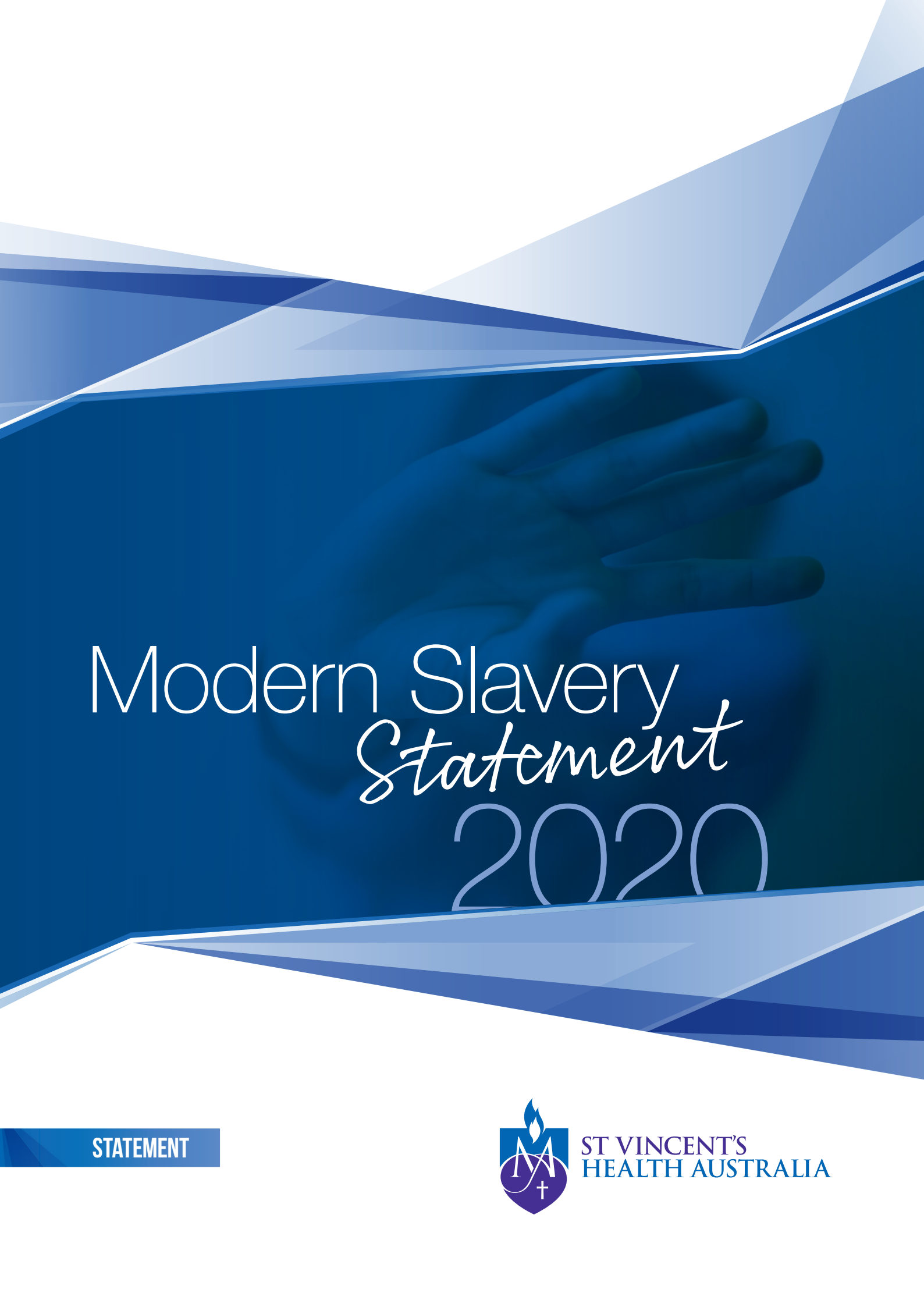




Modern Slavery *Statement* 2020

STATEMENT



ST VINCENT'S
HEALTH AUSTRALIA

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ACKNOWLEDGEMENT

This Statement is made on behalf of St Vincent's Health Australia Ltd (ABN 75 073 503 536), and all entities owned or controlled by St Vincent's Health Australia Ltd.





Who we are

Founded by the Sisters of Charity more than 180 years ago, St Vincent's Health Australia is a clinical, research and education leader working in private hospitals, public hospitals, and aged care services in New South Wales, Victoria and Queensland.

When the first five Sisters arrived in Australia in 1838 they carried with them the vision of their Founder, Mary Aikenhead, to reach out to all in need of care, but particularly those living on the fringes of our society.

Today, St Vincent's Health Australia is the largest not-for-profit health and aged care provider in Australia.

It is the legacy entrusted to us by the Sisters of Charity that continues to inspire St Vincent's Health Australia to strengthen and grow our mission.

OUR MISSION

As a Catholic health care service, we bring God's love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.

OUR VALUES

Compassion, Justice, Integrity, Excellence.

OUR VISION

We lead through research driven, excellent and compassionate health and aged care.

Our Commitment to addressing Modern Slavery

St Vincent's places its Mission at the heart of everything we do. Arising from the core of this Mission is our special commitment to those who are poor or vulnerable in our community. Initiatives which endeavour to care for those who find themselves on the margins of society are an essential part of the continuation of our Mission.

At the core of our ethic of care are the principles of dignity, justice and flourishing. Accompanying this is a conviction that each and every person possesses an inherent, sacred dignity. When one is subject to slavery or slavery-like conditions, it profoundly threatens their dignity and right to live a good life of their choosing. The task of upholding the dignity of all impels us to work for justice in health and aged care and beyond, such that all might have the opportunity to flourish.

Modern Slavery and human trafficking is a global issue and one that remains largely hidden in Australia. Thankful for our collaboration with Australian Catholic Religious Against Trafficking in Humans (ACRATH), St Vincent's' work in this area aims at achieving systematic change in the Australian healthcare community, so that the needs of those affected by human trafficking and modern slavery can be more strategically addressed within the sector. In line with the Modern Slavery Act 2018 (Cth), St Vincent's Health Australia takes seriously its responsibility to reduce or eliminate the risk of modern slavery occurring in the supply chains of purchased goods and services. We are also committed to awareness raising of the issue among our community and the safe identification, treatment and referral of victims of human trafficking and modern slavery who present for treatment at our service.

A message from our Chair



Mr Paul McClintock AO

St Vincent's Health Australia exists to bring God's love to all people in need, with a special commitment to those who are poor or vulnerable. Core to this Mission of ours is the belief in the inherent and sacred dignity of all people. As we continue to respond to the signs of the times in many and varied ways, our commitment to those who find themselves on the margins, in danger of being cast aside by society, does not waver.

Today, in our work in health and aged care, we stand on the shoulders of the Sisters of Charity who founded our service some 182 years ago. Now, as the largest not-for-profit health and aged care provider in Australia, St Vincent's Health Australia is committed to using our skills and influence to uphold the dignity of all and promote human flourishing.

When an individual is caught up in Modern Slavery, their freedom to live a life of their choosing is categorically undermined.

Speaking earlier this year, Pope Francis said that an economy without human trafficking is an "economy of care" which "cares for work, creating

employment opportunities that do not exploit workers through degrading working conditions and gruelling hours."¹ In making combating human trafficking and slavery a priority of his papacy, he has commented that the utilitarian perspective of our contemporary society which views "others according to the criteria of convenience and personal gain" keeps those who are enslaved from experiencing "the fullness of their unique and unrepeatable humanity".²

Pope Francis recognises the endemic problem as "a scourge that wounds the dignity of our weakest brothers and sisters" and has called for sustained effort to be committed to its total eradication.³ He has stressed that the aim of these efforts should be "for every enslaved person to return to being a free agent of his or her own life and to take an active part in the construction of the common good."⁴

In publishing our first *Modern Slavery Statement*, we are mindful that there is still a long way to go in Australia and globally to address the horror of this issue and that the urgency to address it remains. As an organisation, we are able to take good strides in an effort to affect change and help protect those who are most vulnerable to exploitation. However, the scope of the problem requires that we maintain a concerted effort to address it, acting always with integrity and ensuring that those we work with and procure from also engage in best practice and ethical behaviours.

Notwithstanding the significant work already undertaken at St Vincent's Health Australia to examine our procurement processes, there remains considerable work to be done in interrogating our own supply chains and holding our suppliers to account, continuing to educate ourselves about the reach and impacts of Modern Slavery and changing our practices accordingly.

As a health care organisation, we recognise our obligation to hold ourselves to a particular standard which includes understanding how victims of Modern Slavery interact with our services. It is incumbent on us to know how victims may present to any number of our services and the ways in which we can help assist them to safety and security. As such, in the pages of this statement, we make an additional commitment to equip our staff with the knowledge and skills to be able to respond appropriately to victims of Modern Slavery who are identified as such in our services.

In these goals, we are keen to share and collaborate within the network of Catholic health and aged care providers so that we can help affect change more broadly and not miss opportunities to rescue people who are victims of Modern Slavery. We are grateful for our collaborations with Australian Catholic Religious Against Trafficking in Humans (ACRATH) who helped us immeasurably as we commenced this work, and as a member organisation of the Australian Catholic Anti-Slavery Network (ACAN).

In the service of human dignity and flourishing, St Vincent's Health Australia is committed to continually improving, remaining focussed and working to eradicate Modern Slavery.

1. <https://www.vaticannews.va/en/pope/news/2021-02/pope-francis-human-trafficking-world-day-prayer.html>

2. <https://www.vaticannews.va/en/pope/news/2020-08/pope-francis-human-trafficking-scurge-against-dignity.html>

3. Ibid.

4. <https://www.vaticannews.va/en/pope/news/2021-02/pope-francis-human-trafficking-world-day-prayer.html>

Board approved Statement

This Modern Slavery Statement was approved by the Board of St Vincent's Health Australia Ltd on 4th February, 2021. It is submitted as a joint statement by the following reporting entity:

St Vincent's Health Australia Ltd	ABN 75 073 503 536
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on its own behalf and on behalf of the following subsidiary or affiliated entities:

St Vincent's Hospital Sydney Limited	ABN 77 054 038 872
St Vincent's Hospital (Melbourne) Limited	ABN 22 052 110 755
St Vincent's Private Hospitals Ltd	ABN 61 083 645 505
*St Vincent's Private Hospital Sydney	ABN 99 269 630 262
St Vincent's Care Services Ltd	ABN 50 055 210 378
St Vincent's Healthcare Ltd	ABN 46 095 382 791
St Vincent's Care Services Boondall Ltd	ABN 15 146 972 303
St Vincent's Care Services Carseldine Ltd	ABN 49 094 645 262

*affiliated entity

Mr Paul McClintock AO

4 February 2021

Reporting

Criteria 1 & 2:

About St Vincent's Health Australia

OUR ORGANISATIONAL STRUCTURE

St Vincent's Health Australia (SVHA) is a not-for-profit group of companies operating under the stewardship of Mary Aikenhead Ministries.

SVHA is governed by a board that sets our strategic direction and ensures that we comply with legal and legislative requirements. The SVHA Board sits as the board of SVHA and of 6 of the subsidiary companies, including those that operate our private and public health facilities and services and our aged care services. It also governs the SVHA group of companies in compliance with the *Corporations Act 2001 (Cth)*, the *Australian Charities and Not-for-profits Commissions Act 2012 (Cth)*, and all other relevant civil legislation.

Our group executive aims to manage the daily operations of the organisation to the highest standard. We all work together to realise the mission of our founders to serve all in need of care.

The parent company of the group is St Vincent's Health Australia Ltd ABN 75 073 503 536.

The following are wholly owned subsidiaries of St Vincent's Health Australia Ltd:

- St Vincent's Hospital Sydney Limited
- St Vincent's Hospital (Melbourne) Limited
- St Vincent's Private Hospitals Ltd
- St Vincent's Care Services Ltd
- St Vincent's Healthcare Ltd

The following are wholly owned subsidiaries of St Vincent's Care Services Ltd:

- St Vincent's Care Services Boondall Ltd
- St Vincent's Care Services Carseldine Ltd

The following is an affiliated hospital:

- St Vincent's Private Hospital Sydney

OUR GOVERNANCE FRAMEWORK

The Executive sponsor of our Modern Slavery work is the SVHA Group Mission Leader, Dr Lisa McDonald who has convened the Anti- Modern Slavery Working Group, chaired by Genevieve Alexander, Senior Procurement Officer.

The Group Mission Leader presents this work to the Executive Leadership Team of SVHA. It is reported to the SVHA Board through the Mission Ethics and Advocacy Committee.

OUR OPERATIONS

We operate 6 public hospitals, 10 private hospitals and 20 aged care facilities in Queensland, New South Wales and Victoria. Along with three co-located research institutes – the Victor Chang Cardiac Research Institute, the Garvan Institute of Medical Research, and St Vincent's Institute of Medical Research – we work in close partnership with other research bodies, universities, and health care providers.

St Vincent's Health Australia employs around 20,494 staff and operates more than 2,800 hospital beds and 1,956 residential aged care beds. In our hospitals, we provide more than 1 million episodes of care for patients each year.

We are a clinical and education leader with a national and international reputation in medical research. Our areas of expertise include heart lung transplantation; bone marrow transplantation; cardiology; neurosurgery; cancer; clinical genomics; HIV medicine; palliative care; respiratory medicine; mental health; drug and alcohol services; aged psychiatry; homeless health; and prisoner health.

OUR SUPPLY CHAIN

St Vincent's Health Australia deploys a "federated" procurement model. A "centre led" Procurement Team, Group Procurement Services, organises and manages "common use" contracts covering a substantial proportion of clinical and non-clinical spend across the Group. Group procurement also manages the Group's catalogue of material goods holding over 120,000 material items.

Distributed on-site supply chain teams manage day to day materials management and supply as well as local purchasing, with facilities management procurement also at a local level.

Our two major public hospitals in Sydney and Melbourne have access to respective State Government Procurement arrangements which they access directly.

Our Group Procurement Services team is responsible for selecting and appointing common use suppliers of all commodities and services used by the group. We prefer to develop longer-term partnerships with our suppliers, while continually assessing alternative sources of supply. Competitive tender processes are used to monitor the marketplace and potential suppliers and only those suppliers who can meet our standards are appointed.

SVHA has a diverse and complex global supply chain – our largest suppliers operate mainly in the Asia-Pacific region, South Asia, Northern, Southern and Central America, Europe and Australia. We source almost \$1billion per annum in clinical and non-clinical goods and services across almost 16,000 suppliers.

Our clinical supply chain comprises general medical and surgical consumables, drugs and pharmacy, pathology and laboratory, medical devices, medical imaging, surgical equipment and prostheses/implants, through to wound care, dressings, intravenous products, airway management, medical gases and robotics. Our non-clinical supply chain encompasses ICT, facilities maintenance, cleaning, food and beverage, linen and laundry services, uniforms and equipment servicing and repairs as well as corporate overheads such as office supplies and travel.

Reporting

Criteria 3:

Modern slavery risks in operations & supply chain

Since May 2017, St Vincent's has been working in collaboration with the Australian Catholic Religious Against Trafficking in Humans (ACRATH) as part of a joint Anti-Human-Trafficking Project. The goal of the Project is to achieve systemic change in the Australian health care community so that the needs of those affected by human trafficking and slavery can be identified and more strategically addressed in the health care sector.

Underpinned by the St Vincent's – ACRATH Memorandum of Understanding (MOU) 2017, the Project had three key objectives:

1. The safe identification, treatment and referral of victims of human trafficking and modern slavery who present for treatment,
2. Investigations of the supply chain of services and goods used that are liable to human trafficking and develop a plan to address these issues,
3. To incorporate suitable activities (awareness raising and prayer) across the organisation to increase recognition of the issues and give staff the opportunity to take action in the workplace (and beyond) to help eliminate human trafficking and modern slavery.

While the Project itself was finalised in late 2019, SVHA continues to maintain a close working relationship with ACRATH and continues to progress the objectives to achieve systemic change through the work continued by SVHA's internal Modern Slavery Working Group.

