry on similar grounds to Child/Adult 15 each day. In such cases he confirmed that he would have conducted the face to passport check and referred to computer records to establish whether Child/Adult 15 was known to immigration authorities or the police. He would have reconciled passport and landing card details. He added that as Child/Adult 15 was entering the UK for more than 6 months he would have completed an interview to confirm that the visa had been issued for the correct purpose.

3.14 Examination of records reveals that BFO1 wrote Child/Adult 15's passport and flight details on her landing card. In line with practice at that time he amended her date of birth to read 01/01/80. He also endorsed the landing card to the effect that she sought entry for one year and that she worked with a British citizen who lived in Pakistan. He also wrote that Child/Adult 15 would stay with Adult D at Address 1. He also recorded that this was Child/Adult 15's first visit to the UK and that she had been employed for one year. It is assumed that this information was obtained by BFO1 asking questions of Adult D. BFO1 states that it is quite likely that all the information he obtained in this conversation was

gleaned from Adult D. BFO1 may not have had access to an interpreter. (Despite the practice of making arrangements for interpreters to cover the arrival of certain flights where a high proportion of passengers were unlikely to speak English, as Child/Adult 15 arrived on a flight from Egypt, any prearranged interpreter is likely to have been an Arabic speaker. It is therefore less likely that an Urdu interpreter would have been available unless a flight from Pakistan was expected around the same time.) BFO1 speculated that he may have used a colleague or tried to communicate with Child/Adult 15 using his own limited Urdu skills. However, he observed that in his experience it was not uncommon for domestic workers, particularly women from Pakistan and the sub-continent to be reticent about speaking. He added that in 2000 he considered this to be the norm and that silence on the part of Child/Adult 15 would not have been considered to be an indication of vulnerability. He added that if he had realised that Child/Adult 15 was without hearing or speech he would have recorded this on her landing card.

3.15 Having satisfied himself that Child/Adult 15 was qualified for entry into the UK, BFO1 would have recorded the appropriate passport endorsement on the front of the landing card, adding his name and personal stamp number. He would not stamp Child/Adult 15's passport at this time as he was required to refer Child/Adult 15 to the Port Medical Inspector (PMI) for TB screening. He believes he would have allowed Adult D to accompany her to the PMI. He added that it was not uncommon for fellow passengers to assist in directing people to the PMI.

Port Medical Inspector X-Ray

3.16 At that time the service was provided by Hillingdon Primary Care Trust and the London Borough of Hillingdon. Tens of thousands of new migrants were seen at the Unit each year

3.17 The database on which entrant details were held by the PMI was decommissioned some years ago, and the staff who worked in the unit at that time have retired. The existing entrant database does hold some legacy information which reveals that a person assumed to be Child/Adult 15 was referred into the Health Control Unit by the BFO. The legacy information does not indicate whether an X-ray was taken. Not all referrals result in an X-ray.

3.18 Doctors in the Unit provided advice on whether an entrant to the UK meets the health criteria for entry in accordance with the Department of Health Instructions to Medical Inspectors. (DH 1971) The health criteria are that the entrant is mentally healthy, does not pose a public health risk and is not going to engage in medical tourism

3.19 It is estimated that the screening procedure would have involved interaction lasting between 2 and 5 minutes. Only adults are X-rayed therefore it is assumed that the PMI doctor did not notice any discrepancy between the age given on Child/Adult 15's passport and her physical appearance, when evaluating the X-ray. The chest X-ray would have required Child/Adult 15 to remove all clothing from the upper half of her body in a cubicle and to put on a gown before proceeding to the X-ray suite. Therefore no staff would have seen Child/Adult 15 unclothed. It is assumed that within the PMI she would have been asked questions about menstruation and pregnancy. This review has been advised that it is possible to form an idea of someone's age from a chest X-ray image at the "extremes of age" but that it is "very difficult, if not impossible to distinguish at the margins". Further discussions have taken place with the Port Health IMR author in an effort to establish whether it would be reasonable to expect a chest X-ray to distinguish between a 10 year old girl and a 20 year old woman. Port Health advises that "it might be possible to distinguish a child from a very elderly person, but given how much people vary in size, it would not really be possible to distinguish a 10 year old from a 20 year old, and particularly in these circumstances." The "circumstances" to which Port Health refer are that the chest X-rays were used only to look for active and latent TB and in reading the chest X-rays, the doctors would have been focussing on the upper parts of the lungs, and in particular the non-bone elements of the X-ray. Additionally the use of X-rays for the purpose of assessing age was prohibited by the Home Secretary in 1982. It is not permissible to make use of radiological data when assessing age.

3.20 It is understood that the information produced by this health screening process was shared with the local TB screening service. It is not known whether this happened in the case of Child/Adult 15.

3.21 The PMI had a general duty of care for all passengers referred to the Health Control Unit. If they had had any concerns about Child/Adult 15, this duty of care would have

required the Port Medical Inspector to raise those concerns with the BFO. However, the guidance on what constitutes “duty of care” appears to suggest that it is interpreted very narrowly and that it does not go beyond consideration of the risks involved in X-raying children. In later submissions to this case review, Port Health disputed this point, contending that the duty of care is interpreted widely in accordance with General Medical Council guidance.

3.22 After leaving the PMI, Child/Adult 15 would have returned to the border control desks to a dedicated channel known as the medical desk, specifically assigned to those passengers screened for TB by chest X-ray together with wheelchair users. BFO2, who has not been identified, was staffing the medical desk. The practice in place at the time would have entailed BFO2 ensuring that Child/Adult 15 was the rightful holder of the passport before endorsing on the passport the entry conditions previously written on the landing card by BFO1. It seems likely that Adult D was with Child/Adult 15 when she attended the medical desk as BFO1 assumes he would have allowed her to accompany Child/Adult 15 when she visited the PMI prior to going to the medical desk.

3.23 Once her passport had been endorsed by BFO2, she would have been permitted to enter the UK and accompany her employer through customs and leave the airport. There are no records maintained by customs to indicate whether Child/Adult 15 or Adult D were questioned by custom officials.

Applications for “leave to remain” in the UK

17th July 2001

3.24 Once granted leave to enter the UK, foreign nationals subject to a limited period of entry may apply to the Home Office for an extension to their permission to remain in the UK. This is known as “leave to remain” and is generally granted for up to one year at a time. Only certain categories of visa holders were able to remain beyond their initial stay, and in 2000 this included domestic workers in a private household such as Child/Adult 15. Applicants for leave to remain were required to demonstrate they remained employed in this capacity and that they would not have recourse to public funds.

3.25 The first application for an extension of Child/Adult 15's leave to remain was made on 17th July 2001 which was over three weeks after her initial leave had expired on 24th June 2001. This meant that the application was considered to be "out of time." However applications were accepted up to 28 days after their previous permission expired.

3.26 Applications can be made by post or in person. The applicant is required to complete the relevant application form and attach the requisite supporting information. Records indicate that this application was made in person by Child/Adult 15 accompanied by Adult D, and it appears most likely that the application was made at the Public Enquiry Office in Liverpool. The decision to apply in person – which increased the risk that the discrepancy in Child/Adult 15's age might be noticed - is assumed to have been made because the application was late. The Home Office IMR states that it is highly likely that an explanation would have been required for the delay in making the application, but no explanation was recorded.

3.27 Application forms are retained on a Home Office file in respect of Child/Adult 15. The application form was completed in English and apparently signed in Urdu by Child/Adult 15 who also signed the reverse of the photograph of herself, submitted with the application. The application records that Child/Adult 15 was living with Adult D at Address 1, did not pay any rent, and that her monthly net pay was £40. The application includes two letters from Adult D. In the first handwritten letter, Adult D stated that Child/Adult 15's duties were to look after Adult D's daughter, and that Child/Adult 15 was provided with clothing, meals, pocket money and accommodation. The second letter from Adult D stated that she had decided to remain in the UK longer than originally planned and requested that Child/Adult 15 be allowed to remain with her. The letter also stated that Child/Adult 15 had a separate room and that her needs were provided for. Child/Adult 15 also appears to have signed the first of the two letters. The application also required evidence of financial support such as a bank statement. It is not known what evidence was provided as no copy of the bank statement was retained.

3.28 It is likely that the procedure for dealing with Child/Adult 15's application at Liverpool Public Enquiry Office would have begun by her taking a numbered ticket on arrival. When her number was called she would go to the next Public Enquiry Officer's (PEO) desk where

the officer would check the passport, compare the photograph to the applicant and review the application form and all supporting documents. Relevant questions would be asked, following which the officer would decide whether to grant the extension of stay. If granted, the applicant would be asked to return to collect their passport once the relevant endorsement was made.

3.29 An extension of Child/Adult 15's stay in the UK was authorised for a further 12 months. There is no record of Child/Adult 15 having been identified as being without hearing or speech and there is no indication from the notes that she was spoken to directly. It is highly unlikely that an Urdu interpreter would have been available. It seems certain that all communication was with Adult D. The Public Enquiry Officer (POE1) who dealt with this first application is no longer employed by the Home Office.

Applications in 2002-2004

3.30 Further applications for one year extensions for "leave to remain" in the UK were submitted in respect of Child/Adult 15 in 2002, 2003 and 2004. On each occasion the application was submitted by post and on each occasion the application was successful.

3.31 In 2002 the application was submitted slightly ahead of time and again signed by Child/Adult 15 in Urdu. Again the application stated that Child/Adult 15 lived at Address 1 and continued to be employed by Adult D and continued to be paid £40 per month. Amongst the letters in support of the application was a typed letter identical to one of the letters submitted by Adult D in support of the 2001 application. The year 2001 was amended in pen to 2002 but the signature was different to Adult D's signature on her 2001 letters and her signature in her passport, which suggests it may have been signed by someone else. There was also a letter from Adult B confirming that Child/Adult 15, Adult D and two grandchildren of Adult B lived with Adult A and Adult B at Address 1 and that there was ample room for all of them. Adult B stated that she supported Adult D financially and enclosed three bank statements as evidence which were not retained in line with standard practice.

3.32 PEO2 approved the application. In line with guidance for streamlined case working, she did not refer to Child/Adult 15's Home Office file containing the previous application. PEO2

recorded that since Adult D had decided to stay in the UK longer than initially anticipated, she wanted her domestic worker to remain with her. PEO2 would not have seen Child/Adult 15 although she would have compared the photograph of Child/Adult 15, which accompanied the application, with the passport photograph.

3.33 In 2003 the application was again signed by Child/Adult 15. As before the application stated that she lived at Address 1 with her employer Adult D and that she continued to fulfil domestic duties and continued to receive £40 per month. However by this time the application form required documentary evidence of continuing employment and a typed contract setting out Child/Adult 15's duties and hours of work, which were submitted. The contract set her pay at £4.50 per hour, of which she received £10 weekly for personal expenses, whilst the remainder was sent to her parents in Lahore.

3.34 The contract contained a section on Child/Adult 15's employment rights which was unusually worded. It stated that her employer would ensure "you do not engage in sex with any member of the household without your consent" and "you are not locked or kept indoors against your will." The wording of the contract might well have raised questions about the nature of the employer/employee relationship, but the officer who handled the application – POE3 – made no comment about the wording of the contract in her notes. The contract was signed by Child/Adult 15 and Adult D, but the latter's signature is the same as the signature on her 2002 letter which is believed to be the signature of another person.

3.35 The letters in support of the application were identical to those which supported the 2002 application. PEO3 did not see Child/Adult 15 nor did she view previous applications as was standard practice at the time in order to prevent backlogs building up whilst previous papers were awaited.

3.36 The 2004 application in respect of Child/Adult 15 contained the same information as in previous years. Again there were letters of support from Adult D and Adult B, with the former letter bearing a signature which was different to previous signatures of Adult D. By this time Child/Adult 15 had a new Pakistani passport issued by the Pakistan embassy in Manchester. This gave her date of birth as 20.10.1980 which was at variance with the date of birth given on her application form which was 26.2.1980. This discrepancy does not appear to have been noticed by PEO4, the officer handling the application.

3.37 PEO4 wrote to Child/Adult 15 requesting further information. PEO4 required documentation to demonstrate that Child/Adult 15 was paid the minimum wage and also required an updated statement of her terms and conditions of employment signed by employer and employee. There was some delay in responding to this request, during which time a solicitor wrote a letter on behalf of Child/Adult 15. Subsequently Adult D replied by letter stating that Child/Adult 15 was paid £4.50 per hour which was inclusive of all meals, accommodation, clothing and laundry. She added that her parents' accountant would ensure compliance with minimum wage legislation. The letter bears the signature on Adult D's previous letters which is not believed to be genuine. A copy of the unusually worded 2003 employment contract was submitted. The signatures on the employment contract were dated 2003, so it clearly failed to meet PEO4's requirement for an updated employment contract.

3.38 PEO4 reviewed the application and the additional documentation supplied, together with the previous application on Child/Adult 15's Home Office file and granted the application. Nothing in her notes suggests that any of the documentation raised any concerns for PEO4. At that time it is believed that caseworkers considered around 3-4 cases each day.

3.39 The officers who dealt with the applications in 2002, 2003 and 2004 have all left the employment of the Home Office so it has not been possible to involve them in this review.

Application for indefinite leave to remain in July 2005

3.40 By July 2005, Child/Adult 15 had completed four years in "approved employment" in the UK so she was entitled to apply for indefinite leave to remain in the UK. This would mean that she would no longer need to apply for annual extensions and could remain in the UK indefinitely. The restrictions previously attached to her stay and her employment would be removed.

