Home Office

Evaluation of the modern slavery Local Authority Pathway pilots

Research Report 119

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Executive summary

Introduction

In October 2017, the Home Office announced a package of reforms to the National Referral Mechanism (NRM), with a core aim to improve support for victims of modern slavery after they leave the NRM.

The Home Office piloted new approaches in six local authority (LA) areas (Birmingham, Derby, Croydon, Leeds, Nottingham and Redbridge). These aimed to identify best practice in supporting victims to transition out of NRM support and to help them link up with local services.

Multiple policy changes impacted the pilots, including an increase in the move-on period for confirmed victims who are receiving support via the Victim Care Contract (VCC) in February 2019 and the introduction of the Recovery Needs Assessment (RNA) in September 2019. The latter is aimed at ensuring that VCC services continue, in part or in full, until other services can meet any ongoing recovery needs arising from their modern slavery experiences or until the victim has no such ongoing recovery needs.

The eligibility criteria for the pilots, set out by the Home Office, state that the individual:

- must have a positive conclusive grounds (CG) decision;
- must be either exiting NRM support or exiting asylum support (having previously received NRM support); and
- should have recourse to public funds.

In addition, pilot sites were free to add their own eligibility criteria to those accepted into the pilot. Due to these criteria it may not be possible to generalise findings to other cohorts of victim.

Aims

The pilot sites looked to design bespoke support to victims based on their needs and local infrastructure, with the overall aim to build a sustainable pathway from leaving centrally-funded care into local communities. To achieve the overall aim, four common aims emerged across the pilots:

- **Independence** – pilots proactively encouraged victims to become more independent; this was important to avoid creating dependencies on support services.
- **Safety** – it was important for pilot sites that victims felt safe, which would help reduce the risk of re-trafficking.
- **Community links and integration** – there was agreement across pilot sites in the value of victims establishing links in the community, which pilots saw as a core part of their remit.
- **Sustained accommodation** – a key aim of the pilots was to ensure that suitable accommodation was provided to victims of modern slavery who needed it.

The aim of the evaluation was to illuminate best practice in transitioning victims from NRM support to local authority support and integrating victims of modern slavery into local communities. The findings and recommendations from this evaluation will feed into ongoing policy development, to strengthen the systems and policies which support vulnerable victims when transitioning out of NRM support and integrating into local communities.

Governance structures

The six local authorities running the pilots shared similar existing partnership governance structures to oversee the delivery of the pilots.

The pilot sites varied in their levels of local authority ownership and staffing models. It is possible to see the six sites on a continuum, with a high level of local authority ownership at one end (Nottingham), compared to a pilot being completely outsourced to a contractor at the other (Leeds).

All local authorities utilised their governance models and partnerships to bring together statutory, private and voluntary services to successfully deliver the pilots.

Methodology

Evaluation of this pilot comprised of qualitative and quantitative elements. The qualitative section of the evaluation included two rounds of interviews with relevant stakeholders alongside a lessons-learned workshop and summary reports completed by each pilot.

The quantitative part of the evaluation required each site to complete a data return which included information such as referral numbers, demographics of those referred and referral assessments. There are gaps in the data provided by the sites – reasons for this

included rejected referrals not always recorded and a lack of consent from some victims to share data with the Home Office.[1]

Findings

- **There were 173 referrals into the Local Authority Pathways pilot, with 143 accepted and 30 rejected over the course of the pilots.**

  The reasons for rejection varied, from pilots not having access to suitable accommodation to victims not having recourse to public funds.

- **Males made up most accepted referrals (around two-thirds)** with victims aged 25 to 34 the largest age group (35%); **most victims (67%) needed support to secure accommodation,** with victims also needing support to secure employment (38%) and training (33%).

- **Many of the victims (77%) did not speak fluent English on referral.**

  Victims were supported in improving their language skills although, initially, this provided a challenge for some pilot sites as there was a substantial difference between sites on the availability of translation services.

- **Some pilots expressed difficulties initially attracting referrals into the pilot.**

  They suggested this may have been due to NRM support providers being unaware of the services they provided. As a result, **pilots initially prioritised awareness-raising activities, demonstrating what the pilot could offer victims of modern slavery**. However, they still had lower numbers of referrals than expected. The Interim Relief Order[2] granted by the courts in February 2019 was another reason that pilots felt referrals were low as it impacted when victims of modern slavery exited VCC support.

- **However, one pilot site (Leeds) was more successful in gaining referrals soon after it was established.**

  This was mainly due to the organisation commissioned by Leeds to run the pilot already being subcontracted by The Salvation Army to support people identified as victims of modern slavery through the NRM. Therefore, Leeds could transition referrals more easily from NRM support into the support provided by the pilot. Croydon had a similar model whereby the pilot was subcontracted to a provider who was part of the NRM provision in the area; however, they were not the sole provider of

[1] Percentages throughout the document exclude any ‘not specified’ responses from the total calculation unless otherwise indicated. The full breakdown of responses can be seen in the accompanying data tables.

[2] The Interim Relief Order ordered that the Home Office should not restrict support for victims of trafficking under the Victim Care Contract by reference to the date of a conclusive grounds decision or the time the support has been provided.

NRM support and struggled to get other providers to refer to the pilot. Croydon also had reduced capacity compared to Leeds.

- **The location and availability of housing offered by pilots were also seen as reasons for the low number of referrals.**

  Pilot sites felt that not being located near NRM safehouses had a negative impact on their ability to attract referrals. Victims are often in NRM safehouse support for lengthy periods and pilots felt many victims were reluctant to resettle in a new location for post-NRM support.

- **Some pilots also highlighted the difficulties they encountered in securing appropriate housing**; although, there were examples where pilots utilised relationships with subcontractors and partnered with housing charities to ensure appropriate accommodation was available.

- **Pilots advocated that they should work with the NRM support provider or outreach services much earlier on in the process to transition victims out of NRM support.**

  This would ensure a more joined-up approach and a better transition into post-NRM support and mitigate the impact on victims of adjusting to post-NRM support. Many of those interviewed highlighted that they believed the recovery of victims improved if there was more collaboration between NRM support providers and local authorities

- **The pilot sites also raised the importance of post-NRM services providing longer-term support for victims.**

  They suggested basing this on the need of victims rather than a fixed timeframe, reflected in the way some pilot sites flexed the duration and type of support to meet the victims' needs.

Outcomes

For those victims where exit data was provided,[3] the most common reasons for exiting the service were 'end of support agreement' (54%) followed by 'support no longer required' (28%).

When interviewed, pilot sites suggested the confidence of victims was vital to help them gain employment or enter education. It also empowered individuals to make their own choices, even if those choices led to them leaving the pilot and moving to a different area.

Wider findings from the pilot included:

[3] There was no exit data provided by the sites for 46% of accepted referrals.

- Pilots highlighted a need to have access to appropriate accommodation to support victims.
- The pilots could raise awareness of modern slavery to other services and agencies, which led to improved modern slavery strategies in local authorities.
- Pilots agreed that a collaborative approach between pilots and NRM support providers is essential to best support victims.

Recommendations

Some key recommendations emerged from the evaluation to be considered for any similar future programmes.

- **Early engagement with NRM support providers** to help improve the transition between NRM and post-NRM services.
- **Greater sharing of information between NRM and post-NRM providers** to help ensure that any post-NRM support has adequate information on referrals.
- **Improved location and availability of housing stock.**

  The location of available housing was thought to affect the volume of referrals received and having accommodation available was vital to offer post-NRM support.
- **Raising awareness with relevant support services.**

  Raising awareness within health services and drug and alcohol services of modern slavery, and the hidden issues victims of modern slavery face, was highlighted as an important activity. This was because pilots found that often modern slavery victims would not fit into the criteria or thresholds needed to access health or addiction services.

1 Introduction

1.1 Background to the pilot

In October 2017, the Home Office announced a package of reforms to the National Referral Mechanism (NRM),[4] with one of the core aims being to improve support for victims of modern slavery after they leave the NRM. To help achieve this aim, the Home Office piloted new approaches with six local authority (LA) areas to identify best practice in supporting victims to transition out of NRM support and link up with local services. In January 2018, the Ministry of Housing, Communities and Local Government's (MHCLG) Controlling Migration Fund awarded funding to six local authorities (Birmingham, Derby, Croydon, Leeds, Nottingham and Redbridge) to test approaches in assisting victims of modern slavery transition from centrally provided NRM support to life in local communities.

1.2 The National Referral Mechanism

The NRM is the UK's system for identifying and supporting victims of modern slavery. Potential victims of modern slavery are referred into the NRM, and if the Single Competent Authority within the Home Office assesses there to be reasonable grounds to believe that the individual is a victim of modern slavery, the individual will receive a minimum of 45 days of support as a recovery and reflection period, delivered through the Victim Care Contract (VCC). Following a positive Conclusive Grounds (CG) decision, victims will be exited from VCC support only when appropriate to do so. Victims will receive at least 45 days of support during the move-on period during which the support provider will help the victim transition out of support

The VCC provides adult victims in England and Wales access to a tailored and specialised package of care and support. This includes but is not limited to: accommodation; material assistance; counselling; access to mental, physical and dental health services; and signposting to legal support. The Salvation Army is the Prime Contractor of the VCC and provides support through their 13 subcontractors.

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[4] The NRM is the system that identifies victims of modern slavery in the UK. Potential and confirmed adult victims are supported through the Victim Care Contract (VCC) provided by The Salvation Army and subcontractors.

Following a CG decision, there is a short period of move-on support during which the VCC helps the individual plan for their exit out of VCC support. It is after this period of move-on support that a victim usually entered the pathway pilots.