St Vincent's is also a participating organisation of the Australian Catholic Anti-Slavery Network (ACAN).

OPERATIONAL RISKS

Our Operations

Regardless of the form of exploitation, research shows that health care providers are one of the few groups of professionals likely to interact with victims of human trafficking. However, there are barriers that exist within health care settings, both here in Australia and internationally, which hinder the identification of victims of trafficking and the delivery of appropriate treatment and support to this vulnerable group.

It is through the first objective of our joint Anti Human-Trafficking Project with ACRATH that we set out to further understand this issue.

We acknowledged that the harm caused by exploitative activities means that a person who is trafficked has an increased likelihood of presenting to a hospital. We also recognised that we are in a unique position to intervene and disrupt the cycle of exploitation, but that our health care staff need support to identify and respond appropriately.

Our first objective is underpinned by two research studies including:

- a literature review to identify world's best practice in identifying, assessing and responding to trafficked people, as well as;
- a qualitative focus group research study to explore awareness of human trafficking and investigate if the international findings were transferable to an Australian health care setting (Appendix 1).

This information was then used to inform the development a clinical pathway for victims of human trafficking in St Vincent's (Appendix 2).

Our People

Our values are evident in the way we behave, care for our patients and residents and interact with each other within the SVHA community.

We are confident that our risk of modern slavery through our internal staff is low due to a range of policies, systems and practices we have in operation. These include Human Resource policies which are intended to ensure that all staff are paid at award rates (or above) according to their role and qualification. All employment information is managed through our HR Information System and Payroll System to manage our staff and their relevant employment and pay details. We also operate Kronos, our time management system, the intended purpose of which is to manage rosters and ensure that we are paying our staff accurately for the hours that they work.

Other relevant policies and frameworks we have in place include:

- Code of Conduct
- Whistle-blower policy
- Ethics Competency Framework

Regarding employment law, all of our HR teams strive to remain up to date on relevant legislation and review our contract templates and obligations on a regular basis. Where an employment law specialist is required, we seek external assistance as required. Regarding visa management, we aim to ensure all our recruitment and employment operations are carried out in line with relevant visa management guidelines outlined by the Australian Government.

We recognise the importance of raising awareness of human trafficking among the broader SVHA community. Which is why our third objective has been to develop and implement a communications plan to add key human trafficking campaigns, issues, recommended community activities to the SVHA mission calendar.

SUPPLY CHAIN RISKS

St Vincent's is committed to leading the way in managing modern slavery and human rights risks amongst faith-based organisations in Australia and is taking steps to identify and eradicate modern slavery and human trafficking from our supply chain.

Hence why the second objective of our joint SVHA-ACRATH Anti Human Trafficking Project focuses on reducing or eliminating the risks of modern slavery occurring in SVHA's supply chain. We believe that we can achieve a slavery free supply chain within our lifetime.

In 2018, with support from SD Strategies and Mills Oakley, SVHA undertook a deep dive assessment into our top 50 suppliers, who were selected based on the size of their relationship to SVHA (spend) or their assumed exposure to modern slavery risks (goods or service supplied). Collectively, these suppliers represent ~75% of our supply chain. The survey sought to understand business operations, governance and due diligence, risk management, employee and labour rights and training and reporting.

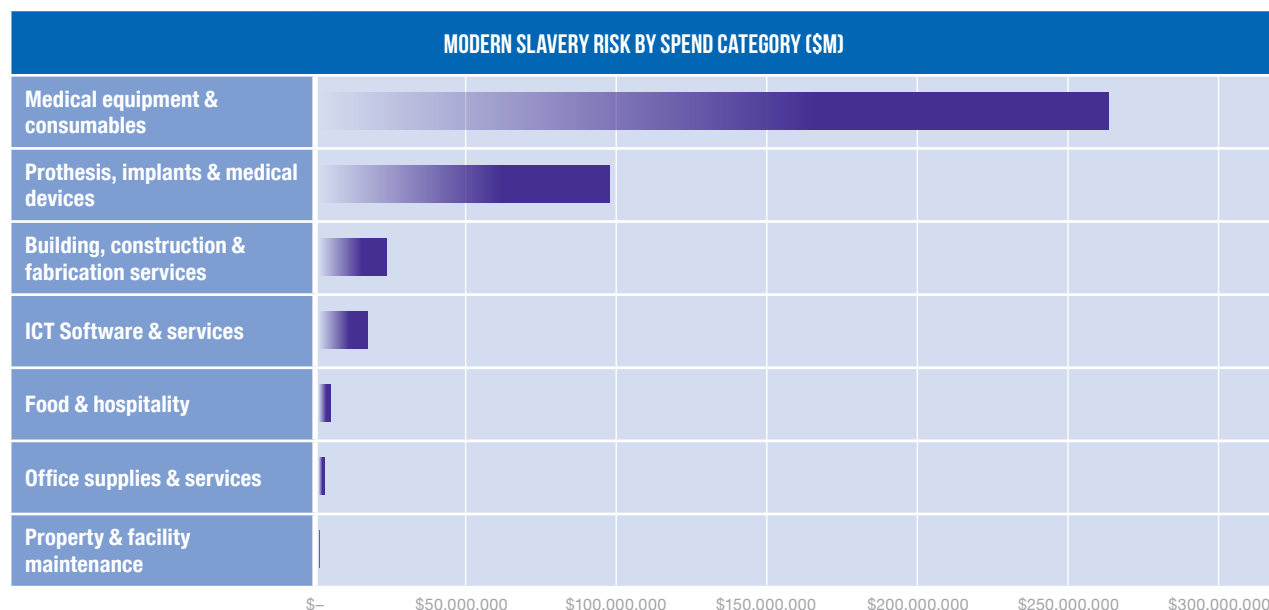
Following the survey, a summary report was presented to the Board in December 2018 to raise awareness of the risks that these findings created for the SVHA supply chain.

A summary of the number of suppliers in each category as well as key findings and subsequent implications are outlined below: (noting that these findings relate to an almost 50% response rate of top 50 suppliers).

SUMMARY OVERVIEW OF RETURNED 2018 SUPPLIER MODERN SLAVERY SURVEY	BUSINESS & OPERATIONS	GOVERNANCE & DUE DILIGENCE	RISK MANAGEMENT	EMPLOYMENT & LABOUR RIGHTS	TRAINING & REPORTING
Fully Effective	0	1	0	1	1
Substantially Effective	5	4	0	9	1
Partially Effective	13	11	7	7	4
Largely Ineffective	3	5	11	3	15
Totally Ineffective	0	0	3	0	0
Not assessed	0	0	0	1	0
Total number of Suppliers	21	21	21	21	21

SVHA acknowledges that the above results do not indicate that suppliers are engaging in modern slavery practices, however it does assist us in identifying where the risk to our own supply chain might lie.

KEY FINDING FROM RESPONSES	IMPLICATIONS & RISK TO SVHA
1. Less than 20% of our suppliers have mapped their supply chain. None provided evidence.	Visibility beyond our tier 1 suppliers is very low.
2. Our suppliers operate globally and source products and services from a number of high-risk countries and regions	Our modern slavery risk is increased when suppliers operate in high-risk geographies.
3. Suppliers who are larger global entities refer to corporate (global) policies but did not provide evidence of how these policies are implemented or tailored to local operations.	Risk that our suppliers are not educating staff appropriately on policies and that there is no verification of internal or external codes of conduct.
4. No supplier was found to be low risk.	Lack of fully effective governance, due diligence and risk management processes in place exposes SVHA to risk of exploitation across our supply chain.
5. Suppliers scored lowest in risk management and training and reporting.	Risk of modern slavery is increased when there is a lack of awareness, or, lack of effective risk management and verification processes, across an organisation's Board, management and staff.
6. Verification and monitoring of supplier modern slavery risk levels is low.	Exposure to modern slavery risks are increased when the issue is not addressed, monitored or lacks implementation of corrective action plans.



OUR COVID-19 RESPONSE

Over the last 160 years, St Vincent's Health Australia has been called on to provide professional and compassionate care during several pandemics, and this current COVID-19 pandemic is no different. These are uncertain times and, as we have shown throughout history, we have an enduring commitment to care for everyone, including the most disadvantaged and marginalised members of our community.

While we continue to play our part in a coordinated, nationwide response to the pandemic, we see the increase in pressure across our global supply chains as the demand for health care resources surge. We must work together in these unprecedented times to ensure that modern slavery practices are not amplified, abused or, indeed, forgotten.

Now, more than ever, it is critical that we remember our vulnerable workers and continue to advocate for the total respect of human rights and zero tolerance of labour rights abuses. Whether it is access to paid overtime and sick leave, ability to keep identity documents safe and secure, access to clean water for handwashing or practicing social distancing measures at factories and in provided accommodation, every worker has the right to be protected against COVID-19.

St Vincent's has continued to seek assurance as to what measures specific high-risk suppliers have implemented for workers to guarantee that the appropriate controls and protections are in place in workplaces across every level of their supply chain.

Reporting

Criteria 4:

Actions taken to assess & address risk

RECOGNITION & SUPPORT FOR VICTIMS OF HUMAN TRAFFICKING

SVHA established an Anti- Modern Slavery and Human Trafficking Working Group in 2017 that has overseen all activities and actions. **The current membership of this group includes:**

- Group Mission Leader (Executive sponsor)
- Senior Procurement Specialist (Chair)
- Group Legal Counsel
- Chief Social Worker
- HR Consultant
- Group Manager Procurement
- Group Manager Inclusive Health
- Modern Slavery Advocates
- Mission Leaders

One of the first actions SVHA undertook was the exploration of staff awareness of the issue of modern slavery and human trafficking. In 2017, we conducted a qualitative research project in partnership with ACRATH to explore health care staff awareness of the issue, their perceptions of the likelihood that trafficked people would present for health care, and their ability to respond appropriately (findings of this study were published in February 2019 and can be seen in Appendix 1). Similar to research conducted internationally, the study indicated that staff required training and protocols (a referral pathway) to ensure that appropriate care is delivered from identification through to discharge. In response to these findings, SVHA, with support from ACRATH, began to implement a number of measures to better support staff to recognise and respond to victims of trafficking who present to our services. **These measures (which continue to evolve and improve) have included the following:**

- **Training** with social work and emergency department staff at Sydney and Melbourne Public Hospitals
- Development of a Human Trafficking and Modern Slavery **Education Guide**
- Drafting a Human Trafficking and Modern Slavery **clinical policy**
- Development of a **clinical pathway** to guide clinicians to better identify and respond to victims who come into their care (Appendix 2)
- **Data collection** of identified cases presenting to SVHA facilities, so as to monitor and improve care from our experiences
- Recruitment of staff champions (known as **Modern Slavery Advocates for Change**) across the organisation (program described further under Criteria 7)
- Delivery of **extended training** session (utilising education guide) to advocates
- Delivery of localised targeted training by advocates to staff across their teams (wider training was planned for 2020 but has been delayed by COVID-19)
- **Awareness raising** activities by advocates and mission staff to mark key dates throughout the year (namely St Bakhita's Day, Easter and Christmas)
- In Melbourne, **alignment** of Anti- Modern Slavery and

Human Trafficking work with Forced Marriage (part of the Royal Commission) along with Strengthening Hospital Responses to Family Violence as part of Social Work Safer Communities and Equitable Health program to support visibility and engagement using a Trauma Informed Care approach.

Below is a case study from a case earlier in 2020 presenting to SVHM ED. A remarkable piece of work by the clinician, and the Australian Federal Police, despite the additional challenges of the COVID-19 pandemic, and a wonderful outcome for the client:

Rose (not her real name) is a 27 woman found by police in the city, intoxicated, in an altered conscious state, and expressing suicidal ideations in the setting of recent homelessness. She was brought by police to St Vincent's Hospital Melbourne Emergency Department.*

Previously working in a brothel, where she also resided, Rose had been homeless for four weeks after the brothel was forced to close due to COVID-19.

Rose came to Australia from Indonesia 2 years ago – after being forcibly sent her by her 'abusive' husband who was 'in trouble with drugs and needed to get out of the country'. She reported that her husband planned for her to come to Australia to set-up, and then bring him across to live as her husband.

Rose reported that her husband controlled her flights, passport, access to money, and that she arrived on a student visa. Sadly, she reported that she was 'sent away' from her baby who she was still breastfeeding. Her husband initially paid for her accommodation in a private rental in Swanston Street, and she worked for a time whilst studying early childcare education. However he stopped paying the rent, and she was forced to move into and work in a brothel.

ED Care Coordinator and Modern Slavery Advocate for Change noted when assessing this client that there were several 'red flags' for Human Trafficking, and that the client was very vulnerable to exploitation. She made a referral to the Australian Federal Police who attended the Emergency Department to assess the client. They provided a trauma-informed, compassionate and highly specialised response to the patient as well as providing coordinated and timely advice to the clinician.

The AFP ensured a female Member attended, which was critical to the emotional safety of the highly traumatised patient sharing her story. They deemed that Rose was indeed a victim of human trafficking and on-referred to the Red Cross for case management, specialist support, and accommodation.

SUPPLIER ENGAGEMENT PLANNING

SVHA has done a deep dive review into our top 50 suppliers and a high-level stakeholder engagement strategy has been developed but has not yet been implemented across our broader supply chain. Further stakeholder engagement and supplier awareness and training will be a focus over the next 6 – 12 months.

PROCUREMENT ACTIVITIES

In addition to the initial work that SVHA has undertaken to audit our top 50 suppliers, we have also completed the following actions to address the risk:

- A modern slavery clause has been included in our standard Terms and Conditions enforcing that SVHA will not, to the extent that it is aware, contract with a supplier who knowingly engages in modern slavery practices.
- Modern slavery and human trafficking considerations are applied to our tendering activities, including RFPs and RFQ's.
- Social and ethical procurement considerations have been included in our Group Procurement Policy.
- Investigations have begun into existing internal SVHA policies to understand where modern slavery, and ethical procurement more broadly, may need to be considered/ included.

DIRECT SUPPLIER ENGAGEMENT

Group Procurement strives to develop long-term partnerships with our suppliers and care is taken to ensure that suppliers remain the best all-round provider to our organisation. As such, we believe in engaging with suppliers directly and openly when issues are identified. One example of this has been our communications with Ansell, following allegations of modern slavery and forced labour surrounding their manufacturer, Top Glove. While SVHA has been reassured that there are no Top Glove manufactured gloves in our supply chain, this is still a serious concern for SVHA and we continue to be vocal in our advocacy to Ansell to address these issues across their own supply chain.

It is important for SVHA to continue to investigate the risks across our supply chain and understand how we can address these risks as an industry and how we can educate and support our suppliers to eradicate these issues.

SVHA ANTI- MODERN SLAVERY WORKING GROUP

We have continued the objectives of the ACRATH Joint Project through the formation of the Anti- Modern Slavery Working Group. The Working Group meets bi-monthly to discuss progress of initiatives and opportunities to further create systemic change in the way that the Australian health care community approaches modern slavery risks.

We have also drafted a Group Modern Slavery Policy and begun consultation. We have also developed high level Key Performance Indicators and a governance framework for the Working Group.

AWARENESS RAISING

At the commencement of the second phase of work with ACRATH, in May 2018, SVHA added the third strategic objective to our work to combat Modern Slavery – to raise awareness of the issue of modern slavery and human trafficking, both internally and in the wider community.

Awareness raising has taken many forms including the delivery of an Awareness Raising Module in 2018 of which 54 staff across St Vincent's Hospital Melbourne attended.

The Modern Slavery Advocates for Change (who formed in October 2019) developed the Advocates' Calendar of Events that focus on three dates throughout the year on which to hold events at their facilities: St Bakhita's Day (on February 8th), Easter and Christmas. **While only having been together for a sort time, and despite the disruption of COVID-19, the group have already supported numerous events including:**

- St Bakhita's Day events held across 5 sites in 2020
- Staff at SVHNS and SVHM have met with local procurement teams in 2019/20, to discuss development of 'Slavery-Free Tea Rooms'
- 12 Days of Slavery Free Christmas shopping (December 2019) – communications run via SVHA internal online platform Workplace Connect.
- Promoting the use of Slavery-Free Fashion Guides (via ACRATH) and Apps was well received by staff in 2019.