3.41 Child/Adult 15's application was submitted by post on 10th July 2005 providing largely the same information as on previous annual applications. She continued to live with her employer at Address 1 and her salary was shown as £552.31 per month which was exactly the minimum wage at the time. Amongst the documents submitted in support of her

application was a typed letter from Adult B, stating that if Child/Adult 15 was granted indefinite leave to remain, Adult B would make her employment permanent. She also stated that Child/Adult 15 would not need recourse to public funds. Additionally there was a letter from Adult D similar in content to previous years and bearing the dubious signature as before. Bank statements for Adult A and B, and Adult D were submitted. A contract of employment was submitted but it is not known if it was worded as previously.

3.42 PEO5, who has also left the employment of the Home Office and therefore not contributed to this review, considered the application and supporting documentation and noted that the “applicant seeks settlement on completing four years as a domestic worker.” He also noted that the applicant had remained in employment with the same employer since entering the UK. (This is not strictly correct as the employer of Child/Adult 15 changed from Adult D to Adult B in 2005.) Child/Adult 15 was granted indefinite leave to remain on 17th July 2005.

Claims for benefits

JobCentrePlus, Department of Work and Pensions (DWP)

3.43 On 1st August 2005 a claim was submitted on behalf of Child/Adult 15 for Incapacity Benefit which was successful. Child/Adult 15’s incapacity was noted as “congenital hearing loss and mute.”

3.44 To determine entitlement to benefits, documents such as birth certificates and passports are examined. For a foreign national such as Child/Adult 15, their passport would be checked to ensure they had the right to reside in the UK. DWP records of the documents used for verification in this case are no longer available. The Job Centre Plus IMR states that Child/Adult 15’s incapacity would have been assessed by receipt of a self-certified sick note, followed by regular sick notes from Child/Adult 15’s GP. An “IB50” medical questionnaire would have been completed by, or on behalf of Child/Adult 15 and she would have been sent for a medical examination at Albert Bridge House in Manchester.

3.45 In Child/Adult 15’s case, Job Centre Plus authorised Adult B to act as her “appointee” which meant that Adult B became fully responsible for acting on Child/Adult 15’s behalf in all her dealings with Job Centre Plus. An appointee could only be authorised if a claimant

was considered incapable of managing their own affairs. It is understood that a claimant is presumed to have capacity to manage their own affairs until the contrary is proved.

Authority can only be made by an officer of Executive Officer grade or above. No record exists of any documentation relied upon to decide that Child/Adult 15 was incapable of managing her own affairs. It is understood that a note from a doctor would suffice.

3.46 According to Job Centre Plus records, Adult B was Child/Adult 15's appointee from 12th December 2005 until 26th November 2009.

3.47 The standard procedure for authorising an appointee is for a Visiting Officer to visit the claimant and the prospective appointee, separately if possible. The Visiting Officer is empowered to make a decision to approve an appointee based on the evidence obtained on the visit. (Visiting Officers are all of Executive Officer grade) It has not been possible for the Visiting Officer in this case to be identified and no details remain of the Visiting Officer's actions or considerations in respect of Child/Adult 15. Despite the fact that Job Centre Plus recorded that Child/Adult 15 was "deaf and mute and a non-English speaker", It seems unlikely that any arrangements would have been made for interpreters or signing at that time.

3.48 Income Support and Disability Living Allowance (Lower rate mobility and Middle rate care components) were also successfully claimed on behalf of Child/Adult 15. She was eligible for means tested Income Support due to her disability and lack of income.

Housing Benefit - Salford City Council Internal Services

3.49 On 10th August 2005 a Housing Benefit claim was made by Child/Adult 15 in respect of Address 1. Housing Benefit is paid to low income households to support the payment of rent. The benefit is administered by Local Councils, so the claim was submitted to Salford Council (Internal Services Department). After being returned for further information, the claim form was resubmitted on 10th October that year by Adult C who described herself as a "family friend." The justification for Adult C's involvement was recorded as Child/Adult 15's inability to "speak, read or write." There is no mention of Child/Adult 15's deafness. In accordance with standard practice, consent was given to share certain information with Child/Adult 15's landlord, who was recorded in this first claim as Adult A.

3.50 The claim form was accompanied by a tenancy agreement stating that the rent payable by Child/Adult 15 was £80 per week. The claim was approved from 31st October 2005 with payment made direct to Child/Adult 15. Adult A sought to backdate the claim to August 2005 and made several telephone calls to try and achieve this, and on 9th December 2005, Adult A and Child/ Adult 15 visited Unity House, Salford in respect of the backdating claim. It has not been possible to obtain any information about this interaction as the Officer who interviewed Adult A and Child/Adult 15 on that date has since left the employment of Salford Council. The claim for backdating was ultimately refused.

3.51 Over the following years further Housing Benefit claims were received on behalf of Child/Adult 15 when renovations to Address 1 were claimed to justify an increase in rent and when her address was changed to Address 2 and later back again to Address 1. For later claims the identity of her landlord changed from Adult A to Adult B.

3.52 A Salford Council visiting officer carried out a routine visit to Address 1 on 30th August 2006. In line with the standard practice of the time, a letter was sent to the claimant to advise them of the date – but not the time – of the visit in advance. On 29th August 2006 Salford Council received a telephone call – purportedly from Child/Adult 15 – to request a time for the visit the following day. There is no evidence to suggest that the Council queried how a person without speech could make this telephone call.

3.53 The visiting officer has a very clear memory of the visit she made on 30th August 2006 and her recollections are recorded in full because this is the only detailed account of how Family Z presented Child/Adult 15 to officials prior to the opportunity to rescue her in 2007 and her eventual rescue in 2009:

- “Upon arrival to the property, two young men, both in their twenties greeted me at the front of the house and admired my car. They made comments about the Council paying me too well and pointed to a similar car that they had parked at the front, stating it was theirs. They told me to walk across a plank of wood on the newly gravelled drive. One of them said they were doing renovations to the house at the time.
- After identifying myself to them I was taken into a well-furnished front room to be greeted by an elderly man who was Adult A, the owner of the property

- I advised him why the visit was taking place and asked to speak to the customer Child/Adult 15. He told me that she wasn't very well and was in bed. I advised him I needed to see her and could re-arrange if necessary
- Adult A said it was OK and he would get Child/Adult 15 to see me. Within a couple of minutes she was brought into the living room by Adult B and another woman who was in her late 30's. She said she was Adult B's daughter.
- Child/Adult 15 was sat on the settee in-between Adult A and Adult B. I was advised immediately that Child/Adult 15 could not speak and was deaf and as she was a family friend they cared for her and they would answer any questions on her behalf
- As an experienced visiting officer I did not think that there was anything unusual about this situation. Adult A and Adult B appeared caring and concerned for Child/Adult 15.
- I remember thinking at the time how small she was for her age but knowing she was in receipt of Disability benefits this could have been something to do with her illness, so again did not think anything was unusual.
- I asked the standard questions for the review and requested identification. This was provided to me in plastic folder, containing a Pakistan Passport and Pakistan National Identity card. I looked at the photo on the passport and confirmed it was the customer. I noticed we had the wrong date of birth on the Review form so I made a note to have it amended
- At the end of the visit I advised I needed the form signing to confirm the details and Adult B helped Child/Adult 15 sign the form, showing her the signature box. She was able to sign it herself.
- I then left the property being shown out by the two young men
- The visit sticks out in my mind due to the comments made upon my arrival, the presence of 5 adults in the living room and the customer appearing so small and fragile."

3.54 On 2nd May 2007 Salford Council received a letter from the Home Office, the contents of which resulted in Child/Adult 15's Housing Benefit being suspended. Her Housing Benefit was reinstated on 20th May 2007. Salford Council's IMR states that reinstatement should not have taken place until further enquiries had been made, as Child/Adult 15 was renting

Address 2 as a “sole occupant” at that time and the Home Office letter contradicted this. Enquiries should have been made to establish whether or not there had been a change in the occupiers of the property which would have affected the payment of housing benefit. These enquires were not carried out. It has not been possible to establish why the enquiries were not carried out. It is unclear whether the proper carrying out of the necessary enquiries could have shed any light on Child/Adult 15’s plight.

Contact with UK universal services

3.55 It has not been possible to examine full records of Child/Adult 15’s involvement with her GP practice following her arrival in the UK, as the original detailed paper records were transferred to her new GP following her rescue and removal to a place of safety. It is normally straightforward to obtain a copy of such records for a case review, but as Child/Adult 15 is a “protected witness”, it was necessary to contact the Office for Health and Social Care Information Centre (HSCIC). In response to requests for a copy of the original GP records, HSCIC twice advised that Clinical Commissioning Group (CCG) safeguarding leads should make direct contact with Child/Adult 15 to confirm her new GP details and seek her consent to obtain her records and thereafter contact the GP practice for the records. This course of action has proved impossible because contact with Child/Adult 15’s new GP could compromise the arrangements put in place to protect her and potentially put her at risk, so it was decided by the case review Scrutiny Panel to limit the review to analysis of the truncated records available from Child/Adult 15’s GP from 2000 to 2009. At a very late stage in the case review the Scrutiny Panel were advised that it would have been possible to access Child/Adult 15’s full medical records via the regional Protected Person Service in which GMP are one of the partner police forces. However it was felt to be undesirable to delay the case review in order to obtain the full GP records via this route.

3.56 Child/Adult was registered with GP1 on 29th June 2000 as an adult. This was a single-handed GP practice. The date of birth given to the practice was 26th February 1980. She was registered as an adult and cared for as an adult thereafter. It appears that at no point was it considered that she might have been a child.

3.57 When she attended the surgery she was accompanied mainly by Adult B and occasionally Adult A. She was never seen alone. She was noted to be “deaf and dumb”. In the limited GP notes seen, there is no reference to the use or consideration of the use of interpreters or any reference to how the views and feelings of Child/Adult 15 were ascertained.

3.58 During the nine years Child/Adult 15 was registered with GP1, contact with her was minimal and usually for minor ailments for which medication was prescribed. No notifications of attendances at Accident & Emergency are included in the GP notes, nor is contact with any other agency recorded apart from a letter from Job Centre Plus received in February 2006 which stated that Child/Adult 15 was eligible for Incapacity Benefit on the grounds of “deafness and (lack of) verbal communication”, and that “NHS medical certificates need no longer be issued”. (Once the medical evidence contained in the IB50 medical questionnaire referred to in Para 3.44 above had been assessed and accepted, Child/Adult 15’s GP would not have been required to continue to issue NHS medical certificates which are commonly referred to as “sick notes”).

3.59 Given that the number and type of teeth of a 10 year old are very different to those of a 20 year old, the case review had an interest in whether Child/Adult 15 accessed dental services - particularly during her early years in the UK. However the IMRs in respect of GP services and Accident and Emergency services do not indicate that Child/Adult 15 experienced any dental problems.

3.60 On 5th July 2000 GP1 referred Child/Adult 15 to Salford Royal Hospital Ear, Nose and Throat (ENT) Department and copied the referral to the Specialist Speech and Language Therapist (SALT) at the same hospital. The referral letter was brief and referred to a “20 year old young lady” who had entered the UK from Pakistan and who was “deaf and dumb.” SALT wrote back to GP1 seeking clarification over whether his letter to them constituted a referral, or was for information only. In the letter from SALT, several pertinent questions were asked such as whether Child/Adult 15 used sign language and whether social work were involved. There is no record of GP1 replying to the SALT letter nor follow up from SALT.

3.61 Child/Adult 15 was subsequently referred to an ENT consultant at Manchester Royal Infirmary for an audiology assessment. She was noted to be profoundly deaf and a cochlear implant was considered and later rejected on the grounds of “neural plasticity” i.e the plasticity of the brain necessary to develop new pathways to optimise speech and language. As a person gets older, neural plasticity decreases. The review has been advised that the age of 3-4 years is a critical time when the plasticity of the brain is such that it can develop new pathways. At the time the decision was taken to reject the cochlear implant option Child/Adult was assumed to be 20. The ENT consultant at Manchester Royal Infirmary considered that Child/Adult 15 would benefit from enrolling on a signing course to improve her ability to communicate and wrote to the referring consultant at Salford Royal and GP1 to this effect. A letter was also sent to Child/Adult 15’s “parents” regarding signing classes. Back at Salford Royal, hearing aids were considered and records indicate that advice about their use by Child/Adult 15 was given to her unidentified “carer” who is recorded as saying that she “now has a large extended family to help her.” It is unclear how effective the hearing aids proved to be because although the Salford Royal hospital records indicate a need to follow up with Child/Adult 15, there is no record of any further contact with her for six and a half years.

3.62 On two occasions at the GP Practice – in October 2007 and June 2008 – her Body Mass Index (BMI) was calculated as 16.8 which would have been classed as “underweight (moderate thinness)” for an adult female. (Child/Adult 15 would be being presented as 27 and 28 years old at this time) It would have been expected that such a BMI score would have led to further investigation but the limited GP records accessed do not reveal whether such an investigation took place or not, or with what result.

3.63 In July 2007, possibly as a result of a referral by GP1 earlier in that year, Child/Adult 15 attended a Salford NHS Community Clinic accompanied by an unidentified “friend” who signed for her. The Salford Royal hospital records suggest that bilateral hearing aids had previously been tried by Child/Adult 15 without success. Further hearing aid options were discussed and a referral was made which Child/Adult 15 did not attend and which was not followed up.

3.64 In her contact with Salford Royal Hospital or Manchester Royal Infirmary, there is no evidence of the use, or consideration of the use, of an interpreter other than in the unanswered letter from SALT to GP1 in 2000. Nor is there evidence that Child/Adult 15 was given any opportunity to speak for herself or be seen without her “carer” or “friend” present at Salford Royal Hospital or “parents” at Manchester Royal Infirmary.