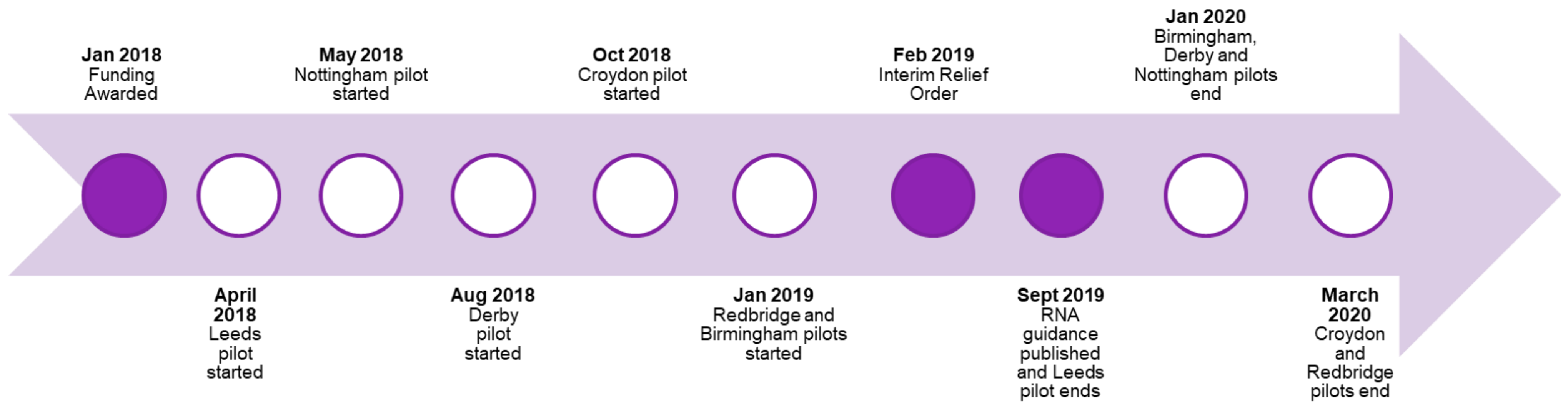
Within each of the pilots there was a focus on working with NRM support providers to transition victims out of NRM support and ensure they had access to locally-based services and accommodation to help support their transition towards independence.

1.3 Policy changes

When the local authority victim pathway pilots were announced as part of the NRM reforms, the move-on support period for confirmed victims was 14 days. In February 2019, the move-on period was extended to 45 days. Support workers could request an extension to this move-on period if a victim could not safely transition out of support. In September 2019, the Home Office committed to providing needs-based support and introduced the Recovery Needs Assessment (RNA).For further information on the RNA please see the published guidance.

As soon as possible after receipt of their positive CG decision, victims in VCC support have an RNA to identify their ongoing recovery needs and to facilitate, where possible, their transition into alternative services, and may receive at least 45 days of move-on support. If the RNA shows that they have ongoing recovery needs arising from their modern slavery experiences, they will only exit VCC support when arrangements are in place for other appropriate services to meet those needs.

As the pilots ran between late 2018 and early 2020, these policy changes affected them. In addition, an Interim Relief Order in place from February 2019 to September 2019 prevented the exit of victims from VCC support, which had a significant impact on the referrals into the pilot sites (for further details see section 4.4 Referral numbers).


Jan 2018
Funding Awarded
April 2018
Leeds pilot started
May 2018
Nottingham pilot started
Aug 2018
Derby pilot started
Oct 2018
Croydon pilot started
Jan 2019
Redbridge and Birmingham pilots started
Feb 2019
Interim Relief Order
Sept 2019
RNA guidance published and Leeds pilot ends
Jan 2020
Birmingham, Derby and Nottingham pilots end
March 2020
Croydon and Redbridge pilots end

1.4 Evaluation of the pilots

Home Office Analysis and Insight evaluated the six local authority pilots. The overall aim of the pilot was to build a sustainable pathway for victims moving from centrally funded care into local communities. To achieve this overall aim, four common aims emerged across all pilot sites – independence, safety, community links and integration and sustained accommodation (discussed in more detail in section 2.2 Aims of the pilots).

The aim of the evaluation was to illuminate best practice in transitioning victims from NRM support to local authority support and integrating victims of modern slavery into local communities. The findings and recommendations from this evaluation will feed into ongoing policy development, to strengthen the systems and policies through which vulnerable victims are supported when transitioning out of NRM support and integrating into local communities.

Due to the specific eligibility criteria of the pilots (discussed further in section 4.3 Eligibility criteria) it may not be possible to generalise any findings across different cohorts of victims.

2 Background

2.1 Initial set-up of the pilot projects

2.1.1 Governance structures within the local authorities

The six local authorities running the pilots shared similar existing partnership governance structures to oversee the delivery of the pilots. Local authorities often had dedicated task and finish groups, boards or partnerships which discussed decisions in relation to the pilot. These often took the form of Local Authority Adult and Child Safeguarding or Modern Slavery boards which fed into Community Safety Partnerships.

The Home Office decided centrally on the aims of the pilots, with scope for the different pilot sites to design bespoke offers based on their local needs and infrastructure to achieve those aims. Therefore, the pilot sites varied in their levels of local authority ownership and staffing models.

The **Birmingham** pilot created a 'one-stop' provision for all the potential needs of the victims transitioning from NRM support. It used community navigators to assess victims' needs and connect them to appropriate agencies and establish pathways to volunteering, employment or education.

The **Croydon** pilot provided 20 weeks of support to victims who would not already be eligible for alternative support when they left NRM support. The pilot provided funding for staff to work with NRM support providers to assess needs of the victim as they left NRM support and ensure a link with a support worker from the third sector in the community.

Derby recruited a dedicated social worker to assess victims' needs and manage care plans. The pilot also partnered with a local charity to provide community-based support and transition services.

Leeds used advocates who specialise in working with victims of trafficking to support integration into the local community and help victims link with local services. The funding provided a coordinator and two advocacy workers, alongside development and resilience activities for victims.

Nottingham had caseworkers to work with victims to establish post-NRM plans. The funding provided co-ordinators and caseworkers to use techniques well established in the social care sector.

Redbridge had a particular focus on ensuring victims had safe accommodation and using innovative methods around community safety technology to help victims feel safe at

home. The funding enabled Redbridge to have a specialist housing assessment officer, a resettlement officer and advocacy support from local non-governmental organisations (NGOs).

As illustrated in Figure 1, it is possible to see the six sites on a continuum, with a high level of local authority ownership at one end, compared to a pilot being completely outsourced to a contractor at the other. Nottingham has the highest local authority ownership with Leeds furthest towards the externally commissioned end.

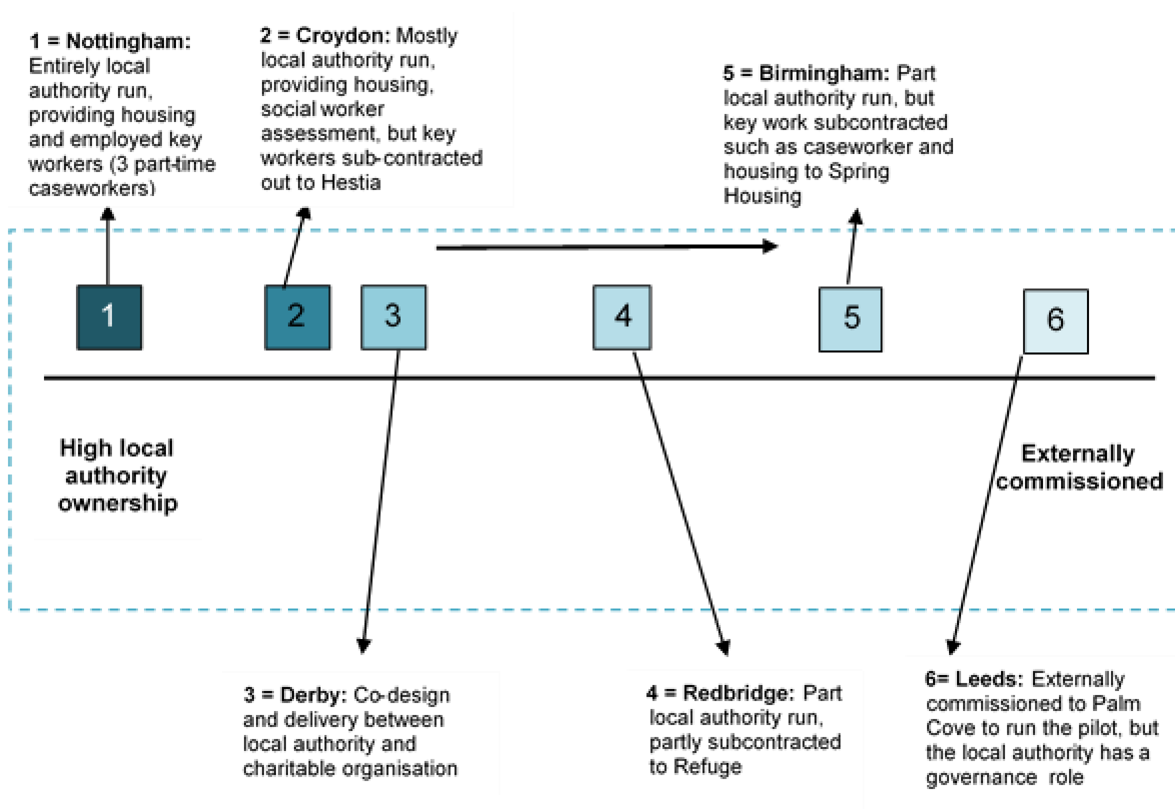


Figure 1: Pilot structures and staffing models

All local authorities utilised their governance models and partnerships to bring together statutory, private and voluntary services to successfully deliver the pilots. Table 1 shows a summary of the structure used in each of the pilot sites.

Table 1: Pilot services summary

Pilots	Overall pilot	Local authority staff	Subcontractor staff	Accommodation	Casework
Birmingham	Partially locally authority run	Modern slavery coordinator	Operational manager and two support workers	Contracted out to third party	Contracted out to third party
Croydon	Mostly local authority run	Led by one advanced social worker, one service manager and one caseworker		Provided by the local authority	Jointly provided by local authority and third party

Pilots	Overall pilot	Local authority staff	Subcontractor staff	Accommodation	Casework
Derby	Co-design and delivery between local authority and charitable organisation	Modern slavery coordinator, social care, homeless prevention team	Project manager, two caseworkers and volunteers	Provided by the local authority	Contracted out to third party
Leeds	Externally commissioned		Two caseworkers and two support workers	Jointly provided by local authority and third party	Contracted out to third party
Nottingham	Entirely local authority run	Business project manager, casework manager & three caseworkers	N/A	Provided by the local authority and social landlords	Statutory provided
Redbridge	Partially local authority run	Strategic lead and housing lead	Caseworkers	Private rented accommodation secured by the local authority	Contracted out to third party

Besides the items set out in Table 1, mental/physical health services and drug/alcohol services were provided by a mixture of statutory and non-statutory services across all the pilot areas. Financial support was a statutory provision with victims assisted to claim welfare support where eligible.

MHCLG provided the funding for the pilot sites, which ranged between £155,000 and £196,000, with the amount awarded based on the pilot's bid.