In addition, SVHA continues to promote activities through our Mission Calendar including holding an online prayer session with ACRATH on 30/07/2020 for World Day Against Trafficking in Persons.

There have been various educational events held, attendance and presentations at conferences, articles in Catholic publications, and a range of other advocacy work – see Criteria 7 for further details.

In conjunction with ACAN, SVHA has begun rolling out a modern slavery 101 e-learning training course. This is separate to the clinical training of our frontline staff and aims to create a broader, more general awareness of modern slavery across our organisation.

AUSTRALIAN CATHOLIC ANTI-SLAVERY NETWORK (ACAN)

Following initial engagement with our suppliers, SVHA took a pause to collaborate with ACAN and the other Catholic entities to plan our next steps together. We have a nominated Modern Slavery Liaison Officer who participates in the regular monthly ACAN meetings and provides updates to the SVHA Working Group.

ANTI- MODERN SLAVERY ROAD MAP

An updated Action Plan has recently been drafted that includes all activities to date along with planned activities over the coming years.

Reporting Criteria 5: Effectiveness Assessment

SVHA is committed to measuring the effectiveness of its work to combat modern slavery. During the two year initial phase of working with ACRATH from May 1st 2017 – June 30th 2019, an evaluation framework was established to measure SVHA's progress against key objectives. Process and impact evaluation measures were used and the evaluation was conducted progressively through the implementation period, independently to SVHA. For a full summary of project achievements during this period, please refer to the SVHA-ACRATH Human Trafficking Final Evaluation Report (Appendix 3).

As outlined in the Procurement Activities section above we have undertaken an audit of our top 50 suppliers and have begun addressing risks identified. We have also developed a clinical pathway process (Appendix 2). **In addition to awareness raising we have tracked numbers of staff completing education training sessions conducted since the commencement of the project.**

- Interim Education Sessions (2018) – 50 staff across SVHA
- Modern Slavery Advocates for Change training (2019) – 8 staff across SVHA
- Educations sessions conducted by Advocates (2019/20) – 80 staff across SVHA

SVHA now needs to move to establish a thorough effectiveness assessment process, but progress towards this has been limited in 2020 due to COVID-19.

Reporting Criteria 6: Process of consultation with entities owned or controlled

As noted under Reporting Criteria 1 and 2 above, SVHA is a group of companies bringing together private and public health facilities and services, aged care services, and related mission activities which are committed to helping those who are poor and vulnerable. SVHA is governed by a board that sits concurrently as the board of SVHA and of 6 of the subsidiary companies, including those that operate our private and public health facilities and services and our aged care services. The Group CEO and divisional CEOs of the public hospitals division, private hospitals division, care services division and other senior executives make up the Executive Leadership Team (ELT) of SVHA which meets monthly. Functions of the ELT include making strategic decisions and setting the policy direction for the SVHA group.

As a result of the common board and the ELT structure, underpinned by the common mission and values, there is a general consistency of policies and processes across the various entities making up the group.

Consultation as between the parent company St Vincent's Health Australia Ltd and the subsidiaries and affiliates in the preparation of this statement has occurred via the common board and ELT structures as described above and Group Procurement, as well as the Board Mission Ethics and Advocacy Committee and the Anti- Modern Slavery Working Group which comprises staff drawn from the different entities, facilities and group functions. In light of these structures, SVHA considers it is reasonable and appropriate for St Vincent's Health Australia Ltd to provide this joint statement on behalf of all reporting entities in the group, including a consolidated description of their actions to address modern slavery risks.

Reporting

Criteria 7: Other

SVHA is vocal in advocating for the eradication of modern slavery. Below is a snapshot of recent advocacy regarding our work:

- Group CEO, Toby Hall, wrote to Australian Border Force on 13 February 2020 to provide comment on the *National Action Plan to Combat Modern Slavery 2020-2024 Public Consultation Paper*.
- The CEO of St Vincent's Public Hospital Sydney, Anthony Schembri, wrote to the NSW Government on the 30th July 2020, to voice support for the importance of the *NSW Modern Slavery Act* (Appendix 4).
- In August 2018 SVHA, in partnership with ACRATH, presented to the Senate Committee review into the *Modern Slavery Act*, advocating heavily for further accountabilities on participating entities and the need to include a Commissioner role.
- In March 2019, SVHA and ACRATH presented to the Catholic Mission Conference in Sydney.
- Articles in *CathNews* and the *Caritas Internationalis* newsletter regarding the Advocates for Change initiative.
- Bakhita Day Ethical Sourcing Seminar Panellist, February, 2019.
- Working Party Open Meeting in November 2018, attended by CHA, Mercy Foundation, Cabrini Health, Mater Hospital, St John of God Health Care, Calvary Health Care, and Villa Maria Homes.
- Presentation at Catholic Health Australia Conference, August, 2018

SVHA has also participated in numerous modern slavery conferences, seminars and training workshops including attending the Commonwealth's Implementing Australia's Modern Slavery Conference (26-27 June 2019), Procurement Australia's Modern Slavery Workshop (16 April 2019) as well as presenting at the QLD Chartered Institute of Procurement and Supply (CIPS) Modern Slavery Presentation (29 August 2019) and the ACAN National Conference (30-31 July 2019). **Other events of note in the last 12 months include:**

- St Vincent's Hospital Melbourne (SVHM) featured Modern Slavery in the June 2020 Allied Health Grand Round. Dr Dominique Martin (Deakin University) presented to allied health staff on "what more we can do to combat organ trafficking and transplant tourism?" Approximately 80 staff attended this event where they were encouraged to explore the role and responsibilities of allied health professionals in helping to address these issues domestically and within the region.
- The Social Work Department at St Vincent's Health Network Sydney (SVHNS) held an event on Tuesday 15th October 2019 exploring the landscape of modern-day slavery highlighted by Australian and international examples. The session featured keynote speaker, Professor Jennifer Burn, NSW Anti-Slavery Interim Commissioner, and informed social workers of the current avenues being used to tackle this issue. Approximately 60 people attended this event from SVHNS and beyond.

And finally, we are really excited about the opportunities coming to life via the **SVHA Modern Slavery Advocates for Change**. This groundbreaking program has involved selecting and training key staff from across the organisation. Staff have both clinical and non-clinical backgrounds, and take the lead in providing education and undertaking awareness raising activities at their workplaces. They are exploring localized opportunities to liaise with procurement, network with external agencies, and investigate research activities. We are strongly committed to serving and advocating for the poor and vulnerable and will continue to be a loud voice in the work to eradicate modern slavery and human trafficking.

APPENDICES

Appendix 1 – Publication: Hospital Health Provider Experiences

Appendix 2 – St Vincent's Hospital Melbourne: Clinical Pathway

Appendix 3 – SVHA-ACRATH Human Trafficking Final Evaluation Report

Appendix 4 – SVHNS CEO Letter to NSW Premier



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Hospital Health Provider Experiences of Identifying and Treating Trafficked Persons

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ABSTRACT

Over the past 20 years, human trafficking (“trafficking”) has generated much public attention throughout the world. The problem has received growing media coverage and increased anti-trafficking activism. Additionally countries have created new policies, laws, and enforcement mechanisms to tackle the problem. This micro level study examined the lived experiences of 22 health and allied health workers situated within St Vincent’s Health Australia’s Melbourne facility, and reports on their identification, assessment, treatment, and outreach to trafficked persons. The results indicated that trafficked persons were predominantly invisible within the health setting. When practitioners did suspect trafficking, they considered themselves as lacking the professional skills and knowledge, or the clear organisational policy or procedures to confidently identify and manage the complex health needs of the suspected trafficked persons. The findings contribute to St Vincent’s Health Australia’s goal of formulating contextually appropriate policy and practices that will assist in the identification of and response to the health needs of trafficked persons.

IMPLICATIONS

- The health needs of trafficked persons are multiple and interrelated and require health care providers and systems to be skilled in the identification, intervention, and treatment of trafficked persons.
- Education and training of health professionals is the cornerstone of the identification, intervention, and treatment of trafficked persons.
- Social workers’ specific focus on person-in-environment may be an important contribution to the identification and treatment of trafficked persons.

ARTICLE HISTORY

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Trafficking; Enslavement; Practice

Human trafficking, also referred to as modern-day slavery, is defined as

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. (Office of the United Nations High Commissioner for Human Rights [OHCHR], 2000) Article 3 (a))

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Trafficking crosses local, national, and global borders and ranges from sexual exploitation, labour exploitation, criminal involvement, forced marriages, and organ trafficking to forced military service. All forms of trafficking involve the violent exploitation and abuse of human beings and their rights. Factors such as globalisation, economic and political instability, disease, disintegration of families, and war (Carolan & Simmons, 2016) have increased the numbers of vulnerable populations that expose people to the risk of trafficking. While precise statistics remain elusive (Cannon, Arcara, Graham, & Macy, 2016), sexual exploitation and forced labour has been estimated by De Chesnay (2013) to affect 27 million people, and by the International Labor Organisation (2017) to affect 21 million people.

In the Asia-Pacific region it is generally accepted that although only a small percentage of irregular migrants are trafficked for exploitation, most victims are irregular migrants who are subjected to exploitation such as forced labour in a country that is not their own but to which they travelled to obtain work (Carolan & Simmons, 2016). In Australia there exists a wide discrepancy between officially detected cases and estimates of the number of trafficked persons. The available aggregate statistics from Australian Government agencies indicate that between January 2004 and June 2011, 184 persons were victims of trafficking (Larsen & Renshaw, 2012). Regardless of the form of their exploitation, people who are trafficked suffer intense abuse that often results in physical and mental illness (Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011).

This article reports on stage one of a two-stage project commissioned by St Vincent's Health Australia (SVHA), within the St Vincent's Health Melbourne facility (SVHM), and carried out by the non-government organisation Australian Catholic Religious Against Trafficking of Humans (ACRATH). Prior to reporting the research, I will canvass the current literature regarding the health needs of trafficked persons and global and national health provider responses to these health needs.

The Health Needs of Trafficked Persons

The cumulative harm of each stage of trafficking (recruitment, travel-transit, exploitation, detention and integration, or reintegration) results in adverse and multiple interrelated physical, reproductive, developmental, behavioural, and psychological health impacts (Zimmerman, Kiss, & Hossain, 2011). These interact with the personal, social-environmental, and contextual systemic factors specific to the trafficked person (Alpert et al., 2014; Banović & Bjelajac, 2012; De Chesnay, 2013; Dovydaitis, 2010; Gibbons & Stoklosa, 2016; Schwarz et al., 2016). Regardless of the reason for being trafficked, an individual's development and life trajectory is negatively disrupted. Many may seek the support of mental health services, physical healthcare services, and social services (Cannon et al., 2016).

Invisibility and the Health Care System

Health care providers are one of the few groups of professionals likely to interact with victims of trafficking and therefore hold a unique position in their identification, treatment, and referral (Gibbons & Stoklosa, 2016). Notwithstanding this unique, but limited opportunity to intervene in the cycle of exploitation internationally (Cary,

Oram, Howard, Trevillion, & Byford, 2016; Cheshire, 2017; Titchen et al., 2015) and nationally (George, McNaughton, & Tsourtos, 2017) many trafficked persons go undiscovered or unrecognised when interacting with health systems. Several factors drive this, these include: the trafficked person's survival-driven priority to often work long hours to support themselves and their families; disconnection from or the absence of accessible mental health services (Lewis-O'Connor & Alpert, 2017); the cumulative physical and mental health impacts of repeated and sustained substance or sexual abuse (Alpert et al., 2014; Domoney, 2015; Patel, Ahn, & Burke, 2010); the trafficker's adept controlling of the trafficked person (Alpert et al., 2014); profound patient fearfulness; inconsistent stories; and, resistance to work with law enforcement agencies (Gibbons & Stoklosa, 2016).

Systemic and organisational factors that prohibit the identification, treatment, and referral of trafficked persons further contribute to invisibility in the health care system. These include the absence of linguistically matched or culturally sensitive services, limited organisational and practitioner capacity and resources (Davy, 2016); inadequate health provider formal education, identification, screening, and treatment protocols (Yarborough, Jones, Cyr, Phillips, & Stelzner, 2000) and unidentified service needs that extend beyond the health providers' expertise and effective interagency collaboration (Helton, 2016; Titchen et al., 2015). Cheshire (2017) additionally points to the health organisation's surrender of its moral responsibility and overreliance on well-intentioned, under-resourced and ill-informed medical professionals for not taking action. D'amour and Oandasan (2005) highlight media coverage that fails to communicate the severity and complexity of the problem, and perpetuates invisibility through the use of images and representations of trafficked persons as either exploited in countries other than the host country or as limited to subjects of particular profiles, for example, women trafficked for prostitution.

Juxtaposing invisibility, international literature reports whole-of-system approaches designed to build organisational capacity to identify and treat trafficked persons. These include trafficking–enslavement training programs and guidebooks that educate in trauma-informed responses (Macias-Konstantopoulos, 2016). Other examples of specific screening questions canvass issues relating to safety, physical health and history, living circumstances, employment travel and immigration status, living environment, and child-specific issues (Alpert et al., 2014; Gibbons & Stoklosa, 2016), which aim to equip health workers to respond to behavioural and physical “red flags,” by providing safe, trustworthy spaces when further investigating the potentiality of trafficking (Alpert et al., 2014). Additionally, effective programs clearly define stakeholder roles and clearly articulate and reference policies that may be implicated in treatment and referral (Macias-Konstantopoulos, 2016; Schwarz et al., 2016) of trafficked persons.

In the Australian health care system, there is currently limited literature that evidences if and how healthcare providers identify, treat, and refer trafficked persons (Davy, 2015; Macias-Konstantopoulos, 2016), nor is there evidence of any trafficking–enslavement training programs and guidebooks that can guide a health practitioner's work. This current study seeks to address this gap and increase understanding of the factors that impede health care providers' ability to identify a trafficked person who seeks medical attention within Australian hospitals.

Research Context

SVHA has 36 facilities: six public hospitals, nine private hospitals, 17 aged care facilities, three co-located research institutes and one co-located partner facility. SVHA is committed to changing the structures and systems that lead to some people experiencing poorer health outcomes than others because of poverty, marginalisation, or vulnerability (St Vincent's Health Australia, 2018). It is this commitment that underpinned SVHA's partnership with and funding of the non-government organisation, ACRATH. ACRATH is the peak body for 190 religious orders in Australia, working together towards the elimination of human trafficking in Australia, the Asia-Pacific region, and globally (ACRATH, 2018). The project was undertaken in SVHA's Melbourne facility. This facility was chosen based on the accessibility and location of the SVHA's Melbourne Reference Group members, ACRATH focus group facilitator, and the researcher.

Methodology and Method

The qualitative approach used in this research falls within the constructivist epistemology and postmodernist theoretical perspective (Liamputtong & Ezzy, 2005). This theoretical perspective understands that one does not simply encounter "trafficked persons," rather participants construct explanations of trafficking from the multiple beliefs and multiple perspectives they bring to it. Using focus groups as the data-gathering method, participants had opportunity to explore and interpret their experiences, perceptions of trafficked persons, and their views of the professional skills, trafficking–enslavement training programs needed to identify, treat, and refer them.

The qualitative research described in this article reports on stage one of the project, stage two is to be reported elsewhere at a later date. The data gathered from the focus groups details the experiences of 22 health and allied health workers. The questions guiding the focus groups:

- What is your understanding of a "trafficked person"?
- In your professional duties, have you ever encountered a victim of trafficking?
- If a nurse or allied health professional at SVHM encountered a trafficked person what could/would they do?
- If SVHA provided awareness raising and education about human trafficking for staff, how likely would you be to seek it out and in what form would it be most accessible for you?

Stage one of the project was facilitated by ACRATH's research assistant and note taker and was carried out in SVHA's Melbourne facility. Stage one used focus groups to scope SVHA's health and allied current health professionals' current awareness, knowledge, and actions regarding trafficked patients. Stage two engaged ACRATH in the development, trial, and adoption of educational packages for educating and training SVHA workers in the identification, treatment, and referral of trafficked persons.