Rescue - 2007 Opportunity

3.65 Trading Standards carried out a four year investigation in relation to Family Z which led to a son of Adults A and B being charged with offences relating to the selling of counterfeit goods via the internet. On the 18th October 2007, Trading Standards Officers, accompanied by the Police, executed a warrant of entry at Address 1 in connection with the counterfeit goods investigation. After entering the premises the Trading Standards Officers noticed Child/Adult 15, who appeared to them – and their police colleagues - to be in her teens. During a search of the premises they noticed a lockable door leading to a basement which contained a camp bed, a desk, a phone and an ironing board. It also appeared to be used for storage purposes. This aroused their suspicions and they tried unsuccessfully to communicate with Child/Adult 15.

3.66 Police officers then arranged for a colleague to attend who could sign and speak Urdu. The officer questioned Child/Adult 15 away from Family Z members and examined her passport. Child/Adult 15 communicated - by signing in Urdu and lip reading the police officer - that she was 25 years old, which was broadly consistent with the deception practised by Family Z, but not consistent with her passport which indicated that she was 27. She described her role in the household and communicated that she slept in her own bedroom on the upper floor of the house. She added that she worked for her board and food but was not paid any wage. Child/Adult 15 communicated that she had returned to Pakistan for visits which was confirmed by her passport. When asked if she had been harmed by the family, Child/Adult 15 “laughed and looked shocked.” Adult B was subsequently asked to point out Child/Adult 15’s bedroom and indicated the same bedroom on the upper floor of the house. In this bedroom was a wardrobe containing female clothing. The police officers

were satisfied with the accounts they had been given by Child/Adult 15 and Adult B and took this aspect of their enquiries no further at that time.

Rescue - 2009

3.67 On 8th June 2009, a second warrant of entry was executed at Address 1 by Trading Standards and Police Officers in connection with the earlier investigation. On entry Trading Standards Officers initially spoke to Adult A, who was asked to unlock the door leading to the cellar where they found Child/Adult 15 asleep in a camp bed. Adult A woke her and she got out of the bed fully clothed and was taken upstairs where other members of Family Z were present. She sat in a corner away from the family and appeared to be extremely nervous.

3.68 A number of persons were then arrested by the police, including Child/Adult 15, and taken into custody. She was interviewed with the help of a sign language translator, to whom she indicated that she had been assaulted with a stick and held against her will by Family Z. She also indicated that she was to go on a flight somewhere to be married. She was released without charge and removed to a place of safety.

The ordeal suffered by Child/Adult 15

3.69 Following her rescue in 2009, a number of visually recorded interviews allowed Child/Adult 15 to describe her ordeal at the hands of Family Z. Child/Adult 15 has been deaf and without speech since birth in Pakistan around 1990. The year of her birth has been determined following examination by a forensic anthropologist and a forensic odontologist following her rescue in 2009. 1990 is therefore her estimated year of birth on a balance of probabilities. Her parents and surviving siblings live in Pakistan. It is believed she came under the control of Family Z when she was around 10 years old. This happened in Pakistan and it is suspected that money changed hands.

3.70 Family Z appeared to acquire Child/Adult 15 to be a full time domestic servant at their home in Pakistan, fulfilling a range of chores including cleaning and cooking from a young age. She was regularly subjected to physical abuse, consisting of slaps, punches and kicking, by various members of family Z. It was in Pakistan that Adult A embarked upon a sustained

10 year process of sexual abuse against her. In 2000 Adults A and B arranged for Child/Adult 15 to be brought into the UK to continue her domestic duties at their UK home at Address 1.

3.71 Family Z continued to regularly physically abuse Child/Adult 15 within Address 1. This took the form of kicking, punching, slapping, and banging her head against walls. She describes being hit with a rolling pin and a pot by Adult B who also sexually assaulted her on one occasion. A potentially life threatening assault occurred when Adult B stabbed Child/Adult 15 in the abdomen with a kitchen knife causing substantial loss of blood. Family Z sought no medical treatment and bandaged Child/Adult 15's wound. She still bears the scars from this incident

3.72 Child/Adult 15 was required to live in the cellar of Address 1 in which she was frequently locked. She slept on a camp bed covered by a thin blanket. The discomfort of these sleeping arrangements caused her back pain. If she wished to use the toilet whilst locked in the cellar, she had to bang on the cellar door until a member of Family Z released her. Having used the toilet, she was frequently thrown back down the cellar stairs by Adult B. When not locked in the cellar, members of Family Z would indicate that she was required to perform household chores by repeatedly switching the cellar light on and off.

3.73 Child/Adult 15 recalls not being adequately fed. She was often restricted to sneaking a taste of the food she cooked for the family and risking being assaulted if they discovered her doing so.

3.74 The sexual abuse of Child/Adult 15 by Adult A continued in the UK. He raped her regularly, either when no-one else was in Address 1 or when he took her with him to renovate properties he had purchased. He forced her to submit to the rapes and made it clear to her that she was to tell no-one although she believed that Adult B was aware of her husband's activities. Adult A always used a condom when raping Child/Adult 15.

3.75 Once Child/Adult 15 was granted "leave to remain" in the UK, Family Z wasted no time in using her as a vehicle to fraudulently claim benefits. Child/Adult is unable to read or write

but was shown how to sign the range of documents required to perpetrate the frauds by Adult A and Adult B.

3.76 Over time, Child/Adult 15's work expanded to include packing mobile phones, satellite navigation systems and T shirts for sale via the internet, activities which were later the subject of the Trading Standards investigations which led to her rescue. She was also required to wash and valet the family cars in all weathers whilst wearing inadequate clothing. At no time did she receive any wages for her labours.

3.77 It is difficult to think of a more vulnerable child than Child/Adult 15 at the time she entered the UK at the age of 10. No agency she came into contact with realised she was a child. She had no hearing and no speech. She had no understanding of the English language. She had no knowledge of the UK or of where, or from whom, to seek help. When she came into contact with anyone outside Family Z, a member of that family would accompany her and speak for her. She was completely isolated and utterly at the mercy of Family Z, a quality which was singularly lacking in their treatment of her.

The independent author has had no contact with Child/Adult 15.

4.0 Analysis

Terms of Reference 1: How was a child of 10 to 17 years of age not recognised as such by your agency and dealt with as an adult instead? This is particularly pertinent for agencies that had contact with Child/Adult 15 within 2 years of arriving in the UK.

4.1 The wording of the question within this first term of reference suggests a degree of incredulity that a child of 10 could be repeatedly passed off as a woman of 20, as she submitted to the various processes necessary to secure entry into the UK from Pakistan and then came into contact with a range of universal services within the UK. Whilst records of the contacts Child/Adult 15 had with each agency are far from complete, and it has not been possible to identify or locate many of the staff who interacted with her, analysis of the information supplied suggests the following factors may have contributed to the wholesale acceptance that Child/Adult 15 was an adult.

The passport issued by due process

4.2 The persuasiveness of the passport issued by due process was clearly a key element, if not the key element, in enabling Family Z to maintain the deception that Child/Adult 15 was an adult for so many years. As a Pakistani national, it was necessary for Child/Adult 15's passport to be shared with a range of professionals to enable her to enter and remain in the UK and access universal services. The age recorded in the passport appears to have been accepted without question by every professional who inspected it.

4.3 It would appear that the ECO in Islamabad and BFO1 at Heathrow airport, assumed that because the passport was issued by due process, then all the information contained within it was genuine. BFO1 was experienced and well trained, and had received training in forgery including the detection of imposters. It is likely that he examined Child/Adult 15's passport carefully. However although BFO1 considered himself adept at identifying fraudulent Pakistani passports and would probably have checked for counterfeit, substitute or missing pages, Child/Adult 15's passport was genuinely issued. BFO1's training and experience

equipped him to uncover anticipated types of deception. Unfortunately his training did not equip him to uncover this unanticipated type of deception.

4.4 It is worth noting that it is not mandatory to register a child's birth in Pakistan and therefore some people, particularly in rural Pakistan, may not actually know their date of birth. Therefore it is possible to have a Pakistani passport issued which contains an inaccurate date of birth or only contains the year of birth.

4.5 The acceptance as genuine of the age recorded in Child/Adult 15's passport was reinforced by the issue of the visa in Islamabad. It seems likely that UK Border Agency staff would assume that the ECO in Islamabad would be more familiar with Pakistani nationals and their passports and therefore less likely to have been deceived in any way.

The deceptions practiced by Family Z:

4.6 Family Z consistently succeeded in deceiving the agencies which Child/Adult 15 came into contact with. In her interview with the Police, Child/Adult 15 said that make up was applied to her face prior to her flight to the UK in 2000, presumably to make her appear older.

4.7 The means by which Child/Adult 15's passport was originally obtained are not known but it is not unreasonable to speculate that Family Z may have engaged in some form of deception to obtain a passport in which the age of the subject was inaccurate by a decade.

4.8 In her contacts with the authorities, Child/Adult 15 was always accompanied by members of Family Z. BFO1 stated that a convincing employer fielding his questions may have distracted him from a full assessment of Child/Adult 15. BFO1 feels that he must have spoken to Adult D who accompanied Child/Adult 15 on initial entry into the UK, and if Adult D was credible, this may have persuaded him to grant Child/Adult 15 entry without further examination. It would appear that members of Family Z were similarly convincing on all the occasions on which they accompanied Child/Adult 15 when it was necessary for her to come face to face with the authorities.

4.9 The detailed recollections of the Housing Benefit Visiting Officer are recorded in Paragraph 3.53. The behaviours of various family members she described demonstrate some of the methods used to deceive officials. Firstly there was the attempt to obtain a

specific time for the visit, presumably in order to better “stage manage” the event. Then there was the greeting by young adult males who engaged the Visiting Officer in a conversation about her car in which apparently admiring and humorous remarks were made. On entry to the premises there was an initial reluctance to allow Child/Adult 15 to be seen as she was “ill in bed”. When she was brought into the lounge, Child/Adult 15 was accompanied by two female adult members of the family and the Visiting Officer was struck by how small and fragile Child/Adult 15 looked surrounded by fully five adults.

4.10 This utter domination and control of Child/Adult 15 by Family Z enabled them to enlist her in behaviour which supported their deception. When Police and Trading Standards Officers visited Address 1 in 2007, the officer who communicated with her in Urdu and by signing said she “laughed and looked shocked” when he asked her if she had been harmed by the family and also identified a bedroom on the upper floor of the house as her bedroom.

4.11 Many of Child/Adult 15’s contacts with agencies were not in person. This enabled members of Family Z to make applications, enter into correspondence and make telephone calls on her behalf. Their fraudulent behaviour was far from fool proof, but their occasional errors went undetected for a long time. For example letters with suspect signatures were sent in support of applications for leave to remain, an unusually worded contract of employment which hinted at the true nature of the relationship between the family and Child/Adult 15 was provided in support of the leave to remain applications on at least two occasions without inviting curiosity, and a telephone call was made to Salford Council about Housing Benefit by someone purporting to be Child/Adult 15 without it raising any questions, despite the fact that they had recorded that she had no speech. Additionally Family Z were late in submitting Child/Adult 15’s first application for leave to remain in 2001 which meant that instead of the application being dealt with by post, she attended for interview in person.

The lack of awareness of People Trafficking:

4.12 Although a Heathrow Terminal 3 “Minors Team” existed in 2000, and was trained to deal with children encountered at the border, BFO1’s recollection is that he – and presumably his colleagues – would have been far less aware of the trafficking of children and domestic

workers than he is currently. He recalled that there were many cases of vulnerable children, but at the time his experience was more of children being put in vulnerable environments such as threats from dysfunctional families or gang crime. He would have been more aware of the risk of children travelling alone or with persons not associated with them, but he did not recall he was acutely aware of trafficking of domestic workers.

4.13 If BFO1 is correct in his recollection that there was a lack of awareness of child trafficking in the Border Agency in 2000, this certainly seems true of all of the other agencies whom Child/Adult 15 came into contact with on entry to the UK and thereafter.

4.14 Lack of awareness appears to be present in an observation by the Housing Benefit Visiting Officer in 2006. She recalled thinking at the time how small Child/Adult 15 was for her age, “but knowing she was in receipt of Disability benefits, this could have been something to do with her illness, so again I did not think anything was unusual.” She noticed Child/Adult 15 was small for her age and understandably tried to think of a plausible explanation for her size. What humans tend to do is search for a plausible explanation from their experience or knowledge which is referred to as an “heuristic.” Here the Visiting Officer alighted on her knowledge of Disability benefits and settled on some form of illness or disability as being a likely explanation for Child/Adult 15’s small stature. Lack of awareness of child trafficking for domestic servitude probably meant that this wasn’t a potential explanation that the Visiting Officer considered in order to begin to make sense of Child/Adult 15 being “small for her age.”

4.15 This general lack of awareness may have been exacerbated in some agencies by the unintended consequences of the priorities they followed. For example it has been suggested to the Border Agency that their focus on the problem of adult (asylum seekers) falsely presenting themselves as children in order to try and enhance their chances of remaining in the UK, might have obscured from view the potential problem of children being presented as adults.

4.16 Additionally the use of X-rays by Port Medical Inspectors to help determine age was explicitly forbidden. This review considered whether that instruction could have dissuaded staff from raising any concerns about age revealed by X-Ray. Port Health rejects this argument as speculative. Although Port Health is unable to confirm that an X-ray definitely took place, it appears likely that Child/Adult 15 had a chest X-Ray as part of the entry procedures at

Heathrow in 2000. She was believed to be 10 years old at the time of the X-Ray and apparently very small in stature. Even in 2007 – when she would have been 17 as opposed to the false age of 27 – the weight and height measurements obtained by her GP should have raised concerns about her physical development even if she had been known to be 17. However this review has been advised that chest X-rays are not a reliable indicator of age and in reading the chest X-ray, the doctors would have been looking for active and latent TB and focussing on the upper parts of the lungs rather than on bones.