2.2 Aims of the pilots

It was important for pilots to ensure stability for victims. They aimed to build a sustainable pathway from leaving centrally-funded care into local communities, promoting an avenue towards independence and strengthening the resilience of victims to reduce the risk of re-trafficking and re-exploitation. Pilots had a strong emphasis on providing long-term support. They were keen to stress that recovery was not a linear process for victims.

> *"Each person is building on to a more stable situation…but we have found it is not a linear journey for people…it is sort of up and down in terms of the support people needed."*

Whilst the nature of the support may change as victims become more independent and integrated into the community, the ability for victims to access support if their circumstances change remained a crucial aspect to the services provided by the pilots.

Each pilot was designed around local needs and infrastructure, however there were four shared aims across the pilots:

1. Independence

Pilots proactively encouraged victims to become more independent. This emphasis was felt to be important, to avoid creating dependencies on services. Whilst the duration and frequency of contact pilots offered varied (see section 4.6 Delivery), all pilots aimed to gradually reduce the intensity of the support they provided. Pilots perceived it as their initial role to help victims to access services they required to meet their needs, for example medical, wellbeing, language, mental health (particularly trauma), language/education, training, employment or benefits. Over time, as the victims they were supporting became more independent, the pilots' aim shifted to ensuring individuals could access and engage with the services they needed without support. It was only when achieving this outcome was there consideration as to whether the victim should exit the pilot.

> *"[It's] important [the victim] isn't just relying on the provider but they know how to get advice on different things through community links and access many of the services available."*

2. Safety

It was important for pilots that victims felt safe and that the risk of re-trafficking was prevented. Pilots prioritised different ways of achieving safety for victims, and all pilots sought to develop trust between the caseworker and victim. Caseworkers involved in the pilot stressed how important it was to show victims they were there for them and could be relied upon, recognising that these vulnerable individuals had often been let down by services and authorities in the past.

> *"It's sometimes, any small thing can trigger somebody and it might set them on a very… negative and a very… deep journey, so we want to…just be really responsive and make sure that they are supported in a manner that's going to work for them…[if] they need you to be there, you just have to be ready to drop everything and to be there… It's the nature of our work."*

The geographic location of the victim's exploitation was an important consideration when determining safe accommodation.

> *"[He believed] his traffickers were following him…we very quickly moved him to different accommodation, and then … he could sort of feel actually, it's a new place and he could… start again, and not have to worry about these people who he believed were following him."*

3. Community links and integration

There was agreement across pilots in the value of victims establishing links in the community and they saw this as a core part of their remit. All pilots helped victims engage in community activities to help them integrate into the local community. They perceived this as helping to promote independence – if victims developed links with family or parent

groups, or volunteers who shared interests and spoke the same language, this could help people move towards living more independently of formal support services.

> *"[A victim] literally did not leave the house, her son didn't leave the house, she didn't speak English, only finance was through NRM subsistence, she was severely traumatised and today she has taken her son to his first day of nursery. She is living in private rented accommodation, paying the landlord directly from her housing benefit and she has got two bank accounts, starting English classes and I met with her last week and she got out her list of things to do… I now know when she finishes support from us she knows who to call, how to google phone numbers and stuff like that."*

Similarly, employment was also seen as a big factor in developing community links and integration.

> *"…clients were able to...have a look around at the work they do, they went to [hotel chain], they went to [food chain], just to have a look at it, about what the workplace looks like, and whether it would be something they would like to do, we also had drop-in sessions…where we could apply for jobs for people, conversation classes, just to try and get people's confidence…So I think it's based on confidence, but it's giving everybody the tools that they need, assisting them through them initially, and then letting them go. Lots of people got work, I'm really really pleased actually with the outcomes."*

4. Sustained accommodation

A key aim of the pilots was to ensure the provision of accommodation to victims of modern slavery who needed it. There were concerns amongst some pilots about how to access accommodation within local authorities where there was a general lack of appropriate housing reported. To overcome this challenge, one local authority worked with an existing VCC subcontractor with access to accommodation through their own housing stock and were able to use this on an interim basis until the local authority could source more permanent and stable housing.

> *"…we allocated one of our properties, it's a five-bedroom property, and that was what we called an interim property, so people coming out of area could stay in the interim property while we made the referral to [Local Council], and gave them enough time then to house that person, and that worked extremely well."*

A second pilot site worked with a third-sector organisation able to provide sustained tenancies for victims through their own housing stock.

See section 4.6.1 for more information on how pilots provided accommodation for victims.

3 Methodology

The evaluation of the Local Authority Pathways Pilot comprised a qualitative and quantitative element.

Home Office researchers conducted the qualitative element of the research. It was split into two rounds of interviews, the first in the implementation stage and the second at the end of the pilots. This was supplemented by a lessons-learned workshop and summary reports from pilot leads to validate and build on the findings that had resulted from the two rounds of interviews.

Each site provided data on the victims' needs and wellbeing at set points through their time in the pilots, and any actions completed by the pilot to aid with their recovery.

3.1 Qualitative data

3.1.1 Interviews

The first round of interviews aimed to develop a detailed understanding of how the pilots planned to run the service. The second round of interviews aimed to understand how pilots had implemented these plans, and to highlight good practice in supporting victims of modern slavery transitioning out of NRM support and into local communities.

A purposive sampling approach was adopted for both rounds of interviews, and each participant had to be working within the service (either local authority workers or outsourced support workers). The first round comprised six in-depth interviews (see Annex A for topic guides) with pilot leads. The second round comprised one-to-one interviews with 12 participants, including six strategic and six operational workers across all the sites. Strategic personnel included pilots leads and leads of the organisations subcontracted by some of the local authorities to deliver the project. Operational personnel involved frontline workers from the six sites, including caseworkers (see Annex B for topic guides).[5]

Every interview was audio-recorded and transcribed. The Home Office Analysis and Insight research team analysed the interviews, using thematic coding to highlight key patterns and trends, to help understand the effectiveness of the different models and approaches adopted by each of the pilot sites. The qualitative data presented here is

[5] One interview had to be recorded twice due to an error with the audio-recording of the first interview.

from the six pilots and therefore the wider generalisability of the information should be considered when interpreting the findings of this evaluation.

3.1.2 Lessons-learned workshop

The lessons-learned workshop was conducted with representatives from each of the six sites. The aims were to discuss and sense-check key findings and themes that had emerged from the two rounds of interviews. The workshop also involved asking the sites a series of questions, which included: exploring and confirming views on the eligibility criteria used for the pilots; what pilot model structures worked well; the role of local authorities in supporting victims in the future; and potential barriers to providing an effective service. Members of the Home Office's Modern Slavery Unit held bi-monthly workshops with pilot leads throughout the lifetime of the project. These meetings provided a forum for pilot leads to share learning across local authorities, raise issues and identify solutions, and update on progress. Whilst this wasn't a formal evaluation technique, the learnings from these meetings supplemented the lessons-learned workshop and enabled an overall understanding of the key findings from the pilot projects to be built up over time.

3.1.3 Summary reports

The pilots each provided a summary report on key areas which were not covered in the interviews. This was a reflective assessment which focused on the following six areas:

- a summary of progress towards achieving outcomes and milestones
- learning from initial set-up of the pilots
- funding
- operational delivery
- support offered to victims
- learning from independent evaluations and victim outcome case studies[6]

3.2 Quantitative data

The quantitative element of the evaluation involved collecting data from each of the six pilot sites**.** The data returns included information on:

- **Referral data** – this included numbers, reasons for rejecting referrals, demographics of victims (including gender and age), accommodation status and how the referral was received.

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[6] The Nottingham pilot was the only pilot site to attempt an independent evaluation. They commissioned The Rights Lab to work on an independent evaluation into the pilot based on interviews with clients, but the work was unable to be completed due to challenges in recruiting the desired research sample. However, The Rights Lab are planning on using the learnings from the pilot to help shape a more extensive and long-term ESRC-funded investigation into survivor experience outside the NRM, which will be undertaken from November 2020 onwards.

- **Needs and welfare assessments** – this included status and needs for housing, education/training and employment. It also included information to understand how the victim felt, including how optimistic they were for the future. This data was also collected at set points (3, 6, 9 months) throughout the victims' time in the pilot to try to understand how their needs and welfare changed.[7]

- **Exit data** – this included the reason for their exit from the pilot, an updated needs assessment (including employment and accommodation status) and a shorter welfare assessment.

The data collected covers the period that pilots were in operation. However, there were several issues with the data collected:

- **Inconsistent recording of referrals** – some pilot sites recorded all the referrals they received (whether or not they accepted that referral) whilst others only recorded those referrals offered support. This has led to an underestimate of the total number of referrals.

- **Victim consent** – not all participants consented to sharing their data with the Home Office. Accepted victims were asked for consent to share their data with the Home Office. Of the 143 accepted referrals recorded by the pilot sites, 51 (36%) did not consent for their data to be shared with the Home Office. Therefore, other than the initial data on referral numbers and dates of referral, the remaining analysis will only relate to 92 referrals.[8]

- **Inconsistent recording of exit information** – not all sites recorded exit information, and sometimes victims exited to other services provided by the pilot provider that were not part of the Pathways pilot. Of those accepted into the pilot and who gave consent to their information being shared, there is no exit data for 46% (42 referrals). This also meant that no conclusions can be inferred about the safety of victims; we intended to measure this by collecting data on their feelings of safety both on referral and on exit from the pilot. The gaps in the data have made it impossible to use this data to establish if the pilots met this aspect of the aims.

- **Reduction in data quality after referral** – of those referred and accepted onto the pilot, 92 consented to sharing their data with the Home Office. However, the number of data returns dropped significantly after the data collected on referral, with progressively fewer data returns provided between referral and exit, meaning no conclusions can be drawn from this data as sufficient numbers have not been returned.

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[7] Data on the 'needs assessment' and 'welfare assessment' conducted by the pilot sites has not been included in full in this report due to significant gaps in this element of the data return.

[8] Percentages throughout the document exclude any 'not specified' responses from the total calculation unless otherwise indicated. The full breakdown of responses can be seen in the accompanying data tables.

- **Timing of data collection** – one site did not start collecting data until a few months into the pilot and could not collect the data retrospectively.

4 Findings

4.1 Establishing partnerships with services

Pilots highlighted the importance of establishing partnerships between the local authority and other services, including statutory services and NGOs. To do this, pilot leads engaged in activities to raise awareness of their work with different services and developed single points of contact with each organisation. These relationships also enabled these organisations to have a better understanding of modern slavery.