The study received ethics approval from SVHA's Human Research Ethics Committee and was overseen by the SVHA's Melbourne Reference Group. The seven reference group

members comprised SVHA's Executive Team Member/Mission Leader, Inclusive Health Program Leader, Melbourne and Sydney Chief Social Workers, and the Procurement Officer; ACRATH's Project Evaluation Officer and Research Assistant; and Victoria University Associate Investigator.

The participant's right to discontinue focus group participation without penalty or prejudice was stipulated at the beginning of each focus group. To alleviate any potential risks and discomfort that might have arisen when recalling and sharing personal or professional experiences of work with trafficked persons, participants were given the name and contact details of a SVHM counsellor.

Participant recruitment into stage one of the project involved three phases:

- A flyer widely distributed through the regular staff meetings of the Assessment Liaison and Early Referral Team (ALERT), Emergency Department Team, Nursing Unit Leaders and Allied Health Team called for expressions of interest.
- A general information session was conducted for interested staff. This session provided information about the overall project, its context within SVHA's Inclusive Health Strategy, the research method, voluntary de-identified participation in the research, information and consent forms, and opportunity for questions.
- Facilitation of six, 45-minute focus group sessions involving 8–10 participants, conducted over three dates in a designated two-week period.

The recruitment strategy yielded 22 participants: 16 social workers, three physiotherapists, two nurses, and one social worker assigned to the Hospital Admission Risk Program (HARP) team. The researcher acknowledges that the weekday timing of the focus group sessions potentially restricted the participation of those who worked night shifts and thus potentially made the group nonrepresentational of SVHM health and allied health workers.

Focus groups, facilitated by the ACRATH research assistant and introduced by the SVHA's Mission and Social Justice Development Manager, were digitally recorded. Recordings ensured that specific quotations were retrievable at the data analysis stage. An ACRATH note taker was present during each focus groups to document critical feedback. The researcher also added her field notes to the collected data.

Using pseudonyms to protect the identity of the participants, data were analysed and managed through the use of NVivoTM (QSR International) computer program, coded and recoded thematically under the research questions. This involved becoming familiar with the data through carefully reading and rereading units of data and establishing patterns of common and divergent understandings and practices amongst and between participants (Spencer, Ritchie, Ormston, O'Connell, & Barnard, 2014).

The analysis was interested in participants' personal stories and how these personal stories were influenced by larger societal discourses. In this sense the strategy represented the researcher as situated knower, shaping and analysing data and producing knowledge from a particular, partial perspective. The perspective was that of a person producing potentially useful hypotheses about participants' experiences, perceptions, and interpretations regarding trafficking and the health carer's identification, treatment, and referral of trafficked persons. To ensure that analysis was robust, credible, and trustworthy, the researcher's coding and initial analysis was presented to the research assistant and

reference group for feedback and discussion (Neuman, 2006). In this sense, the researcher engaged in “interviewing oneself,” drawing on feedback to uncover and correct any researcher biases and any inappropriately presumed relevancies.

Findings

The data presented below report on stage one of the project. Findings are presented under each of the questions that guided the focus group sessions.

What Is Your Understanding of a “Trafficked Person”?

Overall, data indicated that participants understood what constituted human trafficking and recognised the familial and employment contexts most vulnerable to people trafficking. The general view was that the issue was outside their realm of personal or professional experience and when it was front of mind, their views and perceptions were informed by media representations.

Participants echoed a human rights (OHCHR, 2000) definition of trafficking, understanding trafficking as “when the person is told something else, taken against [their] will, moved between companies and [possessing] no working rights,” as “young women who had been forced into marriage,” and “somebody who has been convinced to move from somewhere to somewhere with a promise of work/housing,” or as “providing someone to someone else in exchange for cash.” The occupations vulnerable to trafficking were identified as domestic work, fruit picking, hospitality industries, sex industry, and mining.

Participants reasoned that it was either familial or structural powerlessness that maintained people in these contexts, or in some instances both familial and structural powerlessness. Acknowledging the push and pull factors of global economies, participants maintained that trafficking had become “more economically viable than drug trafficking.” They were also of the view that attempts to escape was problematic since “if you leave or make trouble, your family will be harmed.” In the case of forced marriage, participants thought that unawareness was a mitigating reason for people remaining in trafficked circumstances, deeming that “some don’t even realise that they’re in forced marriages.”

Asked about how they formed their views, participants stated that they were largely informed by “reading news articles” and concluded from the media representations that the issue was “far away and something that happens overseas.” Notwithstanding the media’s role in constructing their views and perceptions, participants argued that the views they held could only be changed through personal and professional contact with trafficked persons and that “until you experience (working with a trafficked person) you don’t understand it.” Nonetheless, participants were emphatic in warning against professional complacency and the dismissal of the existence of trafficking within Australia or within the sphere of practice. Expressing an urgency for the hospital to address the issue, the consensus view of participants was that contact with trafficked persons brings understanding and that personal experience influenced their views (“we don’t live in a bubble”; “trafficking happens now in my backyard”; “modern slavery is alive and well”). They maintained that the professional consequence of unfamiliarity and complacency

was practice “blindness” and practice “uncertainty about how to proceed” when encountering a trafficked person.

In Your Professional Duties, Have You Ever Encountered a Victim of Trafficking?

Overall, participants variously reported either uncertainty (“probably”) or unawareness (“haven’t knowingly come across it”) when considering their contact with the trafficked. They also concluded that they may not been able to “put a name” to trafficking, attributing uncertainty to inexperience and lack of knowledge of the medical, psychosocial, or behavioural indicators that may signal trafficking and that may warrant further investigation of the patient’s circumstances. However, drawing on their practice wisdom and skills when dealing with other vulnerable groups, participants could describe factors that could be used to identify, treat, and refer trafficked persons

Discussing invisibility, they described the guardedness and resolve of patients who were “not going to make it all that obvious” when interacting with the health system and noted an incongruity between a patient’s narrative and body language as a possible signal that warranted further investigation. Participants suggested that accompanying adults, purporting to be family members and their reluctance to offer patient details and circumstances, and patients “not wanting [the nurse] knowing” a medical history could signal the cause for concern and further investigation by the treating health professional. Participants also thought that the trafficker’s strategic use of a larger hospital could signal a hope that their victim might get “in and out quickly and anonymously.”

Turning their attention to practitioner interventions, participants recalled incidents signalling the probability of encounters with trafficked persons; patients “overstaying their visa,” having “no paperwork”, and referrals made by their colleagues to “immigration agencies.” The participants who suspected that they had “most likely” encountered a trafficked person described themselves as registering “a radar go(ing) off” within them. Referring to these “radars” as particularly present when treating patients with complex narratives. One of the participants described a patient as having been “very scared, [supplying] inconsistent information” and disclosing “large debts overseas, working in fields in the sun for long hours with few breaks, and no proper paperwork.” Hospital triage notes were also nominated as “hinting at something suspect,” particularly those notes that “had information gaps.”

Offsetting interpretations that they *may have* encountered a trafficked person, participants indicated that “red flags” were insufficient indicators of trafficking and that it was plausible that a patient’s “cognitive difficulties” may also account for some of the behavioural and narrative inconsistencies that they encountered in their patients. Albeit the participants’ interpretations for why or why not trafficked persons are recognised, there was a stated reluctance to act on their “red flags.” The reluctance was situated in their perception of policy and procedural uncertainty about how to proceed with treatment and referral when encountering trafficked persons.

In contrast to those who had indicated unawareness of contact with trafficked persons, those who were firm in their view that they had knowingly encountered them described the multiple or interrelated health factors that formed the basis of their firm view. Mental health, somatic complaints, and overdosing on medication were highlighted as

the complex health needs of patients they identified as trafficked. Social workers and physiotherapists described the psychological and contextual factors that combined with the patient's physical factors as "hint[ing]" at trafficking. For example, participants described the "very scared" stroke patient who provided "inconsistent information" as a trafficked person and the mental and physical health concerns resulting from "violent, abusive" spousal relationships and the trauma resulting from "a child marriage."

As with the participants who had registered "red flags," those who had encountered trafficked persons believed that they did not have a strategy or hospital policy and protocol to further investigate or act on suspicion of trafficking.

If a Nurse or Allied Health Professional at SVHM Encountered a Person Who Had Been Trafficked, What Could/Would They Do?

Generally participants indicated that investigating the circumstances of a suspected victim of trafficking was not without difficulty for the professionals involved. A lack of clarity around policy and procedures created a reluctance to "ask the question because [workers] don't know what to do afterwards" and a fear that practice without clear policies may "put the person at risk" of prosecution with immigration authorities. They maintained the belief that they would be "opening a can of worms without the [procedural and policy] information behind it."

Although the majority of participants' stated hesitancy to act on their suspicions of trafficking, participants believed that SVHA's staff were "predisposed to look at people who are vulnerable" and noted that trafficked persons belonged to the group of vulnerable, disadvantaged people that SVHA was committed to serve. They referred to the value of SVHA's use of the trauma-informed treatment model and recalled the positive impact of this model on practice with other vulnerable groups. Indicating that they "are trained in things to look for in elder abuse, children at risk, family violence," they were confident that they could transfer these trauma-informed skills and knowledge to work with trafficked persons.

At a systemic level, the view was the need for SVHA to have clear intervention pathways that factored in how individual workers, departments, and multidisciplinary teams could progress from identification, assessment, intervention through to discharge of trafficked persons. Participants impressed the need for individuals to, "escalate suspicion/things not feeling right, to team leaders" and emphasised the role of interdisciplinary collaboration in cases when a "nurse would make a referral to the Assessment, Liaison and Early Referral Team [ALERT] board."

Discussing the circumstances that would mitigate against the stated reluctance to intervene in suspected trafficked cases, participants agreed that training was essential before implementation of any strategy. Proposing that "people get sick, especially if not being cared for," participants highlighted the inevitability of encountering a trafficked person and thus their need to be professionally equipped to work with this cohort.

Participants viewed the development of a shared knowledge platform within and across disciplines, and amongst other health provider groups as a priority. They suggested that SVHA, with a strong mission focus and outreach on inclusivity, is well-placed to create shared knowledge platforms that shape referral and treatment pathways, systems, and policies for work with trafficked persons. They emphasised the need for education and

training packages for all staff, suggesting the use of window displays, and targeted training that incorporated the use of case studies and the development of resources and referral kits as a way of building a shared knowledge and skill platform. Participants stressed that any implementation of policies and procedures for working with trafficked people would require a “focus of senior executives and the Board” that assured practitioners that they could confidently meet the needs of the organisation and simultaneously ensure that the vulnerability of the patients was not further compromised or exacerbated.

Regarding the type and modalities of education and training, social work participants questioned the efficacy of online learning, opining that “online stuff does nothing” to engage them in deep learning and strongly advised against its use. They suggested that face-to-face delivery was a more productive learning mode since it provided opportunity to share discipline skills and knowledge as well as providing opportunity to challenge attitudes and beliefs. In contrast, nursing participants were firm in their view that online delivery provided greater flexibility and access to education and training for nurses who worked evening shifts. Although differing in their suggestion of how training could be delivered, all participants argued the need for discipline mentors who were equipped with specialised knowledge about trafficking and who could support frontline practitioners.

Finally, identifying the duty of care owed to those managing the complexity of trafficked patients, participants drew attention to the emotional impact of working with such a marginalised group and the potential vicarious trauma for workers. They were of the view that the work could be distressing and thus they must have an organisational commitment to “background support and resilience training” otherwise workers would be left “carrying around this burden” of identifying and treating trafficked persons.

Discussion

Medical providers in social services are potentially the first point of contact with trafficked persons. Being comprehensively trained to identify signs of human trafficking and intervene while these individuals are in their care is particularly important since it is these professionals who must account for the nuances of trauma and the complications a trafficking experience may bring to the health professional–patient encounter. The findings of this project has relevance for all institutions and agencies that are likely to encounter trafficked persons and who emphasise social justice as an organising perspective for services and outreach to this cohort.

Additionally the findings of this project affirm the centrality of micro and macro practices and policies that are supportive of the identification, treatment, and referral of trafficked persons.

Findings confirm that the ability to identify, treat, and refer trafficked persons requires individual and organisational capacity building (Baldwin et al., 2011; Gibbons & Stoklosa, 2016; Recknor, Gemeinhardt, & Selwyn, 2017) that moves practitioners and organisations beyond the media and individual created discursive constructions of trafficked persons to an evidence-based critique and exploration of the multifaceted issue of human trafficking. Findings also indicate that participants had more than one interpretation, explanation, description, or meaning of trafficking and thus from a postmodern perspective, education and training must include the deconstruction of participant interpretations in order to

reconstruct the understanding of trafficking to include the role of the social and cultural context that shapes these interpretations.

Affirming previous literature (George et al., 2017), the project found that, with a few exceptions, trafficked persons remained invisible when interacting within the health system. Similar to previous international studies (Alpert et al., 2014; De Chesnay, 2013; Dovydaitis, 2010), this invisibility was aided by professionals who were unaware of the multiple and interrelated symptoms endured by trafficked persons and who were unskilled in the techniques that could be employed to recognise them. In the absence of adequately equipped workers, misidentification, and limited preparedness to respond to the needs of trafficked persons will remain a major barrier to effective service provision, as will the professional's ability to *confidently* identify, treat and refer trafficked persons. This reluctance negatively influences the health provider's unique, but limited opportunity to intervene in the cycle of exploitation and role in alleviating the health of trafficked person (Gibbons & Stoklosa, 2016). While the health providers in this project felt "distant" from and generally unable to identify trafficked persons, the burden of disclosure remains with the trafficked, adding further to this group's marginality, adverse circumstances, vulnerability and invisibility (Alpert et al., 2014).

Reaffirmed as central to capacity building (Davy, 2016; Schloenhardt, Beirne, & Corsbie, 2009; Yarborough et al., 2000) was the provision and efficacy of education and training supports, strategies, and competencies that build a knowledge and skill base within and across discipline groups, and modalities that employ a variety of methods and strategies. Recommended as key content to include in education and training is: definitions and understanding of trafficking, understanding victim behaviours, identifying the trafficker and victim, physical and psychological assessment of a potential victim and intervention and referral.

Moderating SVHA's current practice and providing a point of reference and organisational capacity to develop whole of system responses to trafficking is SVHA's culture, ethos, and mission. SVHA's current holistic, rights-based, trauma-informed approach to the treatment of vulnerable and alienated populations is transferrable to practice with trafficked populations. As noted in literature (D'amour & Oandasan, 2005; Macias-Konstantopoulos, 2016; Patel et al., 2010), trauma-informed practices provide a rich resource when creating policies, practices, and protocols that aim to reduce retraumatisation, highlight resilience and strengths, that promote healing and recovery, and that support the development of short- and long-term coping mechanisms for vulnerable populations, in this instance, those who are trafficked.

From an interdisciplinary perspective, the role of social workers and their simultaneous focus on and attention to both the person and the person's environment makes for a unique contribution to the health system's micro and macro practices when working with trafficked persons. The ethics embedded in social work require social workers to engage in social and political actions that seek to ensure that all people have equal access to the resources needed to meet basic human needs (AASW, 2010). Thus they are well positioned to coordinate case management and the ongoing and multiple services required by trafficked persons within and beyond the hospital site.

Limitations of this study include its location within one branch of SVHA's health facilities, and therefore professionals in other SVHA facilities may have different levels of awareness, skills, and knowledge, nor was there exploration of the previous education,

knowledge, or training that may have informed participant responses. Nonetheless, this study gives some insight and direction into how SVHA and other health facilities may progress their whole of system capacity to work with trafficked persons and build on the trauma-informed approaches currently used with other vulnerable groups. Additionally, SVHA's focus on social justice and its commitment to redress disadvantage cannot be assumed as the focus and commitment of other health providers, therefore transferability of these findings is limited to health providers who privilege social justice in their mission and outreach.

The uneven representation of health and allied health disciplines may also be a limitation. However, while the majority of participants were social workers, the participants were informationally representative, in that data were obtained from persons who shared similar health practitioner characteristics (Babbie, 2013).