Workload

4.17 Heavy workloads were probably another factor which may have hindered the recognition of Child/Adult 15 as a child. For example in Islamabad, ECOs were under pressure to see as many applicants as possible and the queues would have been lengthy, especially at the end of May 2000 which was approaching the summer period when many Pakistani nationals applied for visas to visit the UK during the summer holidays. ECOs would work constantly until the last applicant was seen each day. BFO1 stated that Terminal T3 at Heathrow was “incredibly busy.”

4.18 And the manner in which agencies dealt with high demand may also have been a factor. The way in which the Border Agency managed applications for leave to remain, Job Centre Plus managed applications for benefits and Salford Council dealt with Housing Benefit claims appear to be highly process-driven operations in which a large number of procedures must be adhered to. For example, Child/Adult 15’s applications for extensions to leave to remain were generally dealt with without reference to her Home Office file in line with “streamlined case working” arrangements.

4.19 In such an environment, it is not surprising when staff fall into the habit of somewhat automatically following rules and routines rather than focusing on the person they are dealing with. Additionally this process-driven approach can limit the potential for staff to step outside the process and connect information up to see the bigger picture, or be curious, ask questions or recognise cases which appear to deviate from the general run of cases they deal with.

Issues of culture or race

4.20 Expectations based on culture may also have hindered Child/Adult 15's identification as a child. BFO1 noted that in his experience domestic workers tended to be very quiet and extremely deferential, and unless directly and repeatedly questioned would defer to their employer to answer any questions posed to them.

4.21 Additionally the author of the Salford Royal NHS Foundation Trust IMR observed that in 2000 her colleagues had not been greatly exposed to issues of race and culture. It seems possible that a lack of confidence about issues of race and culture may have inhibited some professionals asking too many questions of members of Family Z and may have made them too ready to accept the version of events provided.

4.22 Child/Adult 15 came into contact with a large number of staff from a wide range of disciplines. There is no suggestion that she looked older than her actual age. The photograph on her passport is a genuine photograph, in 2006 the Housing Benefit visiting officer described her as appearing "so small and fragile", in 2007 her height and weight measurements were taken by GP1 as 1.48m (4ft 10ins) and 37kg (5 stones 11lbs) respectively, in 2007 Trading Standards and Police Officers thought she was in her teens rather than 27 as stated in her passport. She dressed traditionally but did not wear a head scarf. She wore make up on entry into the UK in 2000 but it is not known whether this was common thereafter. The only indicator which appeared to confirm her passport stated age was her blood pressure which in 2000 was recorded as much higher than that of a 10 year old girl.

4.23 Whilst it is clear that Child/Adult 15 was failed by nearly all the agencies with which she came into contact, it seems clear that there were a number of factors which contributed to obscuring the fact that Child/Adult 15 was a young girl and not a woman. However, of all the factors which prevented her recognition as a child, the legally issued passport appears to have exerted the most influence. The possibility that the passport might contain false information does not appear to have been a possibility entertained by anyone who had contact with Child/Adult 15.

Issues which should have prompted further enquiries

4.24 Having suggested that the presence of a number of factors may have prevented the identification of Child/Adult 15's correct age, there were a number of occasions when further concerns should have been raised or enquiries prompted.

- To qualify for a UK domestic worker visa, an applicant had to be at least 18 years of age. This requirement should have acted as a prompt for the ECO in Islamabad to question Child/Adult 15's build and appearance at the time she was seen. There was an age assessment process in place which involved the applicant being sent to a local clinic for confirmation of their age which was not apparently activated in this case.
- In 2007 and 2008, GP1 measured the height and weight of Child/Adult 15 to calculate her Body Mass Index. (BMI) These measurements should have been a cause for concern in an adult of 27 or 28. Even for the young person of 17 or 18 she actually was, the measurements would have put Child/Adult 15 on the lowest point of the Girls Growth Chart and *below* the lowest point on the measurement chart for weight. Given the time she had resided in the UK by that time, malnourishment whilst residing in another country is highly unlikely to have been a factor. These measurements should have been a cause for concern and should have resulted in further investigation.
- Child/Adult 15's lack of engagement with the cervical smear screening programme could also have generated further consultation.
- Child/Adult 15 was almost rescued in 2007 following a joint Police/Trading Standards visit to Address 1. Had an adult safeguarding referral been made by either agency at this time, there may have been an opportunity for information about Child/Adult 15 to be gathered from more than one agency. This was probably the best opportunity during Child/Adult's ordeal for information about her to be shared between agencies. Using this information to build a fuller picture of her circumstances may have revealed her true circumstances.

Terms of Reference 2: Given that 'Child 15' was identified as an adult, what steps could have been taken to respond to her needs, including identifying her as a vulnerable adult with significant communication difficulties?

4.25 With the exception of the missed opportunity to rescue her in 2007, when Trading Standards and Police Officers suspected she might be younger than presented, all agencies which came into contact with Child/Adult 15 assumed her to be an adult. Given this assumption that she was an adult, how did agencies respond to her needs including identifying her as a vulnerable adult with significant communication difficulties?

4.26 The ECO in Islamabad does not appear to have identified Child/Adult 15 as vulnerable in any way. Had the ECO made use of the interpreter available, and attempted to communicate with Child/Adult 15 directly, she would have become aware of her lack of hearing or speech. So it is assumed that Adult D accompanied Child/Adult 15 to the ECO's desk and answered questions on her behalf. It is also assumed that Adult D came across as a credible sponsor who was able to provide the assurance the ECO needed to reach a decision on the visa.

4.27 Alternatively the ECO may have noticed Child/Adult 15's lack of speech and hearing, but failed to consider whether this made her vulnerable. The Border Agency state that "issues of vulnerability were not well understood in 2000, and were subsequently less likely to be at the forefront of an officer's decision making."

4.28 When Child/Adult 15 entered the UK in 2000, it is unlikely that an Urdu interpreter was available at Terminal 3 as she was on an Egypt Air flight. BFO1 stated he believed he would have attempted to communicate with Child/Adult 15 but that he would probably have deferred to communicating via her employer (Adult D) in the absence of an interpreter. It is possible that BFO1 misread Child/Adult 15's lack of hearing and speech as an inability to understand English, otherwise he feels he would have made a note of her lack of speech and hearing on the landing card to alert the PMI to the communication issues. BFO1 may also have misread Child/Adult's lack of communication as deferential behaviour towards her employer which he stated was not uncommon.

4.29 Had Child/Adult 15 been identified as without hearing and speech there were a number of steps which BFO1 could have taken to further investigate her case, and this might well have led to an assessment of her age. Had she been identified as a child, the most likely outcome would have been to make arrangements for her return to Pakistan and into the care of their authorities.

4.30 When Child/Adult 15 first applied for leave to remain in 2001, it is not recorded whether PEO1 noticed that Child/Adult 15 lacked speech or hearing. An interpreter is unlikely to have been available. It is assumed that all communication was with Adult D. It seems likely that a disproportionate level of importance was given to whether Adult D supported the application rather than to Child/Adult 15's wellbeing.

4.31 Had PEO1 become aware that Child/Adult 15 was without hearing and speech, the Home Office IMR states that it was "*possible* they may have recognised her as vulnerable." Specifically what action might have followed from an identification of vulnerability is unclear. The Home Office IMR states that "this would have required the caseworker to have taken action to ensure Child/Adult 15's wellbeing and *may* have led to her being referred to on to other agencies for assistance."

4.32 In her applications for leave to remain from 2002 onwards, Child/Adult 15's relatively low wage was not questioned, nor was verification sought that she was actually receiving it. Current Home Office training highlights the lack of access to money as one of the indicators of domestic servitude, although this would not necessarily have been known to the caseworkers at that time.

4.33 Action which could have revealed aspects of Child/Adult 15's vulnerability were not taken. No independent evidence was provided directly from Child/Adult 15 such as her own bank account. Nor was independent evidence provided or sought that Adult B had "sufficient room to accommodate Adult D, Adult D's children and Child/Adult 15" as stated in her letter in support of the 2002 application for leave to remain. No consideration appears to have been given to whether Child/Adult 15 could have understood her contract

of employment which was written in English. The contract stated that money was sent to her family in Pakistan, but there was no evidence provided to support this. (Following her rescue, Child/Adult 15 told the police that she in fact received no payment for her work).

4.34 The unusual wording of Child/Adult 15's employment contract could have suggested that she was vulnerable. (See Paragraph 3.34) It is unclear why the wording of the contract did not trigger any concern or lead to any enquiries to assess her situation. By this time there was a growing understanding that domestic workers might be vulnerable.

4.35 The 2004 application for leave to remain presented multiple opportunities to identify Child/Adult 15 as vulnerable. Domestic workers at that time were required to be paid the UK minimum wage, and the £10 per week stated in Child/Adult 15's application form clearly breached this requirement. PEO4 therefore wrote to Child/Adult 15 and requested evidence that she was paid the minimum wage and for evidence of an updated employment contract.

4.36 A letter purportedly from Adult D was later submitted stating Child/Adult 15 was paid the minimum wage and received £4.50 an hour inclusive of all meals, accommodation clothing and laundry. A copy of the employment contract (identical to that submitted in 2003 containing the disturbing language) was submitted stating she would be paid £4.50 an hour, again specifying that £10 a week was paid to Child/Adult 15 and the remaining wages sent to her family in Pakistan. No evidence was provided of Child/Adult 15's wages being sent direct to Pakistan, and the fact that the application form had stated she was only paid £40 per month was not questioned further by PEO4.

4.37 In hindsight, this apparent lack of access to funds was a potential indication of Child/Adult 15 being in domestic servitude and given the growing understanding of the vulnerability of domestic servants at that time should have led to further investigation. The Border Force concludes that, in the course of the various applications for leave to remain extensions, there were opportunities to have identified Child/Adult 15 as a vulnerable adult.

4.38 When Child/Adult 15 left and then re-entered the UK in 2006 and 2009, Border Force Officers would have been required to satisfy themselves that she was the rightful holder of her passport, that she remained a resident in the UK and that she had not been absent for more than two years. Concerns would be likely to be raised if a long term resident could not understand or speak English. Usual practice would suggest that Officers would have attempted to talk to Child/Adult 15 which should have identified her lack of speech or hearing.

4.39 It can only be said with certainty that Child/Adult 15 was not identified as a vulnerable person upon re-entry to the UK in either 2006 or 2009. It is known that Adult B travelled with her on the latter occasion and so it is presumed that any all communication was with Adult B.

4.40 No questions were asked either by the Border Force or Salford Council when they received telephone calls from persons purporting to be Child/Adult 15 despite both organisations being aware that she was without speech. (Salford Council had not noted that she was without hearing.)

4.41 When Child/Adult 15 was first registered as an adult with GP1 in 2000, it was recorded that she had significant hearing and speech difficulties. There is no evidence to suggest that this led to her being considered to be vulnerable in any way. Salford Royal's IMR acknowledges that Child/Adult 15 should have been identified as a vulnerable adult in her records, that there should have been an independent interpreter rather than reliance on a friend, carer or family member and that she should have had the opportunity to have a private consultation or been given the opportunity to consent to having a third party present. None of these things happened.

4.42 Child/Adult 15 was almost rescued in 2007. Trading Standards and Police Officers were concerned that she may be much younger than the age given in her passport. They also noticed the lockable door leading to the cellar which contained a camp bed. They tried unsuccessfully to communicate with Child/Adult 15. In response to these concerns about her vulnerability, the skills of a Police Officer who could speak Urdu and sign were used to

obtain sufficient information to allay their fears. Were the steps taken on this occasion adequate? As stated earlier there was certainly an opportunity to consider an adult safeguarding alert or consider a referral to obtain help for what were obviously significant communication difficulties.

4.43 Approaches were adopted by some agencies which could have identified Child/Adult 15 as a vulnerable “adult:”

4.44 At the Manchester Royal Infirmary, staff clearly recognised that Child/Adult 15 had significant difficulties associated with her hearing loss. When the clinical pathway for cochlear implant was found to be unsuitable, support was given to maximise her abilities to communicate via sign language. Despite these positive interventions to address Child/Adult 15’s clinical need, no further consideration was given to the context in which she was living, her relationship with Family Z and how her disability impacted on her daily lived experience, which may have revealed other vulnerabilities to consider.

4.45 The letter from SALT to GP1 in 2000 (See Paragraph 3.60) posed the following questions:

- What language is spoken in the home?
- Does anyone understand /use English?
- Does Child/Adult 15 or any other family (member) use sign language, if so which one?
- Is Child/Adult 15 able to lip read or use any spoken language
- What are Child/Adult 15/the families concerns regarding communication issues?
Has there been involvement by speech and language in the past?
- Has Child/Adult 15 any additional disabilities?
- Is there any social work involved?

These were questions which, if answered, could have provided insights into Child/Adult 15’s vulnerability. Unfortunately there is no record of any action taken in response to the letter.

4.46 Job Centre Plus recognised that Child/Adult 15 was not capable of managing her own affairs. No documentation survives to indicate how they reached this judgement. In such circumstances an “appointee” can be authorised to assume responsibility to act on the

claimant's behalf. Unfortunately Adult B was authorised to fulfil this role in respect of Child/Adult 15. Again there is no documentation to shed any light on how Adult B was authorised although it is significant that no interpreter or signer would have been available to the member of staff who made the decision to authorise Adult B.