"So that was actually one of the challenges, trying to make contact with people and set up either single points of contact within each organisation enabling people to have a better understanding of the client group and the support they might need… sometimes it was difficult to set up meetings with those services…sometimes you'd go to these people to talk about the project and you'd start talking about what modern slavery is and the National Referral Mechanism."

Developing these partnerships was a key factor in providing victims access to housing, financial support, employment and training opportunities and health and addiction services.

4.2 Pilot duration

The pilot sites each had different start and end dates and ran for between 12 and 20 months. Table 2 sets out the duration of each pilot.

Table 2: Pilot duration

	Actual		Planned		
Pilots	**Start date**	**End date**	**Start date**	**End date**	**Duration**
Birmingham	Jan-19	Jan-20	Mar-18	Mar-19	12 months
Derby	Aug-18	Jan-20	Jul-18	Dec-19	17 months
Croydon	Oct-18	Mar-20	Oct-18	Jan-20	17 months
Nottingham	May-18	Jan-20	May-18	May-19	20 months
Leeds	April-18	Sept-19	April-18	Mar-19	17 months
Redbridge	Jan-19	Mar-20	Sept-18	Sept-19	14 months

Half of the pilots did not meet their planned start dates. Pilots gave several reasons for this including: needing more time than anticipated to develop partnerships with other

services; delays in staff recruitment; challenges in securing access to suitable accommodation; and developing a robust referral pathway.

Pilots generally ran for longer than anticipated. This was due to lower numbers of referrals than expected so the pilots had the funding to increase the length of support. Pilots also opted to increase the length of time that victims were in support to ensure their needs were met, acknowledging the importance of only exiting victims at the appropriate time or ensuring victims transitioned into alternative support services. The Croydon pilot originally planned to operate for 20 weeks but moved to a more flexible model to ensure victims exited the service when their needs had been met.

"We originally set out we would work with individuals for 20 weeks and our bid was we would support people for that period of time as we viewed it as that transitional support, but what we found was that time centeredness just didn't work and actually we continued to provide support. I was doing reviews at the end of the 20-week period and it wasn't appropriate to exit these people from the service."

4.3 Eligibility criteria

To meet the core criteria to be eligible for the local authority pilot, individuals:

1. must have had a positive CG decision from the NRM;
2. must have been either exiting NRM support (whether accommodation or outreach) or exiting asylum support (having previously received NRM support), and
3. should have had recourse to public funds.

Initially, those exiting asylum support were not eligible for the pilots, but this restriction was relaxed due to low referral numbers. To boost referral numbers further, it was agreed that there could be some additional flexibility to the criteria, allowing some local authorities to accept individuals that did not meet the criterion set out above (e.g. for an individual who has already left NRM or asylum support). Decisions were taken on a case-by-case basis, taking into account the capacity of the pilot area, with pilot leads having discretion as to whether they accepted a referral or not.

Initially some pilot areas included additional local eligibility criteria to target their service offer to particular needs. In some areas these criteria were subsequently relaxed to increase referral numbers. For example, the Birmingham pilot originally planned to only accept male victims, and the Redbridge pilot planned to only accept referrals where the individual's marriage status was single.

"…our numbers had been so small, I would have a conversation with the commissions, so for example a woman with two children was referred to us, and although our project's supposed to be for single people, because we'd had small numbers, and we still had funding available in the incentive pot, fortunately both the commissioner and I were of the opinion that we want to take advantage of this project to help as many people as we can."

Pilots suggested there was a sense of frustration that they were only supporting individuals who had been confirmed as a victim by the NRM and had recourse to public funds.

"I know from when we started this project that there's frustration that the people who are being supported by this project are people with positive conclusive grounds decisions who have recourse to public funds, and that they're actually the easiest people to support anyway. And really what everyone needs is some solutions to supporting people who get negative conclusive grounds decisions, or who maybe get positive conclusive grounds decisions but don't have recourse."

"It's the people with no recourse to public funds, again, I'm saying it again, I'm repeating myself, they're the ones who we need to look after, because they're the ones that are gonna [sic] go missing and end up being re-exploited."

Some pilots did accept a low number of referrals with no recourse to public funds, particularly those who they were confident could secure employment and were suitable for privately rented accommodation.

"We did accept people with no recourse, we housed them within our interim property, but these were people who we were confident could get into work, and we did so. We got them into work, we got them accommodation, usually private accommodation."

There were some views from pilot sites that the eligibility criteria should have been more flexible, and there should have been a clear part of the service which catered for individuals without recourse to public funds.

4.4 Referral numbers

There was a total number of 173 referrals into the Local Authority Pathways pilot, with 143 being accepted and 30 rejected.[9] The reasons for rejections were similar across sites and included: lack of budget to support those with no recourse to public funds; no access to suitable accommodation; victims awaiting CG decisions; and victims with extensive

[9] As highlighted in the methodology section, 51 accepted referrals did not give permission for their information to be shared with the Home Office beyond their referral being accepted and the date of acceptance. Further information in this report will concern the 92 referrals who did consent, percentages throughout the document exclude any 'not specified' responses from the total calculation unless otherwise indicated. The full breakdown of responses can be seen in the accompanying data tables. The total number of referrals is also underestimated as some pilot sites did not record rejected referrals.

complex needs being referred towards the end of the pilot, with the pilot site feeling they did not have sufficient capacity to support them. Leeds showed the highest number of referrals accepted (60) followed by Birmingham (37). Croydon is the only site to report rejecting more referrals (13) than were accepted (12).

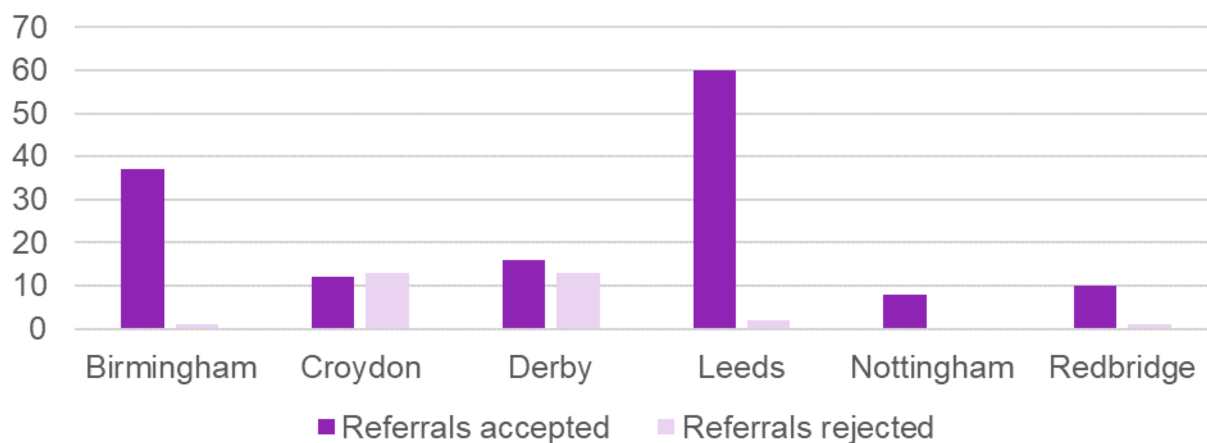

***Figure 2: Total number of referrals by pilot site*[10]**

Some pilots expressed difficulties initially attracting referrals into the pilot and suggested this may have been due to NRM support providers being unaware of the services they provided, and the time required to build trust with providers and establish pathways for support.

In the beginning, pilots prioritised engaging in awareness-raising activities, demonstrating what the pilot could offer victims of modern slavery, and establishing relationships.

> *"I've made contact with all the managers for all of the safehouses and had conversations and discussions about what we could offer and how we would like for them to relay that to their victims who are due to exit. Designed an information sheet for support workers about us, and then a separate sort of brochure about us, and about the area, to be passed on to victims considering pilot support."*

Pilots still found they received lower than expected referrals numbers – they felt one reason for this was the Interim Relief Order granted by the courts on 21 March 2019, which ordered that the Home Office should not restrict support for victims of trafficking under the Victim Care Contract by reference to the date of a CG decision or the time the support has been provided. In practice, this prevented confirmed victims from being exited from VCC support, unless there was an agreement between the individual and their support worker. The terms of the Interim Relief Order were in effect until 27 September 2019 when the RNA guidance was published.

All sites, except Leeds, either started accepting referrals later than expected or had issues in attracting referrals once they were accepting them. The Leeds pilot could accept

[10] The total number of rejected referrals is an underestimate in some sites as they did not record all referrals which were rejected. One site also did not start recording referral information until a few months into the pilot.

referrals shortly after establishing. The main reason for this was that the externally commissioned organisation Leeds contracted to run the pilot was already subcontracted by The Salvation Army to support people identified as victims of modern slavery through the NRM. Leeds therefore did not have to do as much awareness raising as other sites and could transition referrals more easily from NRM support into the pilots.

"We had everything in place, we had location, we had office space, and all we needed were to recruit another couple of support workers, but in the meantime we already had support workers who were willing to step up and into that role, and I were very confident about it right from the beginning, and I think our figures probably suggest that we were very successful".