Conclusion

The study confirms evidence elsewhere stressing the importance of well-trained, educated, and supported professionals charged to work with trafficked persons. Health care environments that provide support positively change their workers' knowledge and self-reported recognition of trafficked persons. Findings support the need for skills and knowledge that focus on the identification and specific needs of trafficked persons as well as the needs of the health providers and systems. More explicitly, skills and knowledge must provide workers with step-by-step processes from identification through to discharge and engagement with community services and must ensure co-worker support and supervision if practice is to move towards evidence-informed intervention and address the current invisibility of trafficked persons.

Finally, the findings of this project reflect the United Nation's (OHCHR, 2000) call to identify trafficked persons since "a failure to identify a trafficked person correctly is likely to result in a further denial of that person's rights" (guideline 2).

Disclosure Statement

No potential conflict of interest was reported by the author.

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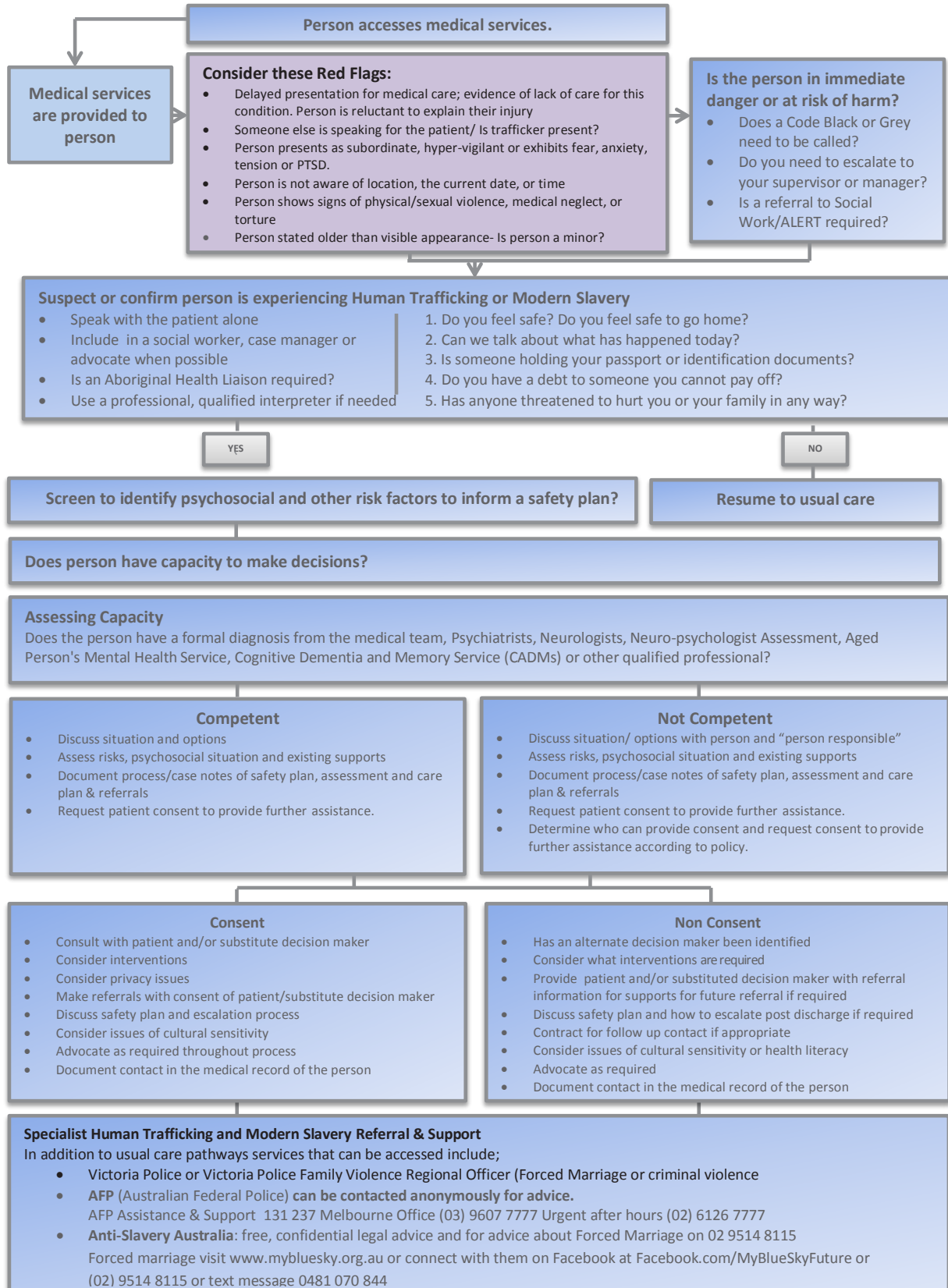
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St Vincent's Hospital Melbourne Clinical Pathway Responding to Victims of Human Trafficking



Social Work Department SVHM

HUMAN TRAFFICKING & MODERN SLAVERY AND SPECIALIST SERVICES (VICTORIA)

Human trafficking is the recruitment, transportation, transfer, harbouring or receipt of a person for the purpose of exploiting that person through slavery. **Slavery** is defined as the condition of a person over whom any or all of the powers attaching to the right of ownership are exercised, including where such a condition results from a debt or contract made by the person. Please note: People smuggling – there is some form of consent to the movement of the person by the person.

LEGAL:

Australian Federal Police (AFP) - Reporting hotline, high risk cases, online reporting, referral to safe accommodation and support services. The AFP have a Human Trafficking team (HTT) which is a specialist unit responsible for investigating offences related to human trafficking and slavery. HTT investigation teams located in Sydney and Melbourne.

131237 / AOC-Client-Liaison@afp.gov.au Human-trafficking-group@afp.gov.au

Anti – Slavery Australia – ASA are able to provide access to comprehensive legal advice and assistance to people who have experienced human trafficking, slavery or forced marriage in Australia. This includes advice on migration, criminal law, family law and compensation.

02 95149660 antislavery@uts.edu.au

GENERAL INFO:

Salvation Army's Trafficking and Slavery Safe House – Located in Sydney but accepts referrals from around Australia. A 10 x bed shelter for women who have experienced human trafficking and slavery. Provides non-residential support for men, women and children. Assists with housing, financial, health care, education and legal.

1300 473 560 / 92115794 endslavery@aue.salvationarmy.org

Red Cross – Support for Trafficked people program – Administered by the Department of Social services and delivered nationally by the Australian Red Cross. Referred by the AFP post being identified as a victim. They assist with: case management, accommodation, medical treatment, counselling, legal/migration advice, skills and development training including ESOL and vocational guidance.

1800 812 028

FORCED MARRIAGE:

AFP 131 237

The AFP can provide initial advice to people who are in, or at risk of a forced marriage. The AFP can also refer victims for support, including safe accommodation, financial support, legal advice and counselling. In cases where the victim is a child, the AFP will always act in their best interests. Contact with the AFP can be anonymous. You can call 131 AFP (131 237) or complete the online form on the human trafficking page on the AFP website.

My Blue Sky

Australia's first website dedicated to forced marriage prevention, information, referrals and legal advice. The site empowers vulnerable people and those who support them to access resources, links to Australian support services and direct legal assistance through phone, text message email and secure online locker room.

02 95148115 text service for victims 0481070844

SEXUAL EXPLOITATION:

Sex workers outreach project (SWOP NSW) is open Monday – Friday, located in Surry Hills. Promotes the health, safety and wellbeing of sex industry workers. They provide an outreach service across NSW and have a multicultural project offering migrant sex workers direct support and service delivery in multiple languages.

02 92062166 / swopconnect@swop.org.au

Scarlet Alliance, Australian Sex Workers Association – Specialises in peer based service delivery by and for sex workers in Australia. This includes individual and systemic support for migrant sex workers, national research with migrant sex workers, close relationships with sex workers and sex worker organisations in Asia and the Pacific.

02 932 69455 / info@scarletalliance.org.au



SVHA-ACRATH HUMAN TRAFFICKING PROJECT

FINAL EVALUATION REPORT

(MAY 1, 2017 to June 30, 2019)

Erin Cassell

SVHA Working Party Member
Member ACRATH Evaluation Team
Senior Research Fellow (Adjunct)
Accident Research Centre, Monash University

August 15, 2019

SVHA-ACRATH HUMAN TRAFFICKING PROJECT: FINAL EVALUATION REPORT

(MAY 1, 2017 to June 30, 2019)

BACKGROUND

St Vincent's health Australia (SVHA) and Australian Catholic Religious Against Trafficking in Humans (ACRATH) are jointly conducting a pilot project within SVHA with the ultimate goal of achieving systemic change in the Australian health care community so that the needs of those affected by human trafficking and slavery can more strategically addressed within the health care sector. (SVHA – ACRATH Human Trafficking Project MOUs 2017 & 2018).

PRIMARY PROJECT OBJECTIVES

Phase 1 (May 1, 2017 to May 1, 2018)

1. To increase the recognition and support of victims of human trafficking who seek health care within SVHA including women in sexual exploitation, young people facing forced marriage and people who have experienced forced labour; and
2. To explore and investigate the supply chains of services and goods used by SVHA, to determine which are liable to human trafficking and develop a plan to address these issues.

Phase 2 (May 1, 2018 to May 1, 2019, extended to June 30, 2019)

A third objective was added:

3. Incorporate the following into SVHA communications and other suitable activities: awareness raising, prayer and appropriate action, and recognition of the Human Trafficking Project

(SVHA – ACRATH MOUs 2017 & 2018)

PROJECT PHASES

Near the outset of the joint project it was envisioned that it would be conducted in two phases each lasting 12 months (with commitment to Phase 2 contingent on satisfactory progress in Phase 1). A Memorandum of Understanding (MOU), signed by both parties, guided Phase 1 of the project from May 1, 2017 to May 1, 2018. The SVHA Executive Leadership team (ELT) confirmed SVHA's commitment to the joint project for a further 12 months on April 18, 2018. A second MOU covered the period May 1, 2018 to May 1, 2019. On May 1, 2019, SVHA further extended project support to June 30, 2019.

PHASE 1 (PREPARATORY PHASE) encompassed: project planning, awareness raising targeting key SVHA staff, a literature review and qualitative research project to underpin the development of evidence-based interventions to identify and support victims of human trafficking in the hospital setting (related to Objective 1) and steps to develop supportive policies, risk assessment systems and practices within SVHA Group Procurement to ensure that the SVHA supply chains for purchased goods and services are slavery free (related to Objective 2).

PHASE 2 (IMPLEMENTATION PHASE) covered the further roll out the project with the aim of achieving systemic and sustainable changes within SVHA to achieve the project objectives.

EVALUATION FRAMEWORK

The Project Evaluation Framework and Plan was developed by the Project Evaluator Erin Cassell, a member of the Project Working Party (WP), in consultation with Elizabeth (Liz) Payne, the Project Community Development Worker (PW). The evaluation was conducted progressively through the project implementation period and independently of the project worker.

The model used to guide this evaluation is commonly used in the health promotion sector (Hawe, Degeling & Hall, 1990). Under this model there are three types of evaluation – process, impact and outcome.

- **Process evaluation** measures the activities of the project, project quality and who is reaching, and answering these questions: (1) Did we do what we said we were going to do? (2) Did we reach the target group? (3) Were participants satisfied with the project? (4) Were all materials and components of the project of good quality?
- **Impact evaluation** is concerned with immediate project effects and usually measures whether the project achieves its objectives. In relation to this project the questions to be answered were: (1) Has the project developed the systems, policies and practices to identify, assess and respond to trafficked people (specifically women in sexual exploitation, young people facing forced marriage and people who have experienced forced labour) who present to SVHA for health care, based on available best practice?; and (2) Has the project developed policies and processes, based on available best practice, to identify and address human trafficking and modern slavery issues within SVHA supply chains for services and goods with the mission of ensuring they are slavery free?
- **Outcome evaluations** is concerned with the subsequent (long term) project effects and measures whether the project goal (i.e. the eradication of human trafficking/modern slavery) has been achieved. Measuring project outcomes is outside the scope of this evaluation.

Reference: Hawe P, Degeling D, Hall J. *Evaluating Health Promotion: A Health Worker's Guide*. MacLennan & Petty. Sydney 1990.

SUMMARY OF PROJECT ACHIEVEMENTS

Objective 1: To increase the recognition and support of victims of human trafficking who seek health care within SVHA...

Phase 1 (May 1 2017 to May 1 2018)

Action 1: Conduct a literature review to identify world's best practice on the identification, assessment and response to trafficked persons who present for treatment in the health care setting.

Fully achieved.

- The research literature was reviewed by Dr Doris Testa (ACRATH representative on WP and Senior Lecturer, Social Work, Victoria University) and findings were presented to the July 2017 WP meeting.

The full 33pp review titled *A review of the literature on identifying, treating and supporting trafficked people in the health care system* is available from ACRATH (office@acrath.org.au) or from the SVHA Human trafficking Project Leader (Mob. 0437 563 263).

Action 2: Develop and conduct a qualitative research study to explore SVHM staff members' knowledge and understanding of human trafficking and to identify their education, training and support needs and the systems changes required to providing best practice care and support for trafficked people presenting to SVHA.

Fully achieved.

- Ethics Approval for the St Vincent's Hospital Melbourne (SVHM) focus group research study granted by SVHM Research Governance Unit on 31 July 2017.
- Six focus groups involving 26 SVHM health professionals (21 social workers, 2 nurses and 3 physiotherapists) were conducted in October 2017. Fewer nursing staff than anticipated were recruited into the study. Data from the study were analysed by Doris Testa.
- Key themes, findings and recommendations from the study were communicated to the WP by Doris Testa at the February and April 2018 WP meetings.
- The findings from the literature review and focus group study were used to develop the education package for SVHA health professionals, and to underpin the case identification and referral pathway policy and protocol for trafficked people seeking treatment within SVHA. (See SVHA-ACRATH Human Trafficking Final Report for summaries.)

The findings of the SVHM focus group study, authored by Dr Doris Testa, was published in a peer reviewed academic journal in 2019: Doris Testa (2019) *Hospital Health Provider Experiences of Identifying and Treating Trafficked Persons*, Australian Social Work, DOI: [10.1080/0312407X.2018.1529812](https://doi.org/10.1080/0312407X.2018.1529812).

Dr Doris Testa also edited the Feb/March 2019 issue of *SocialDialogue*, the free magazine of the International Association of Schools of Social work, titled *Human Trafficking and Modern Day Slavery* that included a report on the SVHM focus group study: Doris Testa. *The health needs of trafficked and enslaved people – a social response* (www.socialdialogue.online).

Action 3: Develop the SVHA Human Trafficking Education Package that includes a guide and draft model training session on human trafficking for SVHA nursing and allied health staff, and a referral pathway for victims of human trafficking identified in the EDs of St Vincent's Hospitals in Melbourne (SVHM) and Sydney (SVHS)

Partly achieved.

- The planned trial of a staff training session within the focus group study was found not to be feasible given the 45-minute time allocation to focus groups.
- Due to time constraints, the planned action to "develop a guide and model training session" was revised in August 2017 "to develop and deliver interim education sessions" for key clinical and Social Work staff at St Vincent's Health Melbourne (SVHM) and Sydney (SVHS).
- Scheduling difficulties delayed the delivery of planned staff education sessions at SVHM and SVHS (involving ED Alert Team nurses, mental health workers and social workers) to Phase 2.
- A draft internal and external referral pathway for victims of human trafficking was developed and comments on the pathway were/will be sought from staff attending the interim education sessions.

Action 4: Develop a plan for Phase 2 of the project based on learning and recommendations from Phase 1.

Not achieved

- An extended Working Party Meeting was planned for June 15, 2018 to commence planning for Phase 2.

Phase 2 (May 1, 2018 to June 30, 2019)

Action 1: Continue to develop the SVHA Human Trafficking Staff Education Package.

(a) Trial and refine the education session to be included in the Education Guide.

Fully achieved

- The model Human Trafficking education session was trialled at SVHM and SVHS in June and September 2018. In total, 53 staff (ED Alert Team nurses, mental health workers and social workers) attended the sessions and gave feedback.
- The education session was then further developed and trialled at the SVHM STAR (Support Team Action Response) Professional Development Training Morning attended by 25 nurses and social workers on March 21, 2019.