4.47 Salford Council routinely used Visiting Officers to ensure the integrity of Housing Benefit claims. The 2006 visit was a rare opportunity to observe Child/Adult 15 within the home of Family Z and could have helped to identify her vulnerability. Certainly the Visiting Officer was struck by "the presence of 5 adults in the living room and the customer appearing so small and fragile." But as with most of the staff involved in this case, the circumstances of Child/Adult 15 were viewed through the narrow lens required to fulfil their specific role.

4.48 The range of agencies with which Child/Adult 15 was in contact, largely failed to respond to her needs, including identifying her as a vulnerable adult with significant communication difficulties.

4.49 Many agencies simply failed to notice that she was without speech or hearing and all too readily accepted communication with members of Family Z as an alternative to attempting communication with Child/Adult 15. Where she was recognised to be without speech and hearing, the only occasion on which it is recorded that any agency attempted to communicate with her through sign language is during the visit of Police and Trading Standards Officers to Address 1 in 2007, when a Police Officer who spoke Urdu and could sign was summoned to the address.

4.50 Many agencies failed to notice that Child/Adult 15 could not understand English. In the nine years that Child/Adult 15 was kept in domestic servitude by Family Z, there is no record of any agency with whom she was in contact, making use of an official interpreter.

4.51 No agency ever attempted to communicate with Child/Adult 15 other than in the presence of a member or members of Family Z.

4.52 With the exception of the suspicions aroused in Police and Trading Standards Officers in 2007, all agencies accepted what they were told about Child/Adult 15 by members of Family Z at face value. Apart from the 2007 Police/Trading Standards visit, no agency looked at Child/Adult 15's circumstances with a questioning eye. No-one appeared to take an interest in her. An entry from Child/Adult 15's patient records at Salford Royal sums up the approach adopted to Child/Adult 15: "It is very difficult to know how much Child/Adult 15 actually hears, with the language barrier etc. But her carer says she now has a large extended family to help her."

4.53 In addition to her significant communication difficulties, there were many other indications of her vulnerability which seem to have been ignored. That she received very little payment for her work was obvious from her applications for extensions to her leave to remain from 2001 until 2004. That she was not receiving the minimum wage when this became mandatory was obvious. The unusually worded contract of employment should have raised concerns about her vulnerability but didn't.

4.54 The repeated failure to identify Child/Adult 15 as a vulnerable "adult" and respond to her needs is a shocking failure and demands a profound apology to her. Had her vulnerability as an assumed "adult" been recognised and responded to appropriately, it is possible that her ordeal could have been ended earlier than it was.

4.55 Why did agencies repeatedly fail to identify Child/Adult 15 as a vulnerable adult? Many of the factors which contributed to the failure to recognise Child/Adult 15 as a child played a part. The deceptions practiced by members of Family Z were again a significant factor but good practice in terms of using an interpreter and signing to communicate directly with Child/Adult 15 and also communicating with her alone could have diminished the impact of the deception.

4.56 Heavy workloads and the ways in which agencies managed those workloads were also factors although straightforward attention to detail should have identified cause for concern on several occasions.

4.57 Whilst lack of awareness of child trafficking for domestic servitude and sexual exploitation may have been a significant factor when Child/Adult 15 entered the UK in 2000, awareness of trafficking for domestic servitude certainly increased over the succeeding years and should have informed the approach staff took to issues such as Child/Adult 15's very low pay for example.

4.58 Issues of assumptions on the basis of race or culture appear to have been factors again. Child/Adult 15's lack of communication was seen as reticence and deference expected of domestic servants from Pakistan for example.

4.59 Whilst many of the factors which contributed to the failure to recognise Child/Adult 15 as a child were also factors in the failure of agencies to recognise Child/Adult 15 as a vulnerable "adult" and respond to her needs, they provide much less mitigation for the latter failure.

Terms of Reference 3: Was Child/Adult 15's "voice" given appropriate recognition and weight in decisions made about her care and the service interventions?

4.60 This term of reference is closely linked to the previous term of reference. Given that agencies generally failed to respond to the needs of Child/Adult 15 as an "adult", or identify her as vulnerable "adult," it follows that they are also highly unlikely to have given her "voice" appropriate recognition or weight in decisions made about her care and in any service interventions.

4.61 At no point in any of the detailed chronologies of contacts with Child/Adult 15 submitted by agencies involved in this case review, is there the slightest trace of her "voice". The only voices that are recorded are those of Family Z. Without exception, agencies allowed the members of Family Z to speak for Child/Adult 15. Adult D spoke for Child/Adult 15 when she obtained her visa in Islamabad and entered the UK. And either Adult A, Adult B, Adult C or Adult D spoke for her in all interactions with agencies in the UK.

4.62 Overwhelmingly, the evidence in support of applications or claims submitted by Child/Adult 15 was provided by Family Z members. There was almost a complete absence of evidence directly from Child/Adult 15 or independent of Family Z.

4.63 At no time does any agency appear to have considered whether Child/Adult 15 actually consented to anything done in her name. At no time does any agency appear to have taken steps to obtain her consent to anything done in her name. Job Centre Plus considered that Child/Adult 15 was incapable of managing her own affairs. However the measure they put in place to enable an “appointee” to act on behalf of Child/Adult 15 was ineffective as Adult B was authorised to act as her “appointee”.

4.64 Child/Adult 15 was never seen alone by her GP, and Salford Royal accepts that there was “very little consultation” with her. Manchester Royal accept that any record of the wishes or feelings of Child/Adult 15 is absent from their records of contact with her. Their IMR states that “the understanding of what it meant for her to be in a new environment and be unable to communicate effectively was not apparent”.

4.65 When agencies were dealing with Child/Adult 15, their attention was elsewhere than on her wishes or feelings. Agencies were so focused on compliance with the law, policies, procedures and processes that they seem to completely lose sight of the person at the centre of the interaction.

4.66 The “voice” of Child/Adult 15 was given absolutely no recognition or weight in decisions made about her care and in any service interventions. The factors which contributed to the failure to recognise Child/Adult 15 as a vulnerable “adult” are equally relevant to the failure to recognise or give weight to her “voice”. Additionally, with the exception of Job Centre Plus, agencies seemed completely unconcerned about whether Child/Adult 15 actively consented to decisions taken about her or services provided to her.

Terms of Reference 4: What action has your agency taken to address the issues raised in respect of the above?

4.67 The agencies with which Child/Adult 15 was in contact with from her entry to the UK in 2000 and her rescue in 2009, have taken actions to address the issues raised by her case which are set out in the following paragraphs. In addition the agencies have made many changes which are unconnected to this review but have implications for how they would handle challenges similar to those which arose in this case.

4.68 There are three distinct work areas within the Home Office involved with Child/Adult 15's case. Since 2000 there have been a variety of changes in the organisational structure of these areas. In 2000 the Foreign and Commonwealth Office was responsible for the issuing of UK visas. This is now under the remit of the Home Office, UK Visas and Immigration (UKVI). In 2000 the Immigration Service was responsible for Border Control, and this now falls to the Border Force. The Immigration and Nationality Department which was responsible for in-country applications is now also within the remit of UK Visas and Immigration and is called Premium Services. Applicants now have three ways to apply for leave to remain whilst in-country. For permanent migration applications, applicants can submit postal applications to offices based in Liverpool; for temporary migration applications, applicants can submit postal applications to offices based in Sheffield; UK Visas and Immigration also offer an in person, same day decision service at one of the seven Premium Service Centres across the UK for some applications for an additional fee. The service acknowledges that the risks appear greater in postal applications as the caseworker is further removed from the applicants.

4.69 Changes to Immigration Rules relating to domestic workers were introduced on 6th February 2012 which appear to have greatly reduced the opportunity to use the method of exploitation used by Family Z. "Domestic workers in a private household" from abroad can now apply for a visa to visit the UK for only 6 months. They must have worked for their employer for a year prior to the visa application. If the visa is granted, they can remain in the UK for six months or whenever the employer returns home, whichever is sooner. There is no extension and no opportunity to switch to a different type of visa.

4.70 Applicants may need to prove knowledge of English and the guidance states that applicants with disabilities are not exempt from these requirements. The guidance specifically refers to "hearing disabilities" as an example of a disability and states that applicants with a

disability must contact a test provider for details of the support they (the test provider) can provide.

4.71 The new rules state that a domestic worker must have a written statement of terms and conditions in the UK, including confirmation that minimum wage regulations will be met. The statement must provide details of pay, sleeping arrangements and days off. There is an exception from minimum wage for those who “are treated as part of the family.” These provisions do not appear sufficiently robust to prevent the economic exploitation of someone like Child/Adult 15. One assumes that Family Z would have attempted to demonstrate that she was “part of their family.” And the fact that Family Z did not comply with minimum wage requirements in respect of Child/Adult 15 went unchallenged.

4.72 It is not known how many domestic workers are present in the UK under the previous Immigration Rules . These applied until 5th February 2012 so it is possible that there may be other domestic workers who entered the UK under the Immigration Rules which applied to Child/Adult 15 who may be being exploited.

4.73 Section 55 of the Borders, Citizenship and Immigration Act 2009 requires the Home Secretary to have regard for the need to safeguard and promote the welfare of children. The duty applies to all members of the Home Office including the Border Force. The duty is similar to the duty under Section 11 of the Children Act 2004. Although Section 55 does not apply overseas, the Home Office IMR states that ECOs abroad work within the spirit of the requirements to safeguard children.

4.74 The Office of the Children’s Champion has been created to support the Home Office in carrying out its immigration, asylum, nationality and customs functions, taking account of the need to safeguard and promote the welfare of children in accordance with Section 55 of the Borders, Citizenship and Immigration Act 2009. The Office of the Children’s Champion aims to ensure that the Home Office is more responsive to the needs of children. It is supported in this work by professional child welfare experts.

4.75 UK Visas and Immigration (UKVI) have recently created a new role of Lead Safeguarding Co-ordinator, who is responsible for drawing together the actions required by UKVI's different work areas to ensure obligations are met. The overseas department for UKVI have appointed a Senior Children's lead who is responsible for ensuring the Section 55 obligations are met throughout the global visa operation. To assist the overseas Safeguarding Children's lead, there is a child safeguarding lead for each UKVI international region and in addition each visa decision making hub has a nominated child protection lead officer.

4.76 Since 1 April 2009 the UK has been bound by the Council of Europe Convention on action against trafficking in human beings. In 2013 all staff received training on how to identify a victim of human trafficking and the work of the National Referral Mechanism (NRM). (The NRM is further described in Paragraph 5.63)

4.77 Section 55 has been incorporated into the practices and procedures of UKVI and the Border Force. All staff have completed training on their obligations, provided to different levels of expertise depending on their role and responsibilities. All new ECOs are provided with Section 55 training and complete mandatory e-learning on safeguarding children and human trafficking. Information related to the circumstances of this case has been shared with the manager of the ECO training team for inclusion into the pre-posting ECO training course.

4.78 The Independent Chief Inspector of Borders and Immigration reviews ECOs compliance with Section 55 during his inspections to ensure these obligations are being met and feeds back any areas of concern.

4.79 In 2006 the Risk and Liaison Overseas Network (RALON) began posting officers to high risk locations including Pakistan to support visa decision makers by developing risk profiles to identify high risk applications.

4.80 The process of applying for a visa has now been outsourced. Applicants now submit their applications through commercial partners which operate Visa Application Centres (VAC). Safeguarding awareness training is provided to commercial partners and RALON on site.

4.81 The visa application process in Islamabad requires an applicant to attend a VAC to provide all ten fingerprints. Their photograph is taken at the same time. This photograph and the photograph submitted with the passport application are examined by an ECO who is able to request that the applicant is interviewed if concerns arise. The registration process at the VAC is also captured on CCTV. The applicant's fingerprints and photograph (referred to as biometric data) are linked to the corresponding passport information. The Home Office IMR states safeguards are in place to protect the integrity of the system. However the IMR notes that neither the process nor the safeguards would have identified Child/Adult 15 as a person at risk. If she had applied for a visa under the current process, the recording of her fingerprints would "lock her into" the identity details in her passport and the false date of birth. Once her identity was 'locked in', the fingerprint verification process used by all other ECOs, Border Force Officers and Premium Services Officers would simply confirm the details were correct, potentially reinforcing the deception.

4.82 Another important change is that ECOs do not generally see the visa applicant in person. The applicant applies and pays online, calls at the VAC to provide their biometrics and to collect their visa decisions. Thus applicants would be seen only by staff employed by the commercial partner at the VAC. However, a decision has been taken that more visa applicants are to be interviewed once more, but this is likely to be primarily via telephone or video with only a small number face to face interviews. There is a facility to refer cases for more detailed interview by an ECO on a case by case basis although it is acknowledged by Border Force that interviews are most likely to take place with students applying to come to the UK.

4.83 Domestic worker applications made in Islamabad are now sent to Abu Dhabi for assessment by the ECOs which is considered to be a more stable operating environment than Pakistan. There applications considered to represent high risk of abuse such as trafficking would be reviewed by a specialist team which is aware of trends in visa abuse. Other applications would be passed to an ECO for consideration. If concerns arise over applications, ECOs are able to request checks to verify documents, or interview applicants via telephone or video link. Islamabad and Abu Dhabi visa section have a high quality video link. The Home Office IMR states that such interviews would be conducted without the employer present.

The Border Force say that interpreters would be readily available as required and signing could be arranged.

4.84 The Home Office IMR states that in a case such as that of Child/Adult 15, she would have been required to follow instructions when providing her biometrics at the VAC, and it is asserted that it is likely that this would have alerted VAC staff to her communication difficulties. The IMR does not say whether employers or others are allowed to accompany applicants to the VAC, although the IMR makes it clear that only the applicant is allowed to enter the biometric booth to provide fingerprints. The IMR acknowledges that the staff at the Centre would not necessarily make the ECO aware unless they considered it “worth highlighting.”