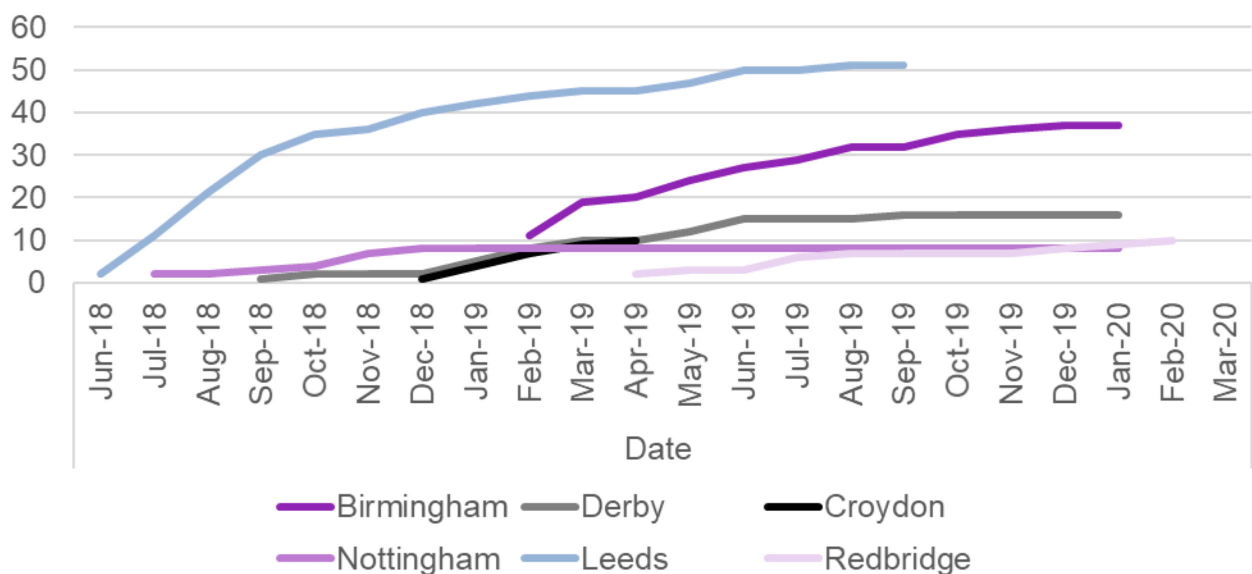

***Figure 3: Cumulative number of referrals per month*[11,12]**

Equally, Croydon also had a partnership with an NRM subcontractor and could transition referrals internally from its NRM support into the pilot. However, similar to other sites, Croydon still struggled to attract referrals from other NRM support providers as shown by the slow build-up of referrals (Figure 3). Even though the providers at Croydon and Leeds both ran all or part of the local authorities NRM provision, Leeds could transition more victims into the pilot due to the additional capacity it had compared to Croydon. Therefore, in Figure 3 Leeds appears much more successful in gaining referrals. Leeds started receiving referrals first, in June 2018, with Redbridge the last to start receiving referrals in April 2019. Leeds also had the highest cumulative referrals (51) followed by Birmingham (37) and Derby (16).

Pilots felt more engagement early on with NRM support providers and safehouses before the pilots began would have led to an increase in the number of referrals into the pilots.

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[11] Data included in graph is cumulative.

[12] Data includes all referrals accepted into the pilot with some omitted from Leeds where referral date wasn't provided.

“Being able to have done that kind of very early promotion and outreach work to the NRM services would have been really useful.”

One pilot highlighted that although it had effective pre-existing relationships with NRM support providers, this relationship could have been stronger.

“I think it’s probably pre-existing, but it’s not as perhaps as strong as I would have… I would like it to be. This was discussions that I’ve been having…very recently actually, that we’re not in competition [with NRM providers], we’re all working together for the same outcomes.”

Whilst some pilots felt the lack of referrals from NRM support providers was solely down to not being aware of the pilots, others felt there might have been a reluctance from some NRM support providers to refer into the pilots, and that the NRM support providers felt they should have been able to continue the service themselves. Others raised that the time-limited nature of the pilots may also have added to the reluctance to make referrals.

“My sense is that NRM providers have been fairly frustrated with the pilot. I think that the NRM providers feel that the service, the post project should just stay with them so that they can just basically carry on providing support to people once they’ve left the service.”

Despite these challenges, once pilots were able to build trust with NRM support providers or outreach providers and establish a relationship, they did receive more referrals.

Another challenge that impacted referral numbers was the location of the pilots. For those pilots that weren’t near NRM safehouses, this had a significant impact on their ability to attract referrals into their services. As victims were sometimes in safehouse support for lengthy periods of time, this meant they became familiarised with their area. As a result, when victims were deciding whether to enter post-NRM support, they may not wish to resettle in a new location.

“Once people are in the NRM, they tend to be in there for months, as opposed to weeks, and by the time they’ve come to exit, many of them have already moved from a different area to be in a safehouse, and then sort of spent the last 6 to 8 months resettling there, and then they don’t want to up sticks and move to then another location, so I think that’s been quite a big barrier for us.”

Pilots also expressed difficulties in securing appropriate housing due to the local characteristics of their area, which affected their ability to accept referrals. In particular, the pilots based in London highlighted that increased rent costs meant accessing private rented accommodation was difficult.

"We've had to be really clear with them that this is private rental, people are not going to get council accommodation, they're not going to get secure tenancies, they're going to be impacted by being under 35, they're going to have to share accommodation. There's just so much less on offer for people in London we've had to be really clear with the NRM providers about that too and…that can be a bit of a shock to some of the NRM providers also who work outside of London."

Due to the difficulties pilots experienced with housing, some pilots felt that this was a key factor in NRM support providers being reluctant to refer into the service.

These challenges meant some pilots that didn't have a well-developed relationship with the NRM support providers and looked for alternative sources of referrals. Pilots could receive referrals through different agencies via raising awareness of their services and utilising existing relationships either directly or through the local authority.

Not only did pilots start taking referrals from other agencies, but to increase the number of referrals further, pilots also relaxed their eligibility criteria (see section 4.3 Eligibility criteria).

4.4.1 Profile of referrals

The pilots accepted a broad range of referrals in terms of gender, age, family structure and needs. The key trends from the quantitative data were:

- Two-thirds of referrals[13] accepted into the pilots were male. This is a higher proportion than those supported by the VCC where between the same time period (April 2018 to March 2020) 47% of those supported by the VCC were male.
- Around one-third of accepted referrals (35%) came from the 25 to 34 age group followed by a quarter (25%) from the 35 to 44 age group. Only 11% of those accepted were in the 18 to 24 age group. These trends are broadly similar for those supported by the VCC with a larger proportion supported in the 18 to 24 age group in the VCC.[14]

Many families were also referred into the pilots. This added complications and challenges, particularly around suitable accommodation and dealing with specific needs of children which required the involvement of different services and partners.

[13] All data refers to accepted referrals, excluding individuals who were referred to the pilot, but who did not consent to share their data. The total number of referrals used in this section is 92, percentages throughout the document exclude any 'not specified' responses from the total calculation unless otherwise indicated.

[14] The VCC supported 23% in the 18 to 24 age group, 40% in the 25 to 34 age group and 22% in the 35 to 44 age group in this time period.

> *“[We were] unprepared for so many referrals with families and the complexities their children had, we’ve had families with children with disabilities and that was definitely challenging…and where we are the only agency that have been involved with them, it’s been quite an intense service at times…trying to quickly sign post other agencies to get involved but this all takes time.”*

Pilots rarely refused any referrals based on their level of need, and they adapted the intensity of the service to provide support to victims who had high complex needs, often utilising other specialist services.

> *“This has been really positive we’ve never refused a referral in terms of someone being too high needs, which has been really challenging, but has taught us a lot in terms of how to access different support.”*
>
> *“…we’ve had real complex situations with people…we have three individuals who have quite high-level hazard of drinking…two of which are involved in drug and alcohol services and maintaining abstinence now.”*

Some pilots highlighted that they could only provide the level of care needed to high-needs victims due to having low referral numbers, suggesting that the support required from the pilots was more intensive than initially anticipated.

4.5 Referral and needs assessment processes

4.5.1 Referral process

Although the referral process was not standardised across the six pilots, the processes they used shared similarities. Some pilots encouraged organisations to contact the pilot before submitting a request to refer a victim into the pilot. Whilst this didn’t always happen, those pilots who promoted this explained it would lead to more in-depth and detailed referral forms, improving the efficiency of the process. Once pilots received a referral form, they often initiated a phone conversation with the referring organisation which allowed the pilot to assess whether the victim fitted their eligibility criteria and were suitable for the support being offered. Pilots would then set up an assessment meeting with the victim to ensure they understood the services being offered. Whilst some pilots conducted this over the phone, others highlighted the importance of doing this face to face.

> *“I think its key they are face to face, particularly in terms of consent. In terms of consenting to know about the project, it’s all very well for the caseworker to describe something and fill in a referral, but if you’ve never actually met the individual...It also meant that when they came into the service, they absolutely knew what it was about.”*

Pilots expressed how victims throughout their exploitation would have had little choice or autonomy over decisions that would affect their lives. Therefore, it was crucial for the

pilots to ensure the victim actively chose to engage with the service they offered. Pilots highlighted how important it was to provide victims with sufficient information to allow them to make an informed decision as to whether they felt the support provided by the pilot was right for them.

"What we would instigate is a conversation between the post-NRM provider and the individual themselves…providing a picture of the city, the environment, the type of accommodation they can expect to move into, the type of service, the community groups…a bit of a travel brochure approach."

Pilots also mentioned how information provided by the referring organisations wasn't always consistent, therefore pilots weren't always aware of a victim's circumstances. This unnecessarily increased the burden on the pilots and meant that sometimes victims were entering their services without access to basic services, such as bank accounts.

"People have arrived without bank accounts and without welfare support and sometimes people have been receiving their subsistence payments almost on a daily basis and all of a sudden a month's worth of UC [Universal Credit] and it's a real challenge for them to manage and not to take drugs or start drinking."

On reflection, pilots suggested that a standardised referral form would have improved the consistency of information provided at the handover.

"I don't think we had a generic referral form amongst all the pilots, I think that should have perhaps been developed as a group, and everybody were asking the same questions."

Additionally, pilots advocated that they should work with the NRM support provider or outreach services much earlier on in the process to transition victims out of NRM support. This would ensure a more joined-up approach and a better transition into support.

"I don't think it's fair for NRM providers to take on all of the work of a post-CG service because we exist independently as they are different things, but absolutely there could be a better sharing of information and smoother transition."

Pilots also argued this would mitigate the impact of victims adjusting to post-NRM support. Pilots recognised that the support provided by NRM support and post-NRM support was very different, and this impacted recovery.

"It's really recognising the difference between NRM caseworkers [VCC caseworkers] and post-CG caseworkers [pilot site caseworkers]. So, I was an NRM caseworker before moving into post-CG support and when I first moved over, I thought they were going to be very similar roles and was blown away by the difference in the work. To see them as different things is very important, but how they come together is crucial."

As a result, pilots felt it was crucial for the services to be better interlinked and come together to ensure a smooth transition for victims.

4.5.2 Needs assessment

All pilots had some form of needs assessment for victims they were supporting. The needs assessment was a crucial aspect for pilots in ensuring victims made progress towards their recovery. This involved understanding and assessing the victim's needs to give them the best opportunity to transition towards independence. Whilst pilots were keen to stress the importance of needs assessments being flexible and changing from victim to victim, they often contained the following information:

Basic details – name, date of birth (DOB), gender, National Insurance number, country of origin, language, NRM support worker's contact details, benefit status and employment requirements.