(b) Further develop the Education Guide consisting of: (i) a hard copy version for use by SVHA Human Trafficking Clinical Champions and Learning Development Leaders (LDL) at SVHA sites (to equip champions to directly deliver an ongoing program of 45-minute education and training sessions to frontline ED staff, social workers, leadership team members and other interested staff); and (ii) an on-line training module for training nurses, other clinical and allied health staff.

Mostly achieved.

- The hard copy Guide and accompanying USB cover the education sessions for SVHA Human Trafficking Clinical Champions and other key SVHA staff and the USB includes a PowerPoint presentation; both can be adapted and used by Champions when educating frontline staff.
- The on-line staff training module was not developed. Approval was given at the May 2019 Working Party meeting for SVHA staff (nurses and other clinical staff, social workers and allied health workers) to access Anti-Slavery Australia's (ASA's) e-Learning course via hyperlink (available from June 22, 2019).
- The issue of forced marriage was incorporated into SVHA's Family and Domestic Violence Staff Education modules.

(c) Recruit and train a team of Human Trafficking Clinical Champions (lead facilitators) that cover all 36 SVHA sites: (i) Develop and implement a process for recruiting clinical champions; and (ii) Recruit and train clinical champions.

Not achieved.

- A number of different proposals were discussed over the course of the project. A detailed plan and protocol for recruiting Human Trafficking Clinical Champions (covering the recruitment process and their leadership role) was developed by Samantha Corrie (Inclusive Health Project Officer, SVHA; WP member) and discussed at the May 2019 Working Party meeting. The proposed broader role for site or cluster Clinical Champions to cover other vulnerable groups in addition to Human Trafficking victims was regarded as too onerous, given that the role is voluntary. Samantha Corrie undertook to revise the plan and SVHA now aims to have specific Human Trafficking Clinical Champions in place by December 2019.

Action 2: Develop SVHA's Human Trafficking Policy document that covers protocols and procedures (including the referral pathway for potential/confirmed victims of human trafficking identified by clinical and social work staff) to support staff engagement in specified actions to reduce human trafficking.

Partly achieved.

- Lisa Braddy (Manager, Social Work, SVHM and WP member), supported by the Project Worker, undertook to develop the SVHM Human Trafficking Policy document with the aim of using this as a template for SVHA's policy. As reported to the April 2019 Working Party meeting, on the advice of Lisa Braddy, SVHA decided to slow the development of the SVHM full policy document except for the 'Case identification, escalation and referral pathway' section. A "work-in-progress" draft of the full policy was tabled at the June 2019 Working Party meeting and will be further developed by SVHM/SVHA over the next 12 months.
- Lisa Braddy convened a small group of SVHM social workers to assist the development of the Clinicians' Guide covering the case identification, escalation and referral pathways process (to be included in the Education Guide). The initial draft was presented to the May 2019 Working Party meeting and the final draft (titled *SVHM Clinical Pathway – Responding to Victims of Human Trafficking*) to the June 2019 Working Party meeting, to be finalised by mid-July 2019.
- At the May 2019 Working Party meeting, Lisa Braddy reported that SVHA's Family and Domestic Violence Policy had been revised to include the issue of forced marriage.

Action 3: Rollout the SVHA Human Trafficking staff education and training program.

(a) Conduct "train the trainer" education sessions for project champions and Learning and Development Leaders to equip them to offer training to nursing, social work, allied health and other interested staff across SVHA sites.

Not achieved.

- Implementation of training necessarily postponed until the Human Trafficking Clinical Champions are recruited (anticipated to occur by December 2019).

(b) SVHA to develop a sustainable plan for the ongoing education and training of site champions, front-line ED clinical staff and social workers.

Not achieved.

- Plan will be developed by SVHA in consultation with Clinical Champions when appointed.

Objective 2: To explore and develop a plan to address human slavery issues within SVHA's supply chain for good and services...

Phase 1 (May 1 2017 to May 1 2018)

Action 1: Raise awareness of the issue of human trafficking/slavery in hospital and health care supply chains within the SVHA Group Procurement Team ... and create project buy-in from the manager and key staff.

Fully achieved.

- The SVHA Group Procurement Managers (Craig Doyle to June 2017 and Jeff Westbrook from July 2017) were briefed and joined the WP. Group Procurement's Senior Procurement Team Specialist (Genevieve Alexander) joined the WP in April 2018.

Action 2: Investigate the range of goods and services purchased by SVHA Group Procurement to identify the suppliers/goods and services most at risk of human trafficking/slavery.

Fully achieved.

- Scoping of the SVHA Group Procurement's vendor supply list showed there were 1000 suppliers of clinical goods and services – the top 50 suppliers accounted for 75% of the total SVHA Group Procurement spend on clinical goods and services (\$373.8m/\$500m).

- The size and complexity of SVHA's supply chain led SVHA Group Procurement to consider outsourcing the supply chain risk assessment of major SVHA suppliers to a specialist service with expertise in this area.
- After the failure of a trial of supplier risk self-assessment (see below), the SVHA Executive Leadership Team (ELT) approved that Group Procurement engage Mills Oakley Legal to undertake risk assessment of SVHA's top 50 suppliers and develop tools to improve the future capacity of Group Procurement to audit and remediate SVHA's slavery in supply chain issues.

Action 3: Take steps to develop a SVHA Code of Conduct or equivalent statement of commitment to effectively address the risk of slavery in supply chains of companies providing goods and services to SVHA through Group Procurement...

Partly achieved.

- SVHA's commitment to the eradication of modern slavery was specifically included among the objectives of SVHA's Procurement Policy in October 2017.
- Group Procurement's Tender Conditions document was revised to include: a statement of SVHA's commitment to work with suppliers, business partners and governments to eradicate modern slavery in all its forms; a requirement that suppliers and business partners self-assess the effectiveness of their policy and practices on slavery and human trafficking using a supplied questionnaire; and a statement that, when tenders are evaluated, preference will be given by SVHA to suppliers who demonstrate ongoing commitment to eradicate slavery from their supply chains.
- The new tender conditions document including the questionnaire was trialled when the tender for foodstuffs was advertised by Group Procurement in 2017. Responses from suppliers were of poor quality and indicated that none had taken steps to audit their operations or their supply chains for slavery and human trafficking.
- The failure of the self-assessment process resulted in Group Procurement gaining approval from SVHA's ELT to contract Mills Oakley to independently audit SVHA's top 50 suppliers.

Action 4: Take steps to develop a 'Communication Framework' to communicate SVHA's engagement in developing slavery free supply chains to suppliers and other stakeholders and expected deliverables (based on 'best practice' draft provided).

Not achieved.

- The revisions inserted in SVHA Group Procurement Policy and Tender Conditions documents were first steps in communicating SVHA's slavery-free supply chain policy to potential suppliers.

Action 5: Develop a 'SVHA procurement Action Plan 2018-2023' to minimise the risk of SVHA supply chains being tainted by trafficking/slavery.

Not achieved.

- No longer term action plan was developed. An extended WP meeting was planned for June 15, 2018 to explore the objectives and actions to be undertaken in Phase 2 of the project.

Phase 2 (May 1 2018 to June 30 2019)

Action 1. SD Strategies (specialist human rights consultants sub-contracted by Mills Oakley) to be commissioned to review the top 50 SVHA suppliers identified in Phase 1 to assess the risk of human trafficking (modern slavery) in their extended supply chains and the adequacy of their internal policies, procedures and processes to identify and ameliorate these risks.

(a) SD Strategies in consultation with SVHA Procurement to develop an on-line supply chain modern slavery risk assessment tool (a supplier self-assessment questionnaire) and accompanying video explainer and FAQs page.

Fully achieved.

- Supply chain questionnaire, video explainer and FAQs page circulated by email to Working Party members on 24 July 2018 and discussed at 25 July 2018 Working Party meeting.
- Targeted suppliers notified of survey and procedure by SVHA Procurement Manager on August 21, 2018

(b) SD Strategies to conduct the desktop risk assessment of the top 50 SVHA suppliers ("Tier 1 suppliers"), selected on the basis of SVHA's spend (n=46) or SVHA's assessment that the supplier was at potentially high risk of exposure to modern slavery in their supply chain (n=4).

Fully achieved.

- Questionnaire was uploaded on SD Strategies website on August 22, 2018 as planned. Due to poor response, the closing date was extended twice (from Sept 12 to Sept 24 then Oct 19). Reminders sent to suppliers on Sept 5 and 12 and Oct 9.
- Final participation rate: 62% (31/50 targeted suppliers) [42% (21/50) responded in full; 20% (10/50) responded in part; 38% (19/50) did not respond]

(c) SD Strategies to collate and analyse respondents' data, assess suppliers on the risk of modern slavery in their supply chains and provide SVHA Procurement with: (i) a summary report of the outcomes of the review and a risk assessment for each participating supplier including recommendations for future action; and (ii) a tailored feedback report for each participating supplier that includes their risk assessment and recommendations for improvement.

Fully achieved.

- Data from full respondents (21 suppliers) were analysed and SD Strategies submitted their Supply Chain Assessment Report to SVHA on Dec 11, 2018 which was circulated to the WP.
- SVHA Modern Slavery Supply Chain Assessment:* Some key findings (n=21 suppliers)
- Most suppliers were Australian subsidiaries of global companies and sourced products from high risk countries/regions for human trafficking
 - Subsidiary companies mostly referred to corporate (global) policies and presented no evidence that these were tailored to their Australian operations

- or implemented locally
- Less than 20% of suppliers had mapped their supply chain
- Around 40% of suppliers did not address, monitor or evaluate modern slavery risk in their supply chains
- Less than 25% of suppliers implemented corrective action
- No supplier was ranked as having low risk of modern slavery in its supply chain; 12 were ranked as medium risk; and 9 as high risk

(d) SVHA Group Procurement Manager and Group Mission Leader to present the Supply Chain Assessment Summary Report to SVHA Executive Leadership Team (ELT) and Board for information and approval to disseminate feedback to suppliers.

Fully achieved.

- The Supply Chain Assessment Summary Report was presented to SVHA ELT and Board.

The report by SD Strategies titled *Supply Chain Assessment Undertaken for St Vincent's Health Australia: Summary Report* is available on application to Manager, Group Procurement, SVHA (jeffery.westbrook@svha.org.au).

(e) Individualised feedback reports (prepared by SD Strategies) to be disseminated to participating suppliers (full respondents) including a request for a response to their assessment.

Not achieved.

- Dissemination of individualised feed-back reports to suppliers was delayed until the next steps in SVHA's supplier risk assessment process are determined by SVHA Group Procurement.

Action 2. Encourage and support all members of Catholic Health Australia (CHA) to partner with SVHA and ACRATH to identify and address human trafficking and modern slavery in their supply chains (as many of SVHA's major suppliers also supply to other CHA members).

Partly achieved, no formal partnerships developed.

- Presentations made to conferences and seminars: Catholic Health Australia (CHA) Conference, August 29, 2018 (Christine Carolan, ACRATH & Lisa McDonald, SVHA, Bakhita Day Ethical Sourcing Seminar panellist, Feb 8, 2019 (Jeffrey Westbrook, SVHA)
- SVHA-ACRATH Human Trafficking Project Working Party Open Meeting held in November 2018 attended by representatives from CHA, Mercy Foundation, Cabrini Health, Mater Hospital, St John of God Health Care, Calvary Health Care, Villa Maria Homes
- SVHA Manager, Group Procurement distributed SVHA Supply Chain Assessment Summary Report to members of the Catholic Negotiating Alliance (CNA), a network of 9 Catholic hospital and aged care providers
- Numerous engagements between SVHA Manager, Group Procurement and counterparts in other Catholic health care provider organisations and Uniting Health
- Presentation by ACRATH EO (Christine Carolan) to: Mercy Governance CEO and Board chairs (March 18, 2019); Mercy Health Board (May 7, 2019); and

CHA Leadership Retreat

- Joint presentation by SVHA (Samantha Corrie) and ACRATH (Christine Carolan and Noelene Simmons) to Catholic Mission Conference (May 15, 2019)

Action 3. Progress the development of a longer-term action plan that covers SVHA's major and minor suppliers of services and goods.

Not achieved.

- SVHA's Procurement Manager reported to the April 2019 WP meeting that SVHA is trying to find a body (such as CHA or CNA) to sponsor joint action by all Catholic healthcare providers to address modern slavery in their supply chains.
[SVHA favours joint action as the other Catholic (and private) healthcare providers use the same major suppliers as SVHA and, like SVHA, they will now be required to report annually to the Commonwealth government setting out their actions to assess and address modern slavery risks in their operations and supply chains under the provisions of Australia's *Modern Slavery Act*, 2018. Joint action would both put more pressure on suppliers to address modern slavery and, conversely, reduce their reporting burden.]

Objective 3: Incorporate the following into SVHA communications and other suitable activities: awareness raising, prayer and appropriate action, and recognition of the Human Trafficking Project

Phase 2 only

Action: Develop and implement a communications plan to add key Human Trafficking campaigns/issues, relevant date/s and recommended community actions/activities to the 2019 SVHA mission calendar to raise awareness of Human Trafficking among the broader SVHA community.

(a) Form a Working Group to develop and implement the communications plan.

Partly achieved.

- A Working Group comprising Liz Paine and Daisy Sargeant 2018/Samantha Corrie 2019 (liaising with SVHA Communication Teams) initially met in September 2018.

(b) Select at least three of the issues/campaigns, key dates and recommended community actions from the existing list developed in Australia and internationally (supplied by ACRATH) and include these on the 2019 SVHA Mission calendar.

Mostly achieved.

- ACRATH Human Trafficking Calendar 2019 distributed to all SVHA Mission Leaders on Feb 26, 2019.
- Full implementation of activities delayed until 2019/20. Selected issues/campaigns are to be added into SVHA facility calendars through negotiation by SVHA Human Trafficking Champions when recruited. The following dates are likely to be targeted throughout the year: Bakhita Day of Prayer (February 8); Slavery Free Easter Chocolate Campaign (February to Easter Sunday); World Human Trafficking Day (July 30); and 16 Days of Activism (November).

- A list of ideas for awareness raising strategies was included in the Education Guide for use by Clinical Champions (when appointed) to promote action on selected issues/campaigns at each SVHA site in 2020.

(c) Develop media alerts to communicate dates, issues/campaigns and recommended actions to the broader SVHA community.

Mostly achieved.

- Media alerts on human trafficking issues/campaigns prepared and disseminated to SVHA community via Mission Leaders & Communication (Comms) Teams on Jan 31, 2019 for St Bakhita's Day (Feb 8) and April 15, 2019 for Easter Message. The St Bakhita's Day Slideshow, highlighting the issue of human trafficking and the SVHA-ACRATH Human Trafficking Project, was shown on shared screens throughout St Vincent's Private Hospitals and the SVHA Mission Leader's message to all staff at Easter urged them to purchase ethically sourced (slavery free) chocolate eggs. The other two event dates fall outside the project's time frame.

(d) Progressively monitor the effectiveness of the communication strategy on each selected issue/campaign with the aim of improving their uptake and reach and increasing awareness of human trafficking issues within SVHA over 2019.

Partly achieved.

- Progress reports on the two awareness raising activities undertaken by SVHA within Phase 2 time period presented to Working Party at their April and May 2019 meetings. No information included in the reports on the uptake and reach of activities at SVHA sites.