4.85 The Home Office IMR states that responsibility for identifying age related concerns appears to rest largely with the employees at the VAC. Home Office contractors are expected to “have regard” to Section 55, and training is planned for all VAC staff during 2014 to raise awareness of their obligations in the safeguarding of children. The IMR states that it is crucial this includes the learning from Child/Adult 15’s case.

4.86 Screening providers are required to sign an agreement with UK Visas and Immigration, which sets out standards and controls which requires the screening authorities to undertake some anti-fraud checks to ensure the integrity of the process. The instructions state that “At each stage, staff must take all reasonable steps to check the validity of the Applicant’s passport and any other document(s) and satisfy themselves that the date of birth and the photograph in the document are consistent with the appearance of the Applicant and that the Applicant is the rightful holder of the document.”

4.87 However if as part of the TB screening process, panel members are concerned that a child might be purporting to be an adult, they will be required to alert the local UK Mission. Certain posts such as Pakistan have access to a medical officer to whom they can refer visa applicants for an age assessment, however the Home Office IMR reveals that at the recent safeguarding workshop the overseas safeguarding leads stated that this was not common practice amongst all UK missions abroad.

4.88 It has been calculated that removal of screening facilities at airports, as previously provided by the Port Medical Inspector, will save the taxpayer £25 million over ten years, and further NHS savings will be made by preventing the importation and spread of TB in the UK.

4.89 The Independent Chief Inspector of Borders and Immigration recently conducted a review of the visa processes in place in Islamabad and Abu Dhabi, and was satisfied that officers were complying with their obligations under Section 55 when considering visa applications.

4.90 The Home Office wide changes apply equally to Border Force, which has their own designated Children's Champion.

4.91 The Paladin Child Protection Team - a joint team of Metropolitan Police and Border Force officers working together to safeguard children arriving in the UK, was set up at Heathrow in 2004. This now covers all ports in the South East.

4.92 Following a decision by the Metropolitan Police to reduce the number of officers attached to Paladin, Border Force has decided to establish new safeguarding and trafficking teams from April 2014 in all major ports throughout the UK. These teams will be responsible for the day to day response at the border to safeguard individuals and prevent and disrupt human trafficking activity, and will be trained to a higher, more expert level than ordinary front-line officers.

4.93 The safeguarding of children is now one of the mandatory checks Border Force Officers must perform under their Operating Mandate when encountering passengers under the age of 18 (The Operating Mandate sets out the mandatory checks a Border Force officer must conduct when dealing with all arriving passenger). Children and young people under eighteen are routinely asked safeguarding questions at the border and child friendly printed materials are available for them, along with adult versions for accompanying adults, to explain why such enquiries are made.

4.94 Operational guidance is provided in the form of mandatory e-learning packages, and the Heathrow internal website for Border Force staff contains guidance and advice for all officers encountering children and suspected trafficked persons.

4.95 All Heathrow Terminals now have a specific team tasked to deal with cases involving children and young people. The Children and Young People (CYP) Team receives specialist training to deal with such cases. All Border Force Officers have completed the mandatory e-learning on safeguarding children and human trafficking. Specialist training has been expanded to include training on trafficked persons. Border Force at Heathrow has recently agreed an arrangement with the Salvation Army to provide Responsible Adults for children arriving at Heathrow when required by Border Force.

4.96 Heathrow Border Force have completed the safeguarding of children self audit tool to ensure their obligations under Section 55 are met, and identify any further actions that are required at the airport. These are monitored by Border Force's Children's Champion.

4.97 The PEO network was brought under the Premium Services command in August 2012. They also have a Children's Champion lead who is developing Section 55 training for the network. This will include a one day training course for all caseworkers in 2014 funded by the Office of the Children's Champion. Premium Services are currently developing a new caseworking model, which will encompass Section 55.

4.98 As in other departments, Premium Services staff have completed self-assessment training to ensure Section 55 obligations are met by their network and identify any areas requiring action. There are two safeguarding children's representatives in the Croydon office and one in all other offices.

4.99 In the past year all their officers have read the publication for safeguarding children Every Child Matters and have also completed mandatory e-learning on keeping children safe, human trafficking and the National Referral Model.

4.100 The postal application process to extend a person's stay in the UK appears largely unchanged. There have been some changes to the 'in person' application process since 2001. As before, applicants can choose to make an application for leave to remain by post, or pay an additional fee in order to attend a Premium Services office in person where their application will be considered the same day. Decisions on these applications are made by caseworkers, who do not have face to face contact with these applicants unless concerns are raised with regard to the applications. Applicants will be seen first by a Case Registration Officer who records the application on the "CID" database, then by a Biometric Officer who is responsible for taking fingerprints in order to verify their identity. The application would then be passed to a caseworker who would make the decision on the papers provided unless any concerns were reported to them by the Registration Officer. All officers have undertaken Section 55 Safeguarding Children e-learning training and Human Trafficking training in the past six months. There is no planned additional training for the Registration Officers.

4.101 The Home Office IMR author was invited to visit the Premium Services Office in Croydon. As part of that visit she spoke to two Registration Officers regarding their work. The first Officer was able to explain his obligations to safeguard children, what signs might rouse his concern and the actions he would take. He stated that his knowledge of trafficking was less clear but he knew what to do should he have concerns about a vulnerable adult. He stated that he would appreciate further training to consolidate his e-learning on this subject. The second Officer, an agency worker, was not as clear on his role in safeguarding children or identifying trafficked people. Agency workers complete the same e-learning as permanent members of staff, and it is not clear why there should be such discrepancy in the understanding of two individuals undergoing identical training. The HEO manager on duty stated that he would address this issue when he was advised of the author's findings. Plans are in place to provide all Premium Services caseworkers with a one day safeguarding children course, but this does not extend to the Case Registration Officers as the focus of the training is on decision making. Under current processes, the case Registration Officers and the Biometric Officers may be the only contact an applicant has with the Home Office, other than travelling through the UK border.

4.102 In 2011, a Memorandum of Understanding was agreed between Border Force and Greater Manchester Police, Manchester Children's Services and Barnardos, establishing procedures in relation to trafficked children arriving at Manchester Airport. The Children and Young Persons Team, comprising of officers trained in interviewing children and vulnerable adults, provides local guidance, reminders and training. The team also hosts a quarterly multi-agency meeting, maintains detailed records and statistics of child and trafficking cases at the port, has links with the Manchester Safeguarding Children's Board and in April 2013 held a safeguarding awareness day for airport staff to help identify victims of trafficking, forced marriage and child abduction. The team has expanded since its inception and they currently await a new Tier 3 course, developed with the assistance of a Manchester officer, to ensure that they have at least 10% of staff trained to interview children.

4.103 Border Force at Manchester Airport has also completed two Section 55 self-assessment audits, the most recent in summer 2013.

4.104 Port Medical Inspector services were provided jointly by Hillingdon Local Authority and Primary Care Trust until 2007 when part of the service transferred to the Health Protection Agency (a predecessor organisation that is now part of Public Health England (PHE)) and thus there is no organisational memory available to draw upon or knowledge of policies and procedures in place on the unit at that time.

4.105 Post March 2014, the pre-entry screening role of Public Health England is to provide quality assurance on the radiographic and radiological processes of providers abroad, and not to review the results of individuals. Therefore PHE takes the view that it currently has an even more limited role in the prevention of child trafficking. However, they are consulting with the Home Office on this point as they are jointly responsible for the service. It should be noted that the visa application and screening processes are separate. When an applicant wishes to apply for a visa they are first directed to an approved TB screening clinic. No immigration record is created at this stage. The applicant then goes through the TB screening / clearance process and at the end of this can initiate an application for a visa. PHE has no involvement in the visa application process once the applicant has been cleared of active TB. This means that PHE does not know who will eventually apply for a visa and enter the country and if so, when.

4.106 The Job Centre Plus guidance in relation to making an appointment hasn't changed significantly since 2005. In 2011 a review process was introduced for appointees. When an appointee is authorised, a review date is set for 5 years ahead. At that time a form is sent for completion to the appointee. If the form is not returned, only partially completed or the appointee states there are problems with the arrangement, follow up action will be taken. This process does not appear to contain sufficient safeguards to have helped Child/ Adult 15.

4.107 Additionally, as a result of the Equality Act 2010, Department of Work and Pensions guidance states that suitable provision must be made for claimants who do not speak English or are without hearing. This provision includes interpreters and signing. The “customer vulnerability hub” lists the provision and procedures available and provides guidance for staff.

4.108 There are current guidelines from the General Medical Council (GMC 2012) on communication and record keeping within General Practice. It would be expected in current practice that records are kept electronically via practice based secure systems.

4.109 There is now local guidance on the appropriate use of interpreters within General Practice although how well this is practiced would need further review according to the GP IMR. This current guidance discourages the use of a family member to interpret and the General Medical Council Guidance (GMC 2012) promotes the importance of hearing the voice of the vulnerable patient, be that adult or child, through independent consultations and use of an interpreter to facilitate this if required. Comprehensive safeguarding children (level 2 and 3) and safeguarding adult training is delivered to all GP practices in Salford by the NHS Salford CCG Safeguarding Team. All GP practices have a current Safeguarding Children, Young People and Vulnerable Adult Policy in place which clearly outlines professional and statutory responsibilities for safeguarding. Safeguarding practice in Primary Care is audited annually in Salford by the NHS Salford CCG Safeguarding Team in order to provide assurance of quality and standards within practice.

4.110 Central Manchester Foundation Trust (CMFT) has a robust Adult Safeguarding Policy which clearly sets out the responsibilities of practitioners with regards to adults with identified vulnerabilities.

4.111 Safeguarding training has been embedded within the organisation to enable staff to identify potential risk and vulnerabilities. Safeguarding awareness is included in the Trust Induction programme which is undertaken by all new employees. All staff complete a yearly corporate mandatory training e-learning programme which includes safeguarding children and safeguarding vulnerable adults modules. This provides a basic awareness of safeguarding issues and ensures that all staff groups know who to contact if they have a safeguarding concern. All staff with a clinical role within the organisation also complete the clinical mandatory training e-learning module which provides a further adult safeguarding module and level 2 safeguarding children training. An e-learning module for the use and application of the Mental Capacity Act and Deprivation of Liberty Safeguards has also been developed and is completed on a yearly basis as part of the clinical mandatory e-learning programme.

4.112 The provision for face to face adult safeguarding training has increased across the Trust over the last 5 years and a half day session is provided for all adult staff which covers roles and responsibilities in relation to adult safeguarding, including key issues such as trafficking and exploitation. These sessions use group work and scenario based learning to enable staff to challenge their own perceptions and to recognise signs of vulnerability and risk.

4.113 The provision for level 3 safeguarding training is also a face to face half day session. This has been developed over the last three years to give wider opportunity for all staff across the Trust to access this training. Significant work has been undertaken to promote the safeguarding issues of children and young people across the adult directorates and the increased awareness from this training can be evidenced in the increased number of referrals to the children's safeguarding nursing team from the adult areas. The safeguarding team offer Level 3 Safeguarding Children training for Adult Practitioners which focuses heavily on the types of safeguarding concerns that they may experience as an adult practitioner, including trafficking, sexual exploitation and issues affecting 16 and 17 year olds as well as the children of adult patients. Compliance with training is monitored divisionally by the

Divisional Safeguarding Operational Groups and reported up through the CMFT safeguarding governance structure.

4.114 Both Safeguarding Adults and Safeguarding Children training sessions highlight the growing problem of human trafficking and how health professionals may become aware of such practice. Practitioners are encouraged to recognise key risk factors and signs of trafficking, but also to be attuned to vulnerabilities that may indicate someone as a person at risk. Such vulnerabilities are often non-specific for a type of abuse but could be indicative of trafficking, exploitation or vulnerability to radicalisation. Any concerns of such vulnerabilities, or potential for trafficking, are raised to the Trust Safeguarding team who will guide and support practitioners through the process of reporting to Social Care and/or Police. All managers and bleep holders are aware of the processes for referral to these statutory agencies if a person is, or may be, at risk of significant harm.

4.115 The Specialist safeguarding nurses provide bespoke training sessions open to all staff on specialist subject matter such as Forced Marriages and Domestic Violence. Any training provided in the local area is disseminated via the safeguarding governance groups, link nurses and champions to allow staff the opportunity to develop their skills and knowledge in key areas – recent sessions include Human trafficking session run by ‘Hope for Justice’. Staff are also encouraged to attend training provided by the local safeguarding children and adults boards.

4.116 The advent of the Mental Capacity Act in 2007 has engendered significant and extensive practice changes since the time of Child/Adult 15’s attendance. The key turning point in the case in relation to the CMFT contact is the lack of detailed assessment with Child/Adult 15 herself. CMFT state that her lack of hearing, speech and understanding of English would still have presented significant challenges but the processes in place for assessing capacity and incorporating her own wishes into the process would have been far better served under the Mental Capacity Act Framework.

4.117 Salford Royal Foundation Trust (SRFT) now has in place an interpreter and translation policy and an adult safeguarding policy. SRFT state that the introduction of legislation such as the Children Act 2004 and the Mental Capacity Act 2007 is reflected in the significant change in practice in recent years. The amalgamation of children's and adults services on one site has led to increased joined up working and allows timely access to expert paediatric opinion if concerns are raised about a young person attending the adult services. The increase in referrals to the safeguarding team, increased uptake of training and the improved governance structure across all divisions of CMFT provides a greater assurance that staff will consider these issues and act on any safeguarding concerns

5.0 Findings and Recommendations:

Impact of changes made to Immigration Rules since 2000

5.1 Inevitably a number of changes to UK Immigration Rules have taken place since Child/Adult 15 entered the UK in 2000 which affect the way a similar case would be dealt with now.