Children and other dependants – children (DOB, social care involvement, other dependants), pets, pregnant, involvement with other agencies, any goals/expectations to achieve in line with other agencies, upcoming court or police matters.

Education and training needs – in education or seeking education/training?

Employment – employment status, suitability to work, seeking employment?

Financial situation – what type of financial support does the victim need, what access do they have to benefits?

Health and wellbeing – mental health diagnosis, physical health needs, taking any medication, disability, faith/cultural requirements, social requirements and ability to manage daily tasks.

Housing and accommodation – current accommodation, victim's accommodation needs?

Legal advice – do they need legal advice, do they have any involvement in criminal cases or need advice relating to immigration decision?

Risk indicators – areas of risk (geographical), any wider community that may present risk, summary of circumstances prior to NRM, perpetrator details, identified needs by NRM, length of time in NRM/CD, accessed the NRM before, preferred/anticipated move date, consent to share information for initial referrals to other agencies.

There was agreement across pilot sites to, as far as practical, conduct needs assessments face to face and prior to the victim entering the service to help establish a relationship and gain trust with the individual. This promoted the voice of the victim feeding into their own recovery.

Across the six pilots, conducting needs assessments involved scoring the victim's progress towards meeting goals and using this information to inform areas that may need more attention. For some pilots, the scoring of these areas would determine the frequency of these meetings, whilst other pilots opted for a defined timeframe between meetings. Despite minor differences in the way the needs assessments were conducted, pilots were consistent in highlighting how integral they were to aiding a victim's recovery.

The needs assessment allowed the pilots to quickly understand the victim's immediate needs, noting it was not always appropriate to discuss the victim's trauma and experiences at the initial meeting. It was recognised by the pilots that the needs assessment was a living document which was continually updated as the victim shared new information, particularly in the first few weeks of service.

To ensure the support offered was responsive to the survivor's needs, pilots highlighted the need to re-assess victim's progress towards recovery. They also raised the importance of caseworkers maintaining regular contact with the victim to ensure their recovery was on track.

"We had one client who we hadn't heard from him for a while…but clearly he was somebody who had been in contact with us regularly, [the caseworkers] were going to pay him a visit. Once they visited it was clear that he was being controlled and manipulated by another individual, and immediately they alerted the police and dealt with that incident…so in terms of keeping in contact and making sure individuals are safeguarded, I think the pilot was perfect for that, for this particular individual, and for other individuals who, once mainstream services had lost contact with them, anything could be happening to them."

Pilots also emphasised the importance of establishing long-term goals of independence and ensuring victims' engagement with the process to achieve those goals. This formed the basis of their meetings with victims in relation to their needs. This also meant that some pilots varied the frequency of the meetings depending on the level of need. In periods of high need, the support worker would opt to meet the victim weekly, whereas as the victim progressed, these meetings could become less frequent.

"So those with periods of high need I would meet with them once a week, whereas as the project moved along we'd meet once a month, in the hope they were busy becoming more independent and they would become more of a catch-up session. But still in those meetings we'd cover each point, so ensuring they are still in stable accommodation and they are happy with it, but it could range from do you need a grant for more furniture or do you need support writing a letter to your landlord, or how can we set up a savings account or do you need alternative payments to Universal Credit."

Pilots also made the point that needs assessments are not only important for the victim but also for staff safety. Staff would often be alone with the victim, so it was vital they knew all relevant information related to them.

4.6 Delivery

To meet the needs outlined in victims' needs assessments, the pilots ensured victims had housing and accommodation, employment and education/training, rehabilitation support, financial support and legal support – either through supporting them to access other services or providing direct support themselves.

4.6.1 Housing and accommodation

A priority for all pilots was to provide victims with appropriate accommodation. On referral to the pilots, around 67% of victims needed support to secure accommodation[15] with 26% already in local authority accommodation. 10% were living with family or friends, with 7% in private rented and 5% rough sleeping.

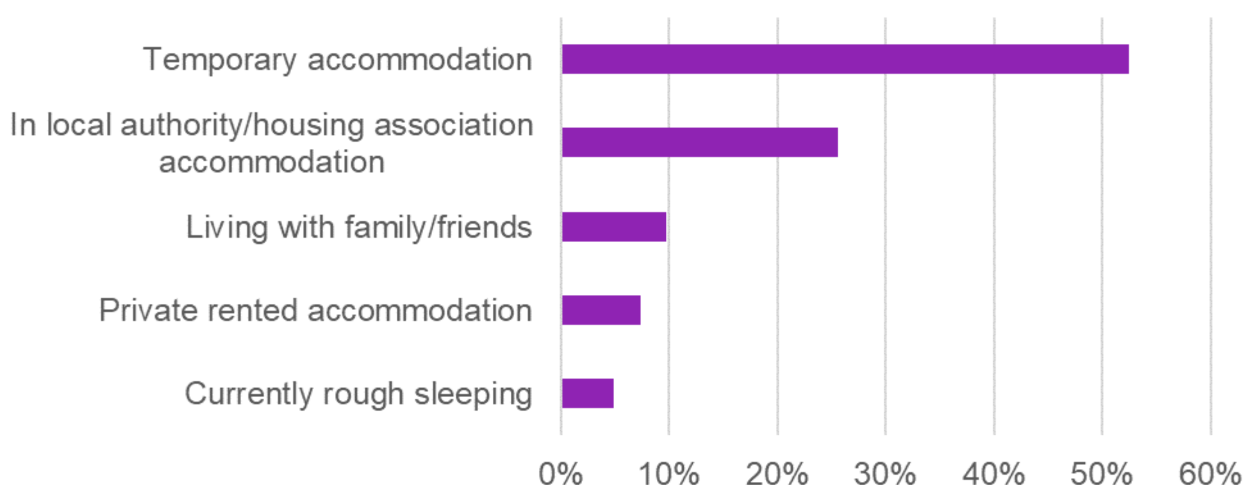

Figure 4: Housing and accommodation status on referral[16]

Pilots had varying degrees of success when securing appropriate housing. The Birmingham pilot recognised during the initial set-up phase that securing accommodation would be problematic due to the lack of social housing within the local authority

[15] Needing help to secure housing includes the categories: temporary accommodation, currently rough sleeping and living with friends and family.

[16] Data included in the graph covers those 92 referrals who were accepted and gave consent to share their information, excluding those whose response was 'not specified'

[We] identified that we would need accommodation, and we'd had an assortment of conversation[s] in house and externally, and that was a big gap of trying to get individuals accommodation so, we decided that what we would do is put it out to commission to see if we would be more successful in getting a more rounded approached service from a commissioned service, because we just weren't finding it in house…we'd got a lack of accommodation in Birmingham, before we'd even started on this process, so we didn't want to be identifying victims and finding that we couldn't accommodate them."

As a result, the pilot commissioned Spring Housing, a housing charity, to provide housing stock for the pilot. It could initially offer victims shared accommodation in the short term whilst arranging long-term tenancies extending beyond the life of the pilot. The charity was keen to emphasise to victims that shared accommodation was not for life and worked with them to understand their aspirations in terms of accommodation and explore different options, whether this was through the local authority or private rented accommodation.

The Leeds pilot could also utilise the housing stock of its pilot subcontractor. Leeds utilised a property to provide victims with temporary accommodation. This gave the pilot time to work with the local authority's housing team to provide more permanent tenancies.

Some pilots could access social housing through the local authority, and pilot subcontractors spoke positively of how this relationship worked. Where this relationship worked well, subcontractors utilised a single point of contact for housing referrals within the local authority.

"He would come to our drop-in sessions, and he would do assessments there and then, and he'd take it back to the local authority and do all the rest of what he needed to do… away from the client. So it were [sic] quite a short form to fill out, he got to meet the person face to face, he knew what landlords we had, he knew what were appropriate, and then he could match appropriate available properties with appropriate people"

The Leeds pilot also made use of an 'interim' property for victims. This meant that victims entering the service had a place to stay whilst the local authority arranged longer-term accommodation for them. The pilot sites recognised the importance of access to housing through local authority routes. Pilots who could provide housing immediately could accept a higher number of referrals. To do this, pilots needed to have a coordinated approach with the relevant housing teams to provide accommodation in an efficient timeframe. For those without access to housing stock, this became a significant barrier to accepting and supporting victims.

"…we had problems with housing in terms of availability which had a knock-on effect in terms of the number of referrals we could accept."

Several pilots emphasised that securing housing was one of their biggest challenges. The issue was both around securing long-term suitable housing and gaining access to housing generally. This was due to a variety of reasons. One of these was a widespread shortage of

social housing, exacerbated by victims often having high and complex needs which reduced the pool of suitable housing.

The issues with housing occurred even when pilot sites had good relationships with local authority housing teams. This suggested that where there was limited social housing in a borough, local authorities could not help, so some pilots had to refuse referrals due to delayed access to suitable housing.

The challenges with housing extended into having some accommodation available but it not being suitable for the victims referred to the pilot. For example, one site received a female victim and placed her in one of its three bed properties, but all subsequent referrals were single males and placing them in this property would not have been suitable. The pilot also received a higher number of family referrals than expected, which quickly filled the pilot's housing stock. The pilots were unable to plan for the best use of their properties due to uncertainty over the type of referrals they would receive.

Pilots also recognised that one of the biggest barriers was local authority thresholds to accessing housing for which victims did not always fit the criteria. For example, pilot sites felt that single males would have to present as homeless in the area to access housing. This would be a huge risk to take for victims, particularly those already in the care of a safehouse or outreach services.

Pilots also expressed difficulties accessing the private rented market, and this was the case for a variety of pilots despite their geographic location.

"We looked at various options around this and our initial thoughts was we would move people into private rented housing immediately and use the grant to pay for the rental payments and wait for housing benefit to kick in, but that was where it was difficult in terms of [financial] liability."

Pilots also highlighted that benefit caps and housing benefit restrictions meant that private rented accommodation was often inaccessible due to the costs. Pilots had concerns that even if the rent was subsidised through allocated funding, this would only be a short-term solution and would put victims at risk once that funding ended. An additional barrier for private rented accommodation was the common requirement of a guarantor which was not an option available to most victims.

"The project relied on the use of private accommodation, we underestimated the impact on the ability to find suitable properties of local rent caps, availability of properties and the under 35 rules for self-contained accommodation. This meant that those people who were accommodated through the project often had to compromise suitable private accommodation for sustainability in the longer term. We were very conscious of putting people into accommodation which would not be sustainable past the life of the project."