SVHA-ACRATH HUMAN TRAFFICKING PROJECT EVALUATION REPORT 2019

PHASE 1 May 1, 2017 to May 1, 2018: PREPARATORY PHASE

Objective 1. To increase the recognition and support of victims of human trafficking who seek health care within SVHA including women in sexual exploitation, people facing forced marriage and people who have experienced forced labour.				
Planned actions/activities	Person/s responsible	Indicator/s (measure)	Means of verification	Progress/impacts
Action 1. Literature review (a) Conduct a literature review to identify world's best practice on the identification, assessment and response to trafficked persons who present in the health care setting; (b) Use the findings from the literature review to underpin the development of the ACRATH-SVHA Human Trafficking project	-Dr Doris Testa (Senior Lecturer, Victoria University, SVHA-ACRATH Human Trafficking Project Working Party Member) -Liz Payne, Project Community Development Worker (PW) supported by the Project Working Party (WP)	- Literature review completed - Findings used progressively to underpin the developing SVHA-ACRATH project	- Summary and full review submitted to WP - Minutes of Working Party meetings and other project documents	- Summary of Literature Review presented to July 2017 Working Party Meeting and included in the Human Trafficking Project Report Phase 1, 2019 - The literature review was used to inform:(i) the SVHA-ACRATH Human Trafficking focus group study including the questions guiding the focus group discussions; (ii) the ethics application for the focus group study; (iii) the ongoing development of a model SVHA health professionals training package, and a case identification process and referral pathway for potential victims of human trafficking; and (iv) the development of two academic journal articles reporting the findings from the qualitative study (author Dr Doris Testa)

Action 2. Focus Group Study Develop a qualitative research study to: (i) identify the educational needs of SVHA nursing and allied health professionals to underpin their ability to recognise potential trafficked/exploited people in the health care setting; and (ii) design an appropriate referral pathway for supporting potential victims within SVHA health care settings	SVHA-ACRATH Research team: -Lisa Braddy (SVHA, SVHM Chief Social Worker and Primary Investigator) -Carrie Lethborg (SVHA, Associate Investigator) -Doris Testa (ACRATH, Associate Researcher) -Liz Payne (PW, Associate Researcher)	- Research study plan developed - Ethics Approval for conduct of the research study given by the SVHM Research Governance Unit	- Documented research study plan - Receipt of Ethics Approval letter	- Focus Group Research study plan finalised and approved by SVHA-ACRATH Working Party July 10, 2017 - SVHM Research Ethics Approval application for the conduct of the research study was submitted on 31 July, 2017 - SVHM Ethics Approval letter received on 1 October 2017 <i>Note: The Project Worker took prime responsibility for writing the Ethics Approval application and shepherding it through the approval process. Approval took one month longer than planned. Informal recruitment of focus group participants began in September with SVH Unit Managers notified of the study and possible dates of focus groups at their September meetings. Formal recruitment did not occur until October 5. The truncated recruitment period adversely affected the recruitment of nurses into the study.</i>
(a) Conduct 6 Focus Groups involving SVHM nursing and allied health staff that includes a research component and an education session on human trafficking/modern slavery to: (i) identify participants' knowledge of the indicators	- Liz Payne (PW) - Dr Doris Testa (Researcher) supported by SVHA-ACRATH Research Team members	- Focus Group Study protocol and education session developed - Focus group members recruited and six focus groups conducted	- Final protocol and education session plan - Research study report presented to WP	- The focus group study protocol was refined by Liz Payne and Doris Testa in August 2017. The education session was replaced by a short briefing on human trafficking in Australia that was given at the start of focus group guided discussions - Six focus groups of 45 minutes duration involving 26 participants recruited from

for trafficked people who may present for treatment in the hospital setting pre- and post- the education session; and (ii) collect feedback from participants on: the quality of the education session they received (including recommendations for improvement); and their opinions on the most appropriate referral pathway for trafficked people within SVHA care settings, the optimal time for referrals and any 'roadblocks' to making referrals that need to be addressed <i>Note: The aims of the focus group research study were revised in August 2017. In the revised protocol the education session was replaced by a short briefing on human trafficking in Australia and the guided discussion that followed explored: (i) participants' awareness and knowledge of human trafficking and the likelihood of trafficked/exploited persons presenting for health care in SVHA; and (ii) the staff education and training and systems changes</i>		• Report of learning and recommendations from focus groups documented	• Research study progress and final reports presented to WPP	SVHM [21 social workers (81%), 3 physiotherapists (11%), 2 nurses (8%)] were conducted at SVHM from 12 to 19 October, 2017 • Data from the focus groups were collated and analysed by Dr Doris Testa • Key themes, finding and recommendations from the Focus Group study were tabled and discussed at the February and April 2018 Working Party meetings • A summary of the study findings was included in the SVHA-ACRATH Human Trafficking Project Report, Phase 1 dated August 2018 (and also in the Project Phases 1 & 2 Final Report dated August 15, 2019)
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<i>that would be required to ensure that potential victims of human trafficking are identified in SVHA and a model of care and appropriate referral pathway developed.</i>					
Action 3. Develop the SVHA Human Trafficking Staff Education Package (a) Based on published best practice (identified in the project literature review) and feedback from the project's focus group study: (i) Develop an Education guide and model staff training session on human trafficking/modern slavery for SVHA nursing and allied health staff; (ii) Conduct an extended "train the trainer" session for project lead facilitators /social work department personnel to equip them to offer training to nursing and allied health staff across SVHA sites; and (iii) Develop a draft referral pathway for victims identified in the emergency departments of St Vincent's Hospitals in Melbourne and Sydney	SVHM-ACRATH Research team, SVHM Nursing and Allied Health Department Heads supported by Project Worker (Liz Payne)	- Staff training guide and model training session developed - Extended train-the-trainer session developed and implemented - Draft referral pathway developed	- Guide and model training session presented to WP - Report on train-the-trainer session given by PW to WP Meeting - Draft Referral Pathway document presented at WP meeting	- Interim education sessions involving emergency department (ED) Alert Team nurses, mental health staff and social workers were scheduled for June 6, 2018 at SVHM and July 19, 2018 at SVHS - Train-the-trainer sessions postponed to Phase 2 of project. - A draft referral Pathway was developed from one used by ACRATH in an earlier project. The draft will be discussed at SVHM and SVHS education sessions; participants will be asked to forward their comments to the PW.	<i>Note: Due to time constraints the planned action to develop a guide and model training session was revised in August 2017 and changed to the delivery of interim education sessions for key staff at St Vincent's Hospital Melbourne (SVHM) and Sydney (SVHS).</i>

Action 4. Phase 2 planning (a) Develop a plan for Phase 2 of the project, based on learning and recommendations from Phase 1	-Project Community Development Worker (Liz Payne) in consultation with Working Party members	• Work Plan developed	• Phase 2 Work Plan submitted to Working Party in May 2018 meeting	• This action was not achieved in the time frame • An extended Working Party Meeting was planned for 15 June 2018 to discuss progress on Objective 1 and plan actions to be undertaken in Phase 2 of the project
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Objective 2. To explore and investigate opportunities and develop a plan to address human slavery issues within SVHA supply chains for services and goods with the view of ensuring they are slavery free				
Actions/activities	Person/s responsible	Indicator/s (measure)	Means of verification	Progress
<i>Note: Five actions/activities in support of Objective 2 were initially formulated: (1) awareness raising targeting SVHA Manager, Group Procurement and team; (2) scoping of SVHA suppliers to identify the goods and services most at risk of human trafficking/slavery; (3) development of a Code of Conduct to address the risk of slavery in ACRATH's supply chains; (4) development of a Communication Strategy to communicate SVHA's commitment to suppliers; and (5) development of a 5-year plan to fully implement slavery SVHA's free supply chain policy. This approach was drawn from the steps in the guide developed by the Walk Free Foundation (Tackling Modern Slavery in Supply Chains. A guide 1.0). The resignation of the Manager, SVHA Group Procurement in May 2017 delayed the start of this project component until August. The evaluation plan was then modified to require that 'steps be taken' towards the development and implementation of the Code of Conduct and the Communication Plan.</i>				
Action 1. Raise awareness of human trafficking in health services supply chains (1) Raise awareness of the issue of human trafficking/slavery in hospital and health care supply chains within the SVHA Group Procurement Team to: (i) develop their understanding of the SVHA-ACRATH project; and (ii) create project "buy-in" from the Group Procurement manager and key staff.	-Liz Payne, Project Community Development Worker -Christine Carolan (ACRATH Executive Officer) to conduct a briefing and awareness-raising session with Group Manager, Procurement and key Procurement team members	Level of "buy-in" demonstrated through willingness of Procurement Manager and team to engage with project	- Reports of briefing meetings between PW and Group Procurement Manager to WP - Participation of Group Procurement Manager in WP	- The initial Group Procurement Manager (Craig Doyle) was briefed by Lisa McDonald (SVHA Group Mission Leader) prior to joining the Project Working Party in May 2017. He resigned from SVHA in June 2017. His replacement (Jeffrey Westbrook) was briefed by Christine Carolan and Liz Payne prior to joining the Working Party in August 2017 - A newly appointed senior member of the Group Procurement Team (Genevieve Alexander), who was tasked to assist the roll-out of the slavery free supply chain initiative, joined the Project Working Party in April 2018

Action 2. Investigate the range of goods and services purchased by SVHA Groups Procurement to identify the suppliers/goods and services most at risk of human trafficking/slavery	-Group Procurement Manager (Jeff Westbrook) -Group Procurement Team member (Genevieve Alexander) supported by PW	• Goods and services most vulnerable to human trafficking investigated and documented	• Report on high risk suppliers/goods and services submitted to WP	• Group Procurement reported that a scan of SVHA's supply chain showed that there are in excess of 1000 suppliers on the SVHA vendor supply list for clinical goods and services with the top 50 suppliers accounting for 75% of their total spend on goods and services excluding wages (\$373.8/\$500m). • A sample audit of Ansell, the supplier of medical gloves (a high-risk industry for slavery-like practices) was completed in early October 2017 by Erin Cassell (researcher and member of WP). The report was presented to November WP meeting and subsequently shared with other Catholic hospitals involved in glove tender process. • The size and complexity of SVHA's supply chain led SVHA Group Procurement to consider outsourcing the supply chain auditing/risk assessment of major SVHA suppliers to Salvos Legal who offer this specialist service. The Salvos Legal team pitched their service to Jeff Westbrook and three other Working Party members (Lisa McDonald, Christine Carolan and Erin Cassell) at a meeting on November 8, 2017 • At their April 18, 2018 meeting the SVHA Executive Leadership Team approved the engagement of Salvos Legal and, later, of Mills Oakley to undertake modern slavery risk
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				assessments on SVHA's 'top 50' suppliers and develop reporting tools and templates to improve the capacity of Group Procurement to audit their suppliers and report on compliance.
Action 3. Take steps to develop a SVHA Code of Conduct or equivalent statement to effectively address the risk of slavery in supply chains of companies providing goods and services to SVHA through Group Procurement, based on a 'best practice' draft code and the requirements of the proposed 2018 Modern Slavery Act, Australia.	-Group Procurement Manager and key Procurement staff supported by PW	High quality SVHA Code developed and approved by Working Party, SVHA Executive Leadership Team, and SVHA Board	Progress taken by SVHA in support of Code of Conduct documented and reported to WP.	- Code of Conduct not fully developed. The steps taken are outlined below. - At its meeting on April 26, 2017 the Executive Leadership Team (ELT) committed to Group Procurement working with SVHA's suppliers to eradicate modern slavery, unjust employment practices and human trafficking - This commitment was specifically included in the six objectives of SVHA's Group Procurement Policy 4.0 revised in October 2017 - SVHA Group Procurement's Tender Conditions document was also revised to include: a statement of SVHA's commitment to work with suppliers, business partners and governments to eradicate modern slavery in all its forms; a requirement that suppliers and business partners self-assess the effectiveness of their policy and practices on slavery and human trafficking using a supplied questionnaire; and a statement notifying suppliers that, when tenders were evaluated, preference would be given to suppliers that could demonstrate strong and

				ongoing commitment to the eradication of modern slavery practices across their supply chain. - The new tender conditions document including the self-assessment questionnaire was trialled when the tender for food services was advertised by Group Procurement in 2017. - The Group Procurement Manager reported that most companies tendering for the food services contract did not answer key questions on the Modern Slavery questionnaire and the responses given indicated that none of the suppliers had seriously addressed slavery in their supply chain. - This poor response influenced the Procurement Manager to recommend SVHA outsource the audit/risk assessment process to a specialist service, such as that offered by Salvos Legal, then Mills Oakley (see above).
			Communication Framework tabled and approved at Working Party meeting	- Not achieved in the timeframe - The revised SVHA Group Procurement tender conditions document distributed to Food Services tenderers was a first step in communicating SVHA's slavery-free supply chain policy to potential suppliers.
		High quality Communication Strategy Framework approved by Working Party and SVHA Leadership Team		
		-Group Procurement Manager and key staff supported by PW		
	Action 4. Take steps to develop a 'Communication Framework' to communicate SVHA's engagement in developing slavery free supply chains to suppliers and other stakeholders, and their expected deliverables (based on a 'best practice' draft provided)			

Action 5. Develop SVHA's Procurement Action Plan 2018-2023' , based on a draft provided, to minimise the risk of SVHA's supply chain being tainted by modern slavery.	-Group Procurement Manager and key staff in Procurement roles, supported by PW	High quality Action Plan approved by Working Party and SVHA Board	Procurement Action Plan, based on evidence of effectiveness and cognisant of Australia's draft Modern Slavery Act tabled and approved at Working Party meeting	- Not achieved. - An extended Working Party Meeting was planned for June 15, 2018 to discuss progress on Objective 2 and plan actions/activities to be undertaken in Phase 2 of the project.
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PHASE 2: MAY 1, 2018 TO JUNE 30, 2019 - IMPLEMENTATION PHASE

Objective 1. To increase the recognition and support of victims of human trafficking who seek health care within SVHA including women in sexual exploitation, people facing forced marriage and people who have experienced forced labour.				
Planned actions/activities	Person/s responsible	Indicator/s (measure)	Means of verification	Progress/impacts
Action 1. Develop SVHA's Human Trafficking staff education and training package (a) Trial and refine the education session as planned in phase 1, involving key staff at St Vincent's Hospital Melbourne (SVHM) and St Vincent's Hospital Sydney (SVHS)	- PW (Liz Payne) - Service Innovation Project Officer, Inclusive Health Program, SVHA (Daisy Sargeant/Samantha Corrie) - Working Party members	Interim education sessions held at SVHM & SVHS sites in June and September 2018, respectively	Report as presented to Working Party meeting	53 staff (ED Alert Team nurses, mental health workers and social workers) attended education sessions held at SVHM and SVHS on June 6 and in Sept 2018. - Education session further developed and trialled at SVHM STAR (Support Team Action Response) Professional Development Training Morning attended by 25 nurses and social workers on March 21, 2019.
(b) Further develop the Education Guide consisting of: (i) a hard copy version for use by SVHA Human Trafficking Clinical Champions and Learning Development Leaders (LDLs) at SVHA sites (to equip them to directly deliver 45-minute ongoing education and training sessions to frontline ED staff, social workers, leadership team members and other interested staff); and		- Final draft of Education Guide circulated to selected clinically experienced Working Party members for feedback by 31 April 2019 - Online training module developed from final guide content	- Progress documented in WP meeting minutes - due dates met - Final version of Education guide and on-line training module available and ready to use on 31 May 2019	- Development of Education Guide slower than anticipated. A draft was circulated to clinical staff on WP for comment in late May 2019 and discussed at May 2019 WP meeting. - Final version of Education Guide circulated to selected Working Party members on June 18, 2019 and tabled at June 2019 Working Party meeting. - Staff on-line training module not developed; approval given at May 2019 Working Party meeting that staff will instead access Anti-Slavery

(ii) an on-line training module for training nurses, other clinical and allied health staff		Ready-to-use Education Guide and module completed by 31 May 2019		Australia's (ASA's) e-Learning course via hyperlink (negotiated with ASA to be available from June 22, 2019). The issue of forced marriage was incorporated into SVHA's Family Violence Staff Education modules. The hard copy Guide and accompanying USB include education sessions, a PowerPoint presentation, notes and resources that can be adapted and used for staff education and training	Australia's (ASA's) e-Learning course via hyperlink (negotiated with ASA to be available from June 22, 2019). The issue of forced marriage was incorporated into SVHA's Family Violence Staff Education modules. The hard copy Guide and accompanying USB include education sessions, a PowerPoint presentation, notes and resources that can be adapted and used for staff education and training
(c) Recruit and train a team of Human Trafficking Clinical Champions (lead facilitators) that cover all 36 SVHA sites: (i) Develop and implement a process for recruiting clinical champions (ii) Recruit and train clinical champions.	- PW (Liz Payne) - Service Innovation Project Officer, Inclusive Health Program, SVHA (Samantha Corrie)	- Human Trafficking Clinical Champions proposal and plan presented to March and May 2019 Working Party meetings - Clinical champions recruited by June 2019	Approved plan and list of recruited Clinical Champions covering SVHA sites (as finally presented to Working Party)	- Not achieved, progress delayed. - Detailed plan for introducing SVHA Human Trafficking Clinical Champions (covering their recruitment and leadership role) developed by Sam Corrie (SVHA) and discussed at May 2019 Working Party meeting. Plan to be further refined. - Recruitment of Clinical Champions deferred post project end date.	- Not achieved, progress delayed. - Detailed plan for introducing SVHA Human Trafficking Clinical Champions (covering their recruitment and leadership role) developed by Sam Corrie (SVHA) and discussed at May 2019 Working Party meeting. Plan to be further refined. - Recruitment of Clinical Champions deferred post project end date.
Action 2. Develop SVHA's Human Trafficking Policy that covers protocols and procedures (including the referral pathway for potential/confirmed victims of human trafficking identified by clinical and social work staff) to support staff engagement in specified actions to address human trafficking	- SVHA/SVHM (Lisa Braddy, Social Work) - Service Innovation Project Officer, Inclusive Health Program, SVHA (Samantha Corrie) - PW (Liz Payne)	A prototype Human Trafficking Policy document (including referral pathway procedure) to be developed and approved for SVHM by end April 2019 with the aim of adoption by SVHA at a later stage	SVHM Human Trafficking Draft Policy document tabled at May WP meeting.	Partly achieved – as reported to April 2019 Working Party meeting, SVHA decided to slow the development of the SVHM full policy document except for the “case identification, escalation and referral pathway” section. A work-in-progress draft of full policy was tabled at the June 2019 WP meeting for further development by SVHM/SVHA over next 12 months.	Partly achieved – as reported to April 2019 Working Party meeting, SVHA decided to slow the development of the SVHM full policy document except for the “case identification, escalation and referral pathway” section. A work-in-progress draft of full policy was tabled at the June 2019 WP meeting for further development by SVHM/SVHA over next 12 months.