5.2 Probably the most significant change is the alteration to Immigration Rules relating to domestic workers which were introduced on 6th February 2012 which appear to have greatly reduced the opportunity to use the method of exploitation used by Family Z. “Domestic workers in a private household” from abroad are now restricted to a maximum stay in the UK of six months which cannot be extended. There is also no opportunity to switch to a different type of visa. It seems unlikely that this change has completely removed the possibility of domestic workers entering the UK on a visa being exploited and the Border Force acknowledged that it would be possible for a domestic worker to enter the UK and then “disappear.”

5.3 Additionally there remains a cohort of domestic workers who entered the UK under the visa arrangements which existed prior to 6th February 2012. This cohort will include domestic workers who have been granted permanent leave to remain or are in the process of applying for annual extensions to leave to remain. It seems at least possible that the cohort could contain vulnerable people who are being exploited for domestic servitude or other forms of forced labour and/or sex. It is the specific responsibility of any independent author of a serious case review or similar review to draw attention to any current safeguarding concerns he or she may have, which results in the following recommendation:

Recommendation 1:

That the Home Office makes use of the learning from this case review to consider the feasibility of conducting a proportionate analysis of the pre-6th February 2012 UK visa domestic worker population to assess whether there is any evidence of trafficking or exploitation.

5.4 Under the new Immigration Rules for domestic workers applicants may need to prove knowledge of English. Applicants with disabilities are not exempt from these requirements. Although no information has been provided to the review about how a person without

speech and hearing would be required to demonstrate knowledge of English, it seems reasonable to assume that this requirement will make it much less likely that a lack of hearing and speech could be concealed or go unnoticed as in the case of Child/Adult 15.

5.5 A second significant change is that the process of applying for a visa has now been outsourced. Applicants now submit their applications through commercial partners which operate Visa Application Centres (VAC) in the country of origin. Therefore it is possible that only the VAC employees will have personal contact with visa applicants. Although Section 55 does not apply abroad, VAC staff have received training on safeguarding children and identifying imposters.

5.6 A further significant change is that the visa application and health screening processes are now separate. Applicants for visas are first directed to an approved TB screening clinic. Having gone through the TB screening process, the applicant may then apply for a visa. Only then will an immigration record be created. It follows that PHE has no involvement in the visa application process once the applicant has been cleared of active TB. This means that PHE does not know who will eventually apply for a visa and enter the country and if so, when. This uncoupling of the visa application and health screening process appears to make it even less likely than before that concerns arising from the health screening process will be raised with staff involved in visa application and subsequent entry to the UK.

5.7 However, if a person who lacked hearing or speech applied for a domestic worker visa now, he or she would need to communicate with staff at the VAC during the fingerprint enrolment process. It is suggested that this would mean that the type of communication challenges experienced by Child/Adult 15 could not be concealed. However it is unclear whether or not it would be possible for the employer to accompany the applicant to the VAC and attempt to speak for them.

5.8 The “fingerprint enrolment process” is now a central part of the visa application process. The applicant provides biometric data (fingerprints and photograph) which are linked to the corresponding passport information. This is a process which is likely to make fraud more difficult, but in a case like Child/Adult 15 there is a danger that once her identity – including her false date of birth - was ‘locked in’, the fingerprint verification process used by all other

ECOs, Border Force and Premium Services Officers would simply confirm the details were correct, potentially reinforcing the deception.

5.9 The changes outlined above have substantially changed the system which Family Z exploited to traffick Child/Adult into the UK. It could prove valuable to take the learning from this case review and use it to challenge the robustness of the new systems in order to assess how effective they are in withstanding efforts to abuse the system for the purpose of trafficking.

Recommendation 2

That the Home office and Public Health England make use of the learning from this case review to carry out an “end to end” test of the robustness of the systems and processes by which people are able to enter the UK on a domestic worker visas.

Safeguarding children services in Salford

5.10 Child/Adult 15 was unknown to services for children and young people in Salford despite the fact that for most of period during which she was being exploited for domestic servitude and sex, she was a child or young person. The National Panel of Independent Experts on Serious Case Reviews took the view that prolonged absence of the involvement of agencies with a responsibility for safeguarding children could be seen as a failure. Clearly there was a failure on the part of universal services – GP services, Salford Royal and Central Manchester NHS Trusts - to recognise that Child/Adult 15 was a child which was a very serious failing. However, given that no agency recognised Child/Adult 15 as a child then no referral to services for children could be made. Thus safeguarding children services in Salford remained in complete ignorance of the existence of Child/Adult 15 and therefore could not take any steps to safeguard her.

Safeguarding vulnerable adults

5.11 Child/Adult 15 was regarded as an adult by all agencies which came into contact with her from her application for a visa in Islamabad in 2000 until her rescue by Police and Trading Standards Officers in 2009.

5.12 It is accepted that most of the agencies which participated in this review have implemented safeguarding training programmes in the intervening years although much of the evidence provided to the review relates to training and awareness raising in safeguarding children. For example the Home Office IMR includes an impressive array of measures which seem capable of transforming the organisation's approach to safeguarding children. However Child/Adult 15 was not recognised as a child, so it is essential that actions taken as a result of this case review address the significant deficiencies revealed in safeguarding adults.

5.13 Terms such as "deaf/dumb" and "deaf/mute" appear frequently in the records of agency involvement with Child/Adult 15. These are not acceptable terms and did not provide a professional basis for addressing her needs as a person.

5.14 As previously stated there was a repeated failure to identify Child/Adult 15 as a vulnerable adult and respond to her needs which can only be described as shocking. Nor is there the slightest trace of her "voice" being sought out, or "heard" by agencies until the opportunity to rescue her in 2007 and her ultimate rescue in 2009.

5.15 It is clear that no meaningful attempt was made to obtain her consent for any of the decisions made about her, nor was her capacity to consent ever explored except by Job Centre Plus which determined she lacked the capacity to manage her affairs and authorised Adult B as her "appointee" to act on her behalf in all her dealings with Job Centre Plus.

5.16 Consent and capacity appeared to be issues of less importance to agencies than complying with Immigration Rules, making referrals and administering benefits. Her signature was obtained on numerous occasions but no checks were carried out to ensure she understood what she was signing for.

5.17 One change which appears likely to have made a positive difference is the Mental Capacity Act 2005 which came into force in 2007. The Act provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. The underlying philosophy of the Act is to ensure that those who lack capacity

are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests.

5.18 The Act does not apply to children under 16 years of age so it would not have applied to Child/Adult during the period 2000 to 2006. However, during this period she was assumed to be an adult and as such the principles of the Mental Capacity Act should have made a substantial difference to the way in which she was treated. Comprehensive training in the use of the Act and increased familiarity with the process of carrying out assessments has enabled the principles of the Act to become reasonably well established over recent years. The CMFT IMR states that the Act has also helped practitioners to focus on individual client needs and supports a far more holistic approach to care.

Recommendation 3

Salford Adult Safeguarding Board should check that issues of consent and capacity are now as well embedded as the CMFT IMR suggests and include this issue in future audit activity.

5.19 As stated above, Job Centre Plus was the only agency to consider Child/Adult 15's capacity, however the process of authorising an "appointee" was insufficiently rigorous to avoid Adult B becoming Child/Adult 15's "appointee." Job Centre Plus state that in 2011 they introduced a review process for "appointees." However the review takes place only after 5 years. Allowing such a lengthy period of time to elapse before a review, does not appear to constitute any kind of effective safeguard.

(Single agency) Recommendation 4

That Job Centre Plus review the process by which they authorise "appointees" to ensure that a key aim and outcome of the process is to safeguard the customer.

Use of Interpreters and signers

5.20 This review reveals that agencies appear to have consistently made little or no effort to communicate directly with Child/Adult 15 and appear to have consistently chosen the easy option of communicating directly with whichever member of Family Z accompanying her.

5.21 If interpreters and signers had been used it is likely to have been possible to establish information about her vulnerability and may have facilitated her recognition as a child.

5.22 From the information provided to this review it would appear that agencies have put policies in place to ensure the use of interpreters and signers. However it is not possible to express complete confidence in the arrangements put in place. For example the GP IMR evidences local guidance on the appropriate use of interpreters whilst acknowledging the question of how well this is practiced would need further review. SRFT's IMR mentions provision of interpreters but not signers. It is not known whether GMP's use of an officer who could speak Urdu and sign was in accordance with their policy on the use of interpreters and signers.

5.23 It would be extremely beneficial for Salford Safeguarding Adults Board to obtain assurance over the appropriate use of interpreters and signers.

Recommendation 5

Salford Adult Safeguarding Board audits the availability and use of language interpreters and signers for adults in Salford with a particular focus on vulnerable adults. The audit should also look at the extent to which family/ friends/ carers are used as informal interpreters and signers.

Reliance on Family Z members to speak for Child/Adult 15

5.24 As stated above, the "voice" of Child/Adult 15 went "unheard". All conversations about Child/Adult 15 appear to have been with members of Family Z who were seen as her employers, her "parents", her "extended family", and her "friends". Members of Family Z fulfilled whatever role was required of them to continue to perpetrate their deceptions.

5.25 The Border Force propose that when a sponsor attempts to control an encounter or answers on an applicant's or passenger's behalf, officers should review the situation for signs of trafficking. Identifying excessive control by a sponsor as a risk factor which may indicate some form of abuse appears to be good practice, and it is recommended that this aspect of this case is highlighted in any training or briefing materials prepared.

Race and culture

5.26 One of the apparent explanations for why staff across a range of agencies might not have engaged with Child/Adult 15 and explored her relationship with Family Z was a general lack of familiarity with issues of race and culture at the time Child/Adult 15 entered the UK and in the years thereafter.

5.27 Staff need to be supported in sensitively but assertively engaging with families from backgrounds different to their own. Awareness of race and culture, specifically the needs of minority ethnic groups which settle in Salford, should be a feature of staff training and development across partner agencies.

Interface between agencies and systems

5.28 This review sheds light on the lack of interface between the various systems a person entering the UK from abroad is required to interact with. National agencies such as the Border Force and Job Centre Plus appeared to exist in complete isolation from each other. So Family Z was able to present the circumstances of Child/Adult 15 quite differently to each of those agencies almost simultaneously. In the summer of 2005, Child/Adult 15 was presented to the Border Force as a person whose every need was met by Family Z. At the same time Family Z were embarking on a process of using Child/Adult 15 as a vehicle for claiming a range of state benefits from Job Centre Plus and Salford Council (Housing Benefit). This review is not questioning the right of Child/Adult 15 to claim state benefits once she had been granted permanent leave to remain in the UK, but observing that the absence of information sharing between key agencies appeared to be a key factor in obscuring her vulnerability.

5.29 Both the Border Force and Job Centre Plus state that the volume of cases and claims they deal with preclude any attempt to develop interfaces between their respective systems. Exploring how these two complex and rapidly changing national organisations might interact more effectively is beyond the scope of this review but periodic data matching exercises might be a valuable asset in the Government's ambitious plans to tackle child trafficking and modern slavery.

5.30 The Border Force no longer operates in splendid isolation from local agencies. The introduction of the legal duty to safeguard children has altered the picture, bringing them into contact with Local Safeguarding Children Boards and a range of agencies which safeguard children. However there appears to be no equivalent legal duty to safeguard vulnerable adults.

5.31 Such information sharing that there was appeared to be formal and perfunctory. For example Job Centre Plus made notifications to Salford Council and GP1 in connection with Child/Adult 15's benefits. It is not clear whether Job Centre Plus contacted GP1 or other sources of medical expertise to determine eligibility for benefits or decide that Child/Adult 15 was not capable of managing her affairs.

5.32 Opportunities for information sharing between agencies were limited by the extent to which Family Z kept Child/Adult 15 isolated from services. However, despite the efforts of Family Z to minimise Child/Adult 15's contact with agencies and speak for her in every interaction, there were opportunities for information sharing between agencies to have shed light on Child/Adult 15's vulnerability. Had GP1 responded to the questions posed by the Speech and Language Therapists in 2000, Child/Adult 15's communication difficulties would have been explored more fully for example. Had Salford Council made the necessary enquiries when provided with information by the Home Office which appeared to raise doubt about Child/Adult 15's eligibility for Housing Benefit, insight into her family circumstances could have been obtained. And had GMP or Trading Standards considered a safeguarding alert when the opportunity to rescue Child/Adult 15 arose in 2007, it is possible that a fuller picture of her circumstances would have emerged.

5.33 As this case has demonstrated, when systems exist in isolation from each other and agencies don't share information with each other, the "system" is much easier to abuse and exploit.

5.34 Finally, it is worthy of note that the rescue of Child/Adult 15 occurred in 2009 because two agencies – GMP and Trading Standards – shared their suspicions with each other.

Recommendation 6

Where potential safeguarding concerns arise and there is an absence of any “automatic” interface between agencies, staff need to be confident about the circumstances which justify information sharing in specific cases. Agencies should ensure that their staff are clear about when they should consider sharing information with a partner agency.

Need for staff to adopt a more holistic and questioning approach

5.35 Staff across nearly all agencies adopted an overly narrow view of their professional responsibilities when making decisions about Child/Adult 15. This is not uncommon in cases in which the circumstances justify a case review.

5.36 For example CMFT acknowledge that their practice lacked a “thorough and critical assessment” for patients, which considers their social and environmental needs in addition to their clinical issues. And the PHE guidance on Heathrow Health Control Unit procedure for dealing with children under 16 appears to interpret the duty of care to children and young people very narrowly, encompassing only whether it is safe to X-ray a child.