Some pilots suggested that there needed to be changes in legislation to ensure victims of modern slavery will be entitled to accommodation from the Local Authority.

> *"I think it's really important that anybody coming out of the NRM with a positive conclusive grounds decision is classed a vulnerable by local authorities, so that local authorities have a duty to house them and they're in priority need. Much in the way…we're supporting victims of domestic violence who have children, they're in priority need...we just think that's just absolutely critical."*

Pilots were in agreement that going forward it would be essential for services to secure a sufficient level of housing stock if they were to offer post-NRM support to victims.

4.6.2 Employment, education and training

For pilots, engaging victims in employment, education and training activities was crucial to progress their recovery and integrating them into local communities.

On referral, victims were asked separately about their employment status and their education status; 38% of victims were unemployed and wanted to move into employment (Figure 5) and 33% of victims were not in but wanted to move into education or training (Figure 6).

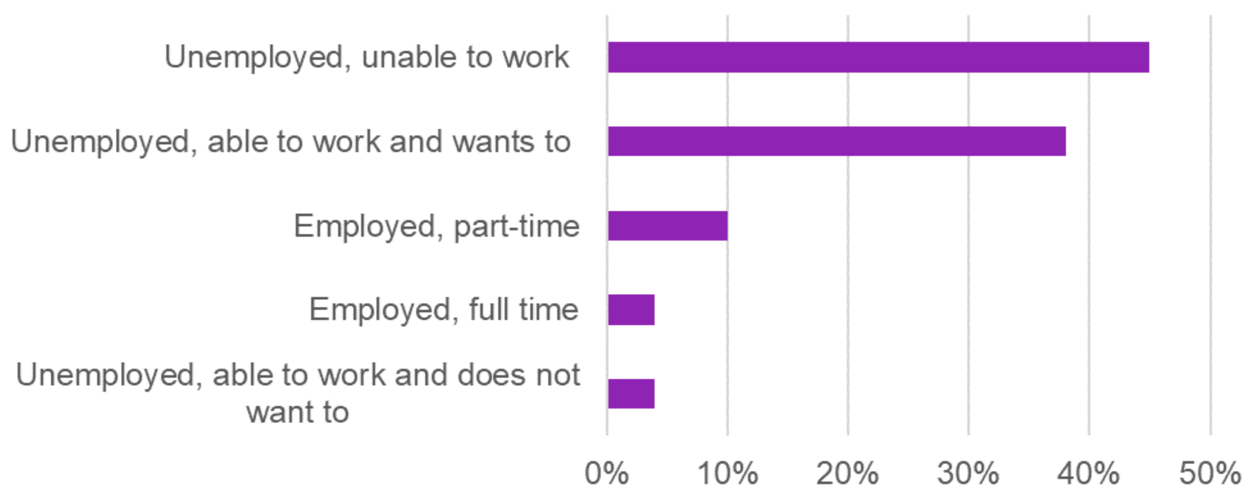

Figure 5: Employment status on referral

The largest group was those 'unemployed and unable to work'(45%), followed by those 'unemployed, able to work and wants to' (38%). Those 'employed part time' made up 10% with those 'employed full time' and those 'unemployed, able to work and does not want to' both making up 4%.

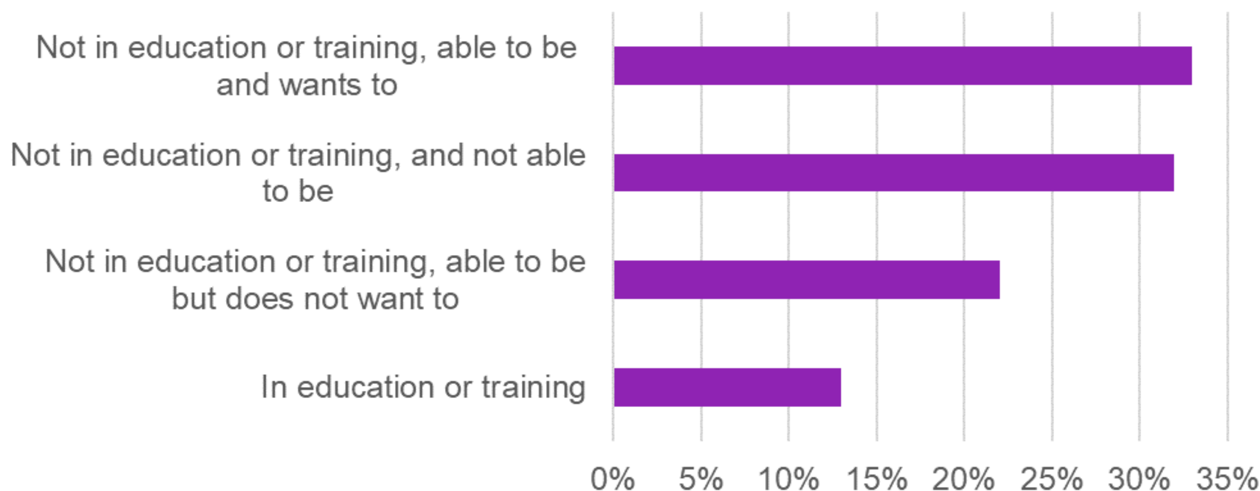

Figure 6: Education/training status on referral

The largest group was those 'not in education or training, able to be and wants to be' (33%) followed by those 'not in education or training, and not able to be' (32%) with those 'not in education or training, able to be but does not want to be' at 22%. The smallest category was those 'in education or training' (13%).

Pilots set up several schemes and initiatives with different services to provide opportunities for victims. For example, the Derby pilot established a partnership with a local social enterprise group which gave victims of modern slavery the opportunity for employment at a local ice-cream shop.

"At the same time we set up the pilot, Social Enterprise in Derby set up a project to give employment to victims in an ice-cream shop and it's perfect, it's part time, flexible and supported. [Victim] never thought employment was possible, but because [victim] felt settled was able to start working."

Pilots could also call on the agencies and services with which they had established links through pre-existing work.

"We've got relationships with employment agencies in the local area because of what we do as a subcontractor, so again it'd be taking people to the agencies, the Prince's Trust…ran workshops, CV writing, he did work placements…"

Palm Cove highlighted how victims were given the opportunity to visit places of work and attend drop-in sessions where support workers from the pilot would help them apply for jobs and to improve their CVs.

"…the clients were able to go into the railways for example, and have a look around at the work they do, they went to [hotel chain], they went to [food chain], just to have a look at it, about what the workplace looks like, and whether it would be something they would like to do, we also had drop-in sessions obviously, where we could apply for jobs for people…"

One pilot site emphasised the importance of utilising volunteers to help support victims. The support provided by volunteers ranged from helping victims with their CVs, offering employment and paying for travel.

"We had a victim who was doing a plumbing course at college and he was matched up with a gentleman who ran a construction company. He volunteered with us over the summer and they helped out with his CV and helped set up a placement for the victim with [company]. We also have a volunteer due to her experience on the front line has set up an initiative to give victims free travel."

Victims were also supported in improving their language skills. Pilots could offer victims regular classes to improve their English language skills. This was a key aspect to ensure victims could feel like they were part of the community.

"[We] worked very closely with [Adult learning and training organisation], who have provided English teaching and have been very good with our clients… we have arranged an ESOL [English for speakers of other languages] volunteer and our clients can access them for free."

Many of the victim's first language was not English – on referral, 77% of victims did not speak fluent English. There were substantial differences between pilot sites on the translation services available, with most sites reporting a lack of translation services (and insufficient funds available for the number of interpreters required) as having a big impact on being able to engage with the victims.

"Challenges that I didn't foresee…we couldn't get interpreters, and there was no funding."

In situations where translators were not immediately available, or there was no adequate funding for translators, pilots could use staff members with language skills or technology to engage with victims. However, it was felt by pilots this was detrimental to helping them engage with victims on their more complex needs as the staff member would not necessarily be fluent in the required language. Pilots also flagged that without their support, the lack of available translators at job centres and GP appointments would have had a negative impact on the victim's recovery. Pilots recognised the importance of translation services to ensure the victim's voice was at the forefront of their recovery and stressed the need to access a greater number of interpreters.

4.6.3 Physical/mental health, addiction support

Pilots provided significant support to victims relating to health and addiction support. Across all six pilots there were very few cases where individuals did not enter the service due to their needs being too high or complex.

> *"…we've never refused a referral in terms of someone being too high needs, which has been really challenging, but has taught us a lot in terms of how to access different support."*

Pilots could use their links within the local authority to access services victims required or utilise links through their subcontractors to access specialist support. Through this, pilots could progress the recovery process for victims.

> *"We've had one individual who's maintained his abstinence from alcohol since the start of the project he is…now is waiting [for] longer-term mental health support around managing some of that trauma and then we have three individuals who have quite high-level hazard of drinking…who have all had relapses. Two of them are now involved in drug and alcohol services and maintaining abstinence now."*

Pilots also set up partnerships to offer victims the chance to attend schemes which could improve their health and wellbeing. The Leeds pilot set up exercise classes for victims and worked with Leeds United Football Club so victims could play football and engage in physical activity.

> *"I believe that exercise can reduce stress, depressions and anxiety. So we set up classes such as yoga and Zumba. We worked with Leeds United who offered 10 week sessions, once a week, playing football, because the majority of our clients at that time were male and they all wanted to play football."*

Some pilots expressed challenges with accessing health and addiction support. This was especially the case where victims had moved areas to be supported by the pilots.

> *"The mental health support has been really challenging, so people can wait 6 months for a mental health assessment. So we've had people who've come from safehouses in London where they've been having one-to-one mental health support, weekly for the last 6 months in London and then they transfer…and there's no direct transfer, so they then have to wait… I think it was about five months before he got a mental health assessment and then three months to see a specialist."*

In addition to this, pilots highlighted that even once mental health support was available, it was often unsuitable or inappropriate for the victim. To improve this, pilots highlighted the need for significant awareness raising of the issues around modern slavery with support services, including mental health support and drug and alcohol services, to ensure that victims could access the support they need.

"[We] have been able to meet with team leaders there and staff there and to explain about the specifics of our project and our client base, who quite often don't fit into their bracket of alcoholics. Normally it's quite difficult to access alcohol support but through working with them we've been able to access support that wasn't there at the beginning."

Pilots found that often modern slavery victims did not fit the criteria or thresholds required to access health and addiction services. As a result, some pilots facilitated awareness raising and training days, inviting organisations – including health and addiction services – to attend to give them a better understanding of the hidden issues experienced by victims of modern slavery.