Action 3: Rollout SVHA staff education and training program (a) Conduct “train the trainer” education sessions for project champions and Learning and Development Leaders to equip them to offer training to nursing, social work, allied health and other interested staff across SVHA sites (b) SVHA to develop a sustainable training plan for the ongoing education and training of site champions, front-line ED clinical staff and social workers	- PW (Liz Payne) in collaboration with SVHA site clinical champions - Service Innovation Project Officer, Inclusive Health Program, SVHA (Samantha Corrie)	• Organisation and content of train-the-trainer sessions developed by June 2019 • Plan developed by June 2019	• Project Worker’s report on progress of training as presented to May 2019 Working Party Meeting	• Lisa Braddy (SVHM) reported that the issue of forced marriage is now covered in SVHA’s Family and Domestic Violence Policy. • Lisa Braddy convened a small group of SVHM social workers to assist the development of the Clinicians’ Guide covering the case identification, escalation and referral pathways process (to be included in the Education Guide). Initial draft was presented to May 2019 WP meeting and final draft (titled “SVHM Clinical Pathway – Responding to Victims of Human Trafficking”) to the June 2019 WP meeting (projected to be finalised by mid-July). • Not achieved. • Education sessions further refined but implementation postponed until Human Trafficking Clinical Champions recruited and trained (anticipated to be achieved by December 2019) • Not achieved – will be developed in future by SVHA in consultation with Clinical Champions.
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Objective 2. To explore and investigate opportunities and develop a plan to address human slavery issues within SVHA supply chains for services and goods with the view of ensuring they are slavery free.				
Actions/activities	Person/s responsible	Indicator/s (measure)	Means of verification	Progress
Action 1. Assess the top 50 SVHA suppliers identified in Phase 1 to identify the risk of human trafficking (modern slavery) in their extended supply chains and the adequacy of their internal policies, procedures and processes to identify and ameliorate these risks. (a) SD Strategies in consultation with SVHA Procurement to develop an on-line modern slavery in supply chain risk assessment tool (a supplier self-assessment questionnaire) and accompanying video explainer and FAQ's page	- SVHA Group Procurement Manager (Jeff Westbrook) - Senior Procurement Specialist (Genevieve Alexander) - Mills Oakley (legal firm engaged by SVHA) - SD Strategies (Human Rights consultants sub-contracted by Mills Oakley) to conduct supplier risk assessment survey)	• Questionnaire and support material drafted, approved and posted on SD Strategies website (through password protected portal) by end August, 2018.	• Evidence that draft questionnaire and support material provided to SVHA Procurement and Working Party for comment prior to posting in August 2018	• Supply chain questionnaire, video explainer and FAQ page circulated by email to Working Party members on 24 July and discussed at 25 July 2018 Working Party meeting. • Targeted suppliers notified of survey and procedure by SVHA Procurement Manager on August 21, 2018
(b) SD Strategies to conduct a desktop modern slavery risk assessment targeting the top 50 SVHA suppliers ("Tier 1 suppliers"), based on SVHA's spend (n=46) or SVHA's assessment that a		• Risk assessment conducted by SD Strategies with mid-September closing date	• On-line questionnaire posted by SD strategies	• Questionnaire uploaded by SD Strategies on August 22, 2018 as planned. Due to poor response, the closing date was extended twice (from Sept 12 to Sept 24 then Oct 19). Reminders sent to suppliers on

supplier was at potentially high risk of exposure to modern slavery in their supply chain (n=4)			by 22 August.	Sept 5 and 12 and Oct 9.
(c) SD Strategies to collate and analyse respondents' data, each supplier on risk and provide SVHA Procurement with:	- Survey data collated, analysed and suppliers rated on risk of modern slavery in supply chain. <i>Supply Chain Assessment Summary Report</i> prepared and disseminated to Working Party by December 2018	Methodology, results and modern slavery risk assessment included in SVHA Modern Slavery Supply Chain Assessment Report submitted by SD Strategies to Group Procurement Manager and WP by due date.	- Final participation rate: 62% (31/50 targeted suppliers); 42% (21/50) responded in full. - Data from full respondents (21 suppliers) analysed and draft <i>Supply Chain Assessment Report</i> (dated 30 Nov) circulated to Working Party on 11 Dec, 2018 <i>Supply Chain Assessment Report: Results Summary</i> (n=21 suppliers) - Most suppliers were Australian subsidiaries of global companies and sourced products from high risk regions - Subsidiary companies mostly referred to corporate (global) policies and presented no evidence that these were tailored to their Australian operations/implemented locally <20% had mapped their supply chains ~40% did not address, monitor or evaluate modern slavery risk in their supply chains; <25% implemented corrective action - No supplier was ranked as having low risk of human trafficking in their supply chain; 12 were ranked as medium risk; and 9 as high risk) <i>Supply Chain Assessment Summary Report</i> was presented to SVHA ELT and Board.	
(d) SVHA Group Procurement Manager and Group Mission Leader to present the <i>Supply Chain Assessment Summary Report</i> to SVHA Executive Leadership Team (ELT) and Board for information and approval to disseminate feedback to suppliers	<i>Supply Chain Assessment Summary Report</i> presented to SVHA Leadership Team and Board	As reported to WP and recorded in WP Minutes		
(e) Individualised feedback reports disseminated to the	Individual audit feedback reports including a risk	Completion of feedback process	Not achieved in project time frame: dissemination of individualised audit feed-back reports delayed	

21 audited suppliers including a request for a response Action 2. Encourage and support all members of Catholic Health Australia (CHA) to partner with SVHA and ACRATH to identify and address human trafficking and modern slavery in their supply chains (as many of SVHA's major suppliers also supply to other CHA members)	- ACRATH members on Working Party extending to full ACRATH membership - SVHA members of Working Party extending to SVHA Executive and Board.	rating prepared for audit respondents disseminated to SVHA respondents by early December 2018 Planned and opportunistic engagements of ACRATH and SVHA with other Catholic Health care providers discussed and reported to Working Party	documented in WP Minutes (from Group Procurement Manager's report) Engagements recorded in WP Minutes	until next steps in audit process determined by SVHA Group Procurement. - Presentations made to the following conferences and seminars - Catholic Health Australia (CHA) Conference, August 29, 2018 (Christine Carolan, ACRATH & Lisa McDonald, SVHA) - Bakhita Day Ethical Sourcing Seminar panellist, 8 Feb 2019 (Jeff Westbrook, SVHA) - SVHA-ACRATH Human Trafficking Project Working Party Open Meeting held in November 2018 attended by representatives from CHA, Mercy Foundation, Cabrini Health, Mater Hospital, St John of God Health Care, Calvary Health Care, Villa Maria Homes - SVHA Manager, Group Procurement distributed SVHA Supply Chain Assessment Summary Report to members of the Catholic Negotiating Alliance (CNA), a network of 9 Catholic hospital and aged care providers - Numerous engagements between SVHA Manager, Group Procurement and counterparts in other Catholic health care provider organisations and Uniting Health - Presentation by ACRATH EO
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Action 3. Progress the development of a longer-term action plan that covers SVHA's major and minor suppliers of services and goods	- SVHA Group Procurement Manager (Jeff Westbrook) - Senior Procurement Specialist (Genevieve Alexander)	• Forward plan developed by Group Procurement		(Christine Carolan) to: Mercy Governance (CEO and Board chairs)18/3/19; Mercy Health Board (7/5/19); CHA Leadership Retreat • Joint presentation by SVHA (Samantha Corrie) and ACRATH (Christine Carolan and Noeline Simmons) to Catholic Mission Conference (15/5/19) • SVHA's Procurement Manager reported at the April 2019 Working Party meeting that SVHA is trying to find a body (such as CHA or CNA) to sponsor joint action by all Catholic healthcare providers to address modern slavery in their supply chains. SVHA favours joint action as other Catholic (and private) healthcare providers use the same major suppliers as SVHA and, like SVHA, they will now be required to report annually to the Commonwealth government setting out their actions to assess and address modern slavery risks in their operations and supply chains (under the provisions of Australia's <i>Modern Slavery Act</i>, 2018).
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Objective 3. To incorporate the following into SVHA communications and suitable activities: awareness raising, prayer and appropriate action and recognition of the SVHA Human Trafficking Project to help eliminate human trafficking and modern slavery.				
Actions/activities	Person/s responsible	Indicator/s (measure)	Means of verification	Progress
Action 1. Develop and implement a communications plan to add key Human Trafficking campaigns/issues, relevant date/s and recommended community actions/activities to the 2019 SVHA mission calendar to raise awareness of Human Trafficking among the broader SVHA community	- PW (Liz Payne) - Service Innovation Project Officer, Inclusive Health Program, SVHA (Daisy Sargeant /Samantha Corrie liaising with SVHA Communications Teams (local and national)			
(a) Form a Working Group to develop and implement the communications plan		Working group formed by September 2018	Project Worker's report to Working Party	Working Group comprising Liz Paine and Daisy Sargeant 2018/Samantha Corrie 2019 (liaising with SVHA Communication Teams) initially met in September 2018
(b) Select at least three of the issues/campaigns, key dates and recommended community actions from the existing list developed		Selection of issues/campaign and actions to be included in SVHA's 2019	Project Worker's progress reports to Working Party meetings	ACRATH Human Trafficking Calendar 2019 distributed to all SVHA Mission Leaders on 26/2/19. Issues/campaigns

in Australia and internationally (supplied by ACRATH) and include these on the 2019 SVHA Mission calendar		calendar finalised by February 28, 2019		considered for inclusion in SVHA Mission calendars included: -Bakhita Day: Day of Prayer (8 February) -Easter Chocolate Campaign (Feb to Easter Sunday) -World Human Trafficking Day (30 July) -16 Days of Activism (November) • A list of suggested awareness raising strategies were included in the Education Guide for use by Clinical Champions to promote action on selected issues/campaigns at each SVHA site in 2020. • Media alerts on human trafficking issues/campaigns prepared and disseminated to SVHA community via Mission Leaders & Communication (Comms) Teams on Jan 31, 2019 for St Bakhita's Day (Feb 8) and April 15, 2019 for Easter Message. The St Bakhita's Day Slideshow, highlighting the issue of human trafficking and the SVHA-ACRATH Human Trafficking Project, was shown on shared screens throughout St
(c) Develop media alerts to communicate dates, issues/campaigns and recommended actions to the broader SVHA community		• Tailored media alerts developed at least 4 weeks in advance of dates of selected	• Text of media alerts and copy of slideshow provided by Project Worker to Working Party meetings	

(d) Progressively monitor the effectiveness of the communication strategy on each selected issue/campaign with the aim of improving their uptake and reach and increasing awareness of human trafficking within SVHA over 2019		issues/campaigns. • Short report on available evidence on the effectiveness of each campaign prepared and provided to Working Party for input	• Short reports provided to Working Party at the meeting following implementation	Vincent's Private Hospitals and the SVHA Mission Leader's message to all staff at Easter urged them to purchase ethically sourced (slavery free) chocolate eggs. The other two event dates fall outside the project's time frame. • Progress reports on awareness raising activities undertaken by SVHA within the project time period presented to the Working Party at their April and May 2019 meetings. No information included on the uptake and reach of activities at SVHA sites.
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**ST VINCENT'S
HOSPITAL**
SYDNEY

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

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The Hon. Gladys Berejiklian, MP
52 Martin Place
SYDNEY NSW 2000

Dear Premier

Premier

Re: NSW Modern Slavery Bill 2018

I would like to firstly commend your government's leadership in being the first jurisdiction in Australia to legislate against modern slavery and the second jurisdiction in the world to provide for an Anti-Slavery Commissioner.

We are seeking your support to progress the passing of the NSW Government Modern Slavery Bill so that it can be proclaimed and brought into effect on 1 January 2021, as recommended by the Inquiry Report submitted by the Standing Committee on Social Issues on 25 March 2020.

We know from data provided by Anti-Slavery Australia that there are 1,900 people in Australia who are victims of modern slavery and only 1 in 5 of these victims come forward, leaving 80 percent of victims without any form of support. Almost half (47 percent) of modern slavery survivors (based on referrals to police during 2016-17) were a result of forced marriage, (<https://antislavery.org.au/modern-slavery/>). In order for victims to access government funded support programs they are required to inform the Australian Federal Police. Our experience has shown that many victims are reluctant to pursue criminal charges against their family and as such, many go without the support they need. We recognise in this particular instance that this is a Commonwealth responsibility but we know that all levels of government need to work together to eliminate modern slavery.

Over the last two years, in collaboration with anti-trafficking organisation Australian Catholic Religious Against Trafficked Humans and St Vincent's Health Australia (SVHA), St Vincent's Health Network (SVHN) has been involved in a ground-breaking project to address modern slavery and human trafficking. The ultimate goal of this work is to achieve systemic change in the Australian healthcare community with a focus on two main objectives:

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

St Vincent's Health Network Sydney
St Vincent's Hospital Sydney
Sacred Heart Health Service
St Joseph's Hospital



1. Increased awareness, recognition and support for victims of human trafficking who seek health care.

SVHN has developed new clinical pathways to improve our response to those vulnerable to modern slavery that receive care from our facilities. SVHN has provided training and education to our clinical staff and we are working with Anti-Slavery Australia to develop an online training module in light of COVID-19.

2. To ensure our supply chains are slavery free

SVHN in partnership with SVHA, surveyed our top 50 suppliers to assess for supply chain risk. We are currently working with our procurement team to develop an action plan to address supply chain risk.

This legislation positions NSW as a world leader in addressing modern slavery and provides an opportunity to inform your Government's infrastructure and growth initiatives to ensure that modern slavery is removed from the supply chain.

SVHN has demonstrated that with focus we can work with our suppliers to set out a roadmap to remove modern slavery from the supply chain.

Should you wish to discuss this matter further, please do not hesitate to contact me on 02 8382 2083 or 0419 293 451.

Yours sincerely



A/Professor Anthony M. Schembri AM

Chief Executive Officer

Date: 30.07.2020

TRIM: D/2020/46061

STATEMENT

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