5.37 A number of factors appeared to engender or reinforce an unduly narrow approach in this case:

5.38 The Border Force appears to approach the question of determining age from the point of view that some adults seeking entry to the UK pretend to be children to enable them to receive enhanced care and support. For example the section of “Victims of Trafficking: guidance for front line staff” relating to “Establishing Age”, only considers the issue of adults seeking entry as a child and does not touch upon the issue of children being trafficked as adults. It is therefore unsurprising that Border Force staff were unable to recognise Child/Adult 15 as a child. They may not have noticed this deception because they were trained to look for the exact opposite.

5.39 And a Home Office instruction that X-Rays were not to be used for the purpose of assessing age may have had the unintended consequence of deterring PMI staff from raising any concerns about age suggested by an X-Ray or perhaps even noticing age discrepancies. (As previously stated Port Health regard this as speculative.)

5.40 When the Salford Council visiting officer saw Child/Adult 15 at address 1 in 2006 she noticed “how small she was for her age.” She searched her mind for an explanation and came up with; “knowing she was in receipt of Disability benefits this could have been something to do with her illness, so again did not think anything was unusual.” When we are faced with difficult questions like “why is this woman so small for her age?” we frequently use an “availability heuristic” which is a mental shortcut that relies on immediate examples which come to mind. In this case the Visiting Officer was aware of the fact that Child/Adult 15 was in receipt of disability benefits, so this explanation quickly came to her mind, closing off the opportunity to explore alternative options such as the possibility that this woman might actually be a child who was being exploited for domestic servitude. This was outside the range of possibilities she considered.

5.41 Likewise the possibility that a genuinely issued Pakistani passport might state a year of birth which overstated Child/Adult 15’s age by a decade was outside the range of possibilities considered by any person who came into contact with her. And now the “locking in” of identity to passport via the use of biometric data could make the veracity of the passport even less likely to be doubted or questioned.

5.42 Yet Trading Standards officers were suspicious. Why was this? The officers who assisted in her rescue in 2009 were the same officers who had visited Address 1 in 2007 and had been suspicious about her age on that occasion. So evidence was beginning to accumulate, as they assessed the situation for a second time. In a brief report submitted by Trading Standards, staff said that they had a gut instinct that something was not right. Apparently Trading Standards staff are encouraged to follow up on their gut instincts. And they also noticed that Child/Adult 15 appeared subservient to the family which was clearly a very significant observation.

5.43 The written evidence submitted in support of Child/Adult 15’s applications for extensions to her leave to remain suggested she received very low wages and was completely reliant on Family Z. However staff considering the applications remained narrowly focussed on testing compliance with Immigration Rules such as whether she was in employment, whether there were funds to support her etc. The Border Agency deduce from this that whilst they had

introduced new procedures which were designed to unearth human trafficking for domestic servitude, such as the requirement for a contract of employment, obligation to meet minimum wage requirements etc. insufficient attention had been given to fully explaining the rationale for the changes to staff so that they would understand the necessity of changing their approach to scrutinising the applications so that they were sensitive to the indicators of domestic servitude.

5.44 So there is a clear need to support staff in approaching their role more holistically, using their curiosity (or following their “gut instincts” as Trading Standards officers are encouraged to do), noticing things which don’t seem quite right and investigating these further or raising concerns.

Recommendation 7

Consideration should be given to making sensitive use of this case to inform wider communication to raise awareness of people trafficking. That any training and briefing which takes place as a result of this review should emphasise the importance of staff taking a broader view of the task they are dealing with, to use their curiosity (or follow their “gut instincts” as Trading Standards officers are encouraged to do), notice things which don’t seem quite right and investigate these further or raise concerns.

5.45 Trading Standards officers might have been considered to be unlikely rescuers of Child/Adult 15. The Border Force recognises that Child/Adult 15 would have seen a number of other staff employed at Home Office buildings who had the opportunity to observe her and potentially raise concerns. For example, they have held briefings for all airport staff to raise the profile of trafficking. Other agencies should follow their example.

Recommendation 8

Training and briefings on people trafficking should be provided to the widest possible range of staff.

Some wider issues for consideration

5.46 Clearly, this case review is not just of relevance to safeguarding in Salford.

5.47 The Government has recently introduced a Modern Slavery Bill (1) which will give Parliament the opportunity to protect the victims of modern slavery and establish what is being described as the most effective regime in the world for the prosecution of slave masters and traffickers. “Modern slavery” encompasses human trafficking, slavery, forced labour and domestic servitude.

5.48 In the Evidence Report commissioned to inform the Bill, (2) the co-author Frank Field said that “Victims of modern slavery are hidden in plain sight, often trapped by forces more subtle than lock and key.” This statement rings true in the case of Child/Adult 15.

5.49 The United Nations and other supranational organisations calculate that the modern slavery and human trafficking trade is worth a minimum of \$32billion a year, and that it is either the second or third most profitable illicit trade, behind illegal drugs and the arms trade. (3)

5.50 However, current understanding of the scale of the problem in the UK is limited. (4) The only systematic means we have for collecting data in the UK is the National Referral Mechanism (NRM) which is an identification and support process for potential victims of modern slavery. It was designed to make it easier for all the different agencies which could be involved in a trafficking case to share information about potential victims and to facilitate their access to tailored support. Individuals from over 95 countries have been referred to the NRM but only ten source countries accounted for 68% of all NRM referrals in 2012. (5) Pakistan was not one of these ten countries.

5.51 It is clear that there is a need to develop some form of communications plan to achieve wider awareness amongst all staff who could play any part in tackling people trafficking. The terrible experience of Child/Adult 15 would undoubtedly be a valuable case study to contribute to such an awareness raising plan. However it would be unwise to base any attempts to raise awareness on a single case. Responses to people trafficking need to be evidence-based therefore a communications plan based on a single case risks skewing responses.

5.52 And it should be borne in mind that Child/Adult 15 remains at risk. She is a “protected person”. All decisions in respect of this case review, including decisions on methods of dissemination of learning will need to take full cognisance of her “protected person” status.

Recommendation 9

This report is shared with the Independent Chief Inspector of Borders and Immigration. Included within his responsibilities is reviewing compliance with Section 55 during his inspections to ensure these obligations are being met and feeds back any areas of concern.

Role of General Practitioner in people trafficking

5.53 Given the fact that the GP service was the universal service Child/Adult 15 came into contact with most frequently and was the point of access to a range of further services she accessed, it is disappointing that it has not been possible to access her full GP records for this case review.

5.54 Further reflection on the centrality of the role of the GP in this case suggests that GPs - and indeed NHS staff - should be “first responders” in respect of the NRM. This would place them alongside the police and the local authority as NRM “first responders”, able to refer potential victims of trafficking to the NRM.

Recommendation 10

That NHS England should address the recommendation made that NHS Staff should be identified as “first responders” in respect of the National Referral Mechanism. (NRM)

6.0 Single Agency Action Plans

The agencies involved in this review have had the opportunity to write action plans to address any areas of practice which required improvement or development as a result of this case review.

The Home Office action plan consists of the following recommendations:

- that training material is reviewed by those holding training responsibilities in all three departments, that close liaison is maintained between training departments responsible (as well as with local Child safeguarding teams), and that appropriate adjustments to training programmes are identified and implemented. The suggested timescale for implementation of such adjustments is 6 months.
- Border Force should deliver a briefing to all operational staff incorporating the background to this case and the key lessons learned. The suggested timescale for such action is 3 months.
- that early action be taken to ensure lessons learned from this case are further disseminated by the Children's Champion for the Visa Operation to all UKVI overseas safeguarding leads. Lessons learned should be used to inform ECO working practices, to inform ECOs currently overseas and to supplement training to VAC staff. This should include a reminder for VAC staff to be vigilant to abuse, and to alert ECOs to any special needs or concerns identified. The suggested timescale for such action is 3 months.
- Casework procedures relating to domestic workers should be tasked to the existing specialist team for review, and consideration given to specific proposals. These proposals should not be considered as a definitive list of potential actions, as it is recognised this is a specialist field. The suggested timescale for such action is 3 months.
- Following consideration and approval of proposed actions in respect of domestic workers, agreed measures should be put in place and closely monitored in order to ensure compliance with instructions. It is suggested compliance may be ensured either through batch sampling or the review of cases conducted over a specific period. The suggested timescale for such action is 3 months.
- Review intelligence and operational activity in relation to domestic worker abuse and trafficking for the purposes of domestic servitude. This should be tasked to a suitable unit to identify whether such data is currently gathered and appropriately disseminated, and assess the operational practicalities of conducting an intelligence gathering exercise in the event such information is not available. Once the information is gathered and reviewed the outcomes should be reported back to Border Force's Safeguarding Lead for consideration of any further actions required. The suggested timescale for such action is six months.

- Border Force Safeguarding and Human trafficking Team at Heathrow to monitor cases of children being trafficked as adults to inform whether this is an issue which requires further dissemination

Port Health conclude that no recommendations are required of them other than continuing to ensure staff attend mandatory training in order to maintain awareness of child protection issues and clarifying the role of the pre-entry screening programme in relation to the prevention of child trafficking. They go on to add that PHE believes that it has a minimal role in the prevention of child-trafficking consisting solely of quality assurance of pre-entry chest X-ray screening.

Job Centre Plus will review the process by which they authorise “appointees” to ensure that a key aim and outcome of the process is to safeguard the customer.

The NHS Salford CCG action plan for GP services consists of the following recommendations:

- Standards for patient registration with GP Practices to be developed and current practice reviewed for registration of new patients.
- Guidance on the use of interpreters within General Practice to be developed and current practice reviewed to promote safeguarding of vulnerable adults and children allowing the voice of the adult or child to be heard.
- Training to be delivered around the lessons learned from this case review in practice from a multi-agency perspective to inform current and future practice in Primary Care.
- Current safeguarding children and adult training to General Practice to be reviewed to incorporate case findings from this case review and further guidance that is developed.
- To ensure that best practice guidance of use of electronic records in GP practices throughout Salford is embedded into each GP practice.

The CMFT makes the single recommendation that the case review and key findings will be shared across the Trust to reinforce expected practice standards.

The SRFT recommends that practice is audited to ensure that policies in respect of vulnerable patients are adhered to, that patients are communicated with appropriately and have a voice and that interpreters are used appropriately in line with policy.

Salford Council Internal Services makes 4 recommendations:

- To liaise with SSCB and SASB to consider appropriate thresholds/triggers which would prompt the service to make a safeguarding referral.

Strictly Confidential

- To review how the council holds information about a customer's communication needs so that they are readily identified when the customer contacts the council.
- To arrange for basic awareness safeguarding training to be undertaken by customer services visiting officers.
- To arrange for participation in SSCB foundation training.

As neither GMP nor Trading Standards were requested to submit an IMR to this review, there are no action plans from either agency.

References:

- (1) *Draft Modern Slavery Bill*, (2013) Home Office retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266165/Draft_Modern_Slavery_Bill.pdf
- (2) *Establishing Britain as a world leader in the fight against modern slavery*, Report of the Modern Slavery Bill Evidence Review, (2013) Home Office retrieved from <http://www.frankfield.com/upload/docs/Modern%20Slavery%20Bill%20Evidence%20Review.pdf>
- (3) Ibid.
- (4) *Draft Modern Slavery Bill*, (2013) Home Office retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266165/Draft_Modern_Slavery_Bill.pdf
- (5) Ibid.

Appendices

Membership of Case Review Scrutiny Panel

Assistant Director, Community Health & Social Care (Chair)

Assistant Director, Salford City Council (Vice Chair)

Assistant Director of Nursing, SRFT

Designated Nurse: Safeguarding NHS Salford CCG

Principal Manager, Safeguarding, Review and Extra Care Housing, Salford Council.

Business Manager Salford Safeguarding Children Board

Greater Manchester Police

Home Office (Border Force)

Head of Port Health, Port Health, Public Health England

Job Centre Plus

Solicitor, Manchester and Salford City Council

Safeguarding Lead, Housing, Salford Council

David Mellor Independent Author

Agencies contributing to Case Review

Home Office (comprising Border Force, UK Visa and Immigration (UKVI) International Operations and UKVI Premium Services)

Public Health England (Port Health)

Job Centre Plus

Salford Clinical Commissioning Group (CCG)

Salford Royal NHS Foundation Trust (SRFT)

Central Manchester NHS Foundation Trust (CMFT)

Salford City Council Internal Services (Housing Benefit)

Greater Manchester Police (GMP) and Salford Council Trading Standards provided reports briefly summarising their involvement for the initial screening meeting of the case review Scrutiny Panel

Case Review Process

An initial screening panel was held at which it was considered that this case met neither the Safeguarding Children Board nor the Adult Safeguarding Board's criteria for commissioning a Serious Case Review or an Adult Case Review. However it was decided to commission Individual Management Reports (IMR) from a range of agencies and it was later decided to appoint an independent author to write this overview report.

Salford Safeguarding Children Board notified their decision not to commission a Serious Case Review to the National Panel of Independent Experts on Serious Case Reviews. The National Panel took the view that a Serious Case Review was justified on the grounds of a prolonged absence of agency involvement with Child/Adult 15. However the National Panel ultimately said they were comfortable with the proposal that an independent person write an overview report.

This case review has involved a number of national agencies which have had little or no prior experience of the Serious Case Review process. Given this lack of familiarity with the process it would have been useful to provide the IMR authors with more substantial briefing. However one of these national agencies – the Home Office – produced an outstanding IMR in which no stone was left unturned in an effort to establish the facts.

All agencies involved in this review were represented on a Case Review Scrutiny Panel which scrutinised the IMRs and oversaw the preparation of this overview report.

It had been hoped that it would be possible for Child/Adult 15 to participate in this case review had she wished to do so. The decision to involve her or not was kept under constant review but ultimately it was decided that it would not be possible for her to participate in the case review.