4.6.4 Benefits and financial support

An important factor in helping victims to transition into the local community was ensuring they had access to the correct welfare benefits and financial support.

Some pilots established contacts at the Department for Work and Pensions to assist with applications for victims, which meant they could access financial support more efficiently. It was also important to equip victims with the information on how to enquire about their benefits and understand their entitlements. One site flagged that having a single point of contact within the job centre was helpful in supporting victims.

Some pilots experienced difficulties when victims first entered the pilot, as some victims had not received welfare support and therefore were reliant on VCC subsistence payments.

"…without a transitional plan people have arrived without bank accounts and without welfare support and sometimes people have been receiving their subsistence payments almost on a daily basis. When all of a sudden, they receive a month worth of Universal Credit, it can be a real challenge for them to manage."

Due to victims being used to receiving more regular subsistence payments through the VCC, pilots had to ensure that when victims transitioned over to accessing UC, effective management prevented victims regressing in their recovery.

4.6.5 Legal advice and engagement with the Criminal Justice System

Around a quarter of victims required legal advice when they were referred to the pilots. The advice they needed often related to immigration concerns and involvement with court trials. Pilots highlighted how they worked closely with victims to ensure they did not disengage from the support provided by the pilots. The involvement of the pilots helped keep victims engaged with court proceedings, providing evidence to help law enforcement prosecute the perpetrators.

Victims were often requested to provide evidence in court against their perpetrators. These cases can take a significant amount of time to prosecute and often continued after

the victim left NRM support. Some pilots felt post-NRM support was needed to ensure victims were appropriately supported through this process. Pilots highlighted how the police had recognised the importance of having support workers around the victim to ensure support through the process.

“For me, it really highlighted the need for post-CG support because often these cases take a year or two years to come to fruition. One police officer did say that it was essential to have support workers involved in trials, otherwise witnesses would be more likely to back out, change address, or change their phone numbers”

The pilot sites suggested that there was the potential for victims to be re-traumatised following court cases. Therefore, it was essential for support workers to be involved in the process to ensure it did not impede a victim’s recovery.

5 Outcomes

Outcome data was requested from all pilot sites for victims who received support (see section 3.2 Quantitative data). However, there was no exit data provided by the sites for 46% of accepted referrals (42 of 92). Some pilots did not provide exit data as service users continued to receive support from the support provider using a different source for the funding and therefore did not technically exit the support.

For those victims where exit data was provided, the most common reasons for exiting the service were 'end of support agreement' (54%) followed by 'support no longer required' (28%).[17]

Pilot sites offered some examples of outcomes for service users. One site highlighted that individuals often came into the pilot with no basic provision from the NRM support provider, for example access to bank accounts, but after receiving support they moved into part-time employment.

> *"They've [pilot site provider] got case studies that show individuals that came with literally nothing, they've [pilot site] got them registered with benefits, they've got them registered with a GP, they started off doing some voluntary work and now are in part-time employment."*

Other sites reported service users were gaining confidence and entering employment or education after entering support. Pilot sites suggested victims' confidence was vital to help them gain employment or enter education; it empowered individuals to make their own choices, even if those choices led to them leaving the pilot and moving to a different area.

> *"It's actually the smaller stuff, empowering individuals to make their own choices, even if it's not the choice for them…Some of that low-level stuff in terms of confidence and for them to be themselves and see themselves as human again, is what I would see as success."*

However, some providers flagged it was almost impossible to get victims into employment if they were involved in court cases, as often it meant they were not in the right frame of mind to enter employment prior to the court case. Access to mental health support was also challenging for victims waiting for court cases.

[17] 'Support no longer required' indicates that victims had received sufficient support to exit the pilot. 'End of support agreement' indicates that the funding for the pilot had come to an end.

> *“Due to the length of time waiting for assessments and then for trial dates to come round, that leaves victims sometimes who are deeply traumatised, probably suffering from PTSD [post-traumatic stress disorder], who are going 18 months without any real solution around that. I think that’s something that needs addressing, you know, nationally, that’s a massive issue.”*

One of the four aims for the pilots was to increase the safety of the victims. The evaluation intended to measure how safe victims felt on referral and at exit from the pilot, however due to the issues with the completeness of the data returns, it has not been possible to use these responses.

There were also the following wider outcomes from the pilots:

- **The pilots have emphasised the need to have access to appropriate support services to support victims both during and following the pilot.**

  The transition of victims out of the service once the pilot had finished was a concern for many of the pilot sites. To mitigate the impact, pilots implemented plans to utilise other services or partnerships to ensure victims continued to receive the support required. For example, charities subcontracted by the pilot could continue supporting victims exited from the pilots that still needed support. Nottingham agreed a partnership with The Salvation Army, providing a mentoring scheme for victims leaving the pilot as a stepping stone to independence.

- **The pilots could raise awareness of modern slavery to other services and agencies.**

  This was vitally important in helping generate a package of support to victims that could improve their recovery, including linking them with key services.

  > *“[Because of the pilot] your name becomes synonymous with modern slavery and people know to talk to you about things and look for advice and being able to build those links with other agencies like [charities], alcohol services, colleges, the job centre…being able to have conversations about the project but also raise awareness of modern slavery.”*

  Pilots spent time investing in relationships with different services, recognising the importance of gaining the support of statutory, non-statutory services and voluntary services. This helped pilots meet the varying needs of the victims, whether this was providing accommodation, accessing benefits, offering training to improve employability, or running classes to improve health and wellbeing.

- **The pilots have helped raise awareness of modern slavery in local authorities, leading to improved modern slavery strategies.**

  There were examples of this in all pilot sites:

- **Birmingham City Council** have set up an operational group with West Midlands Police to increase identification and enforcement when there are premises of concern. This includes partners from the Department for Work and Pensions, West Midlands Fire, HMRC, Border Force, Gangmasters and Labour Abuse Authority, and Birmingham City Council Enforcement Officers. These key partners have played an essential role in supporting victims, establishing data sharing agreements to work in partnership to ensure the victims' needs are met.

- In **Croydon**, the project raised awareness and emphasis on gaps in service delivery for victims of modern slavery. This has resulted in Croydon evaluating the support pathways available for victims of modern slavery, which was coordinated by Croydon's Community Safety Unit and supported by Croydon Safety Partnership and Croydon Adult Safeguarding Boards.

- Prior to the start of the pilot, **Derby** had an established Modern Slavery Strategic Partnership. The Derby pilot developed a city- and county-wide Modern Slavery Practitioners Forum, which brings together frontline practitioners working with victims to share good practice and inform the work of the Strategic Partnership. Following the end of the pilot, the Derby-based charity who co-designed the pilot with Derby City Council will continue to provide long-term support to those exiting the NRM.

- **Nottingham City Council** have established a Slavery Exploitation Risk Assessment Conference (SERAC) which brings professionals together to review cases of modern slavery.[18] The SERAC is coordinated by the council's Modern Slavery Team in partnership with Nottingham Police. It provides a forum to discuss suspected or known cases of exploitation, slavery and trafficking, facilitating an open exchange of information to develop a multi-agency plan of action. The first SERAC was held in May 2019 in response to suspected cases of exploitation which did not initially meet the thresholds for adult safeguarding or police interventions.[19]

- The pilot in **Leeds** helped the local authority to promote the modern slavery issue by increasing its capacity. This included the establishment of governance arrangements and partnership working via a multi-agency Leeds Modern Slavery Board and stronger working relationships between stakeholders such as housing, the third sector and police.

[18] Partners involved in the SERAC include: police specialist units and neighbourhood beat teams, housing providers, Nottingham University Hospital, Nottinghamshire Healthcare Trust, HMRC, Government Agency Intelligence Network (GAIN), Adult Safeguarding and Duty Health and Care Point, Council Safer Housing, Council ASB team, Mental Health Teams, Community Protection Intelligence, Women's Aid and POW. Meetings are case specific so may also include other relevant stakeholders.

[19] To date the SERAC has received 178 referrals.

- As part of **Redbridge** improving its local response to modern slavery, a task and finish group was set up to report the progress of the pilot which feeds into its community safety partnership, accountable to the Chief Executive of the Council.

6 Conclusion

The purpose of this report is to illuminate best practice in transitioning victims from NRM support to local authority support and integrating victims of modern slavery into local communities. The pilots looked to achieve the main aim of building a sustainable pathway for victims leaving centrally-funded care into local communities by trialling different methods of support to victims. Four common aims emerged from the pilot sites to achieve the principal aim:

- Independence
- Safety[20]
- Community links and integration
- Sustained accommodation

The report highlighted areas of best practice which helped achieve the aims of the pilot. Some models trialled were more successful than others. The report highlighted successes and barriers encountered. These have fed into the recommendations put forward in section 7.

In practice, the four shared aims of the pilots are inextricably linked. Providing sustained accommodation would be beneficial in integrating victims into the community and increasing independence. The evaluation highlighted the following best practice:

1. **Accommodation should be located near existing NRM safehouses.**

   The type and location of accommodation offered to victims was a key factor raised by pilot sites so they could adequately support victims. Appropriate accommodation gives victims stability to ensure they begin recovery and move towards independence. Pilots highlighted the location of this accommodation as a critical factor in the victims' uptake of the pilot; pilot sites found it was most successful when accommodation was located near safehouses offering NRM support.

2. **NRM support providers and post-NRM service providers should work together to ensure a seamless transition for the victim.**

   Many interviewees believed that the recovery of victims could begin sooner if NRM support providers and local authorities worked more collaboratively and promoted

[20] As referenced previously, it was impossible to measure any changes in the safety of victims as the data collection which intended to capture this was not completed sufficiently for any conclusions to be drawn on the effectiveness of the pilot in addressing this.

independence of victims. This could involve organising a range of support for the victim including accommodation, finance and healthcare. Working earlier, and more collaboratively, with NRM support providers would enable post-NRM service providers to fully understand the needs of the victims and enable a smoother transition for victims between service providers.

3. **There should be sufficient supply of interpreters.**

   Pilot sites highlighted the lack of interpreters available for those victims who had English as a second language as an issue. They felt this impacted the effectiveness of the support they could offer victims and affected their ability to engage with support such as the job centre or GPs; this therefore restricted their ability to make links in the community and gain independence.

4. **Scope and length of post-NRM support should be needs based.**

   The pilot sites raised the importance of post-NRM services providing longer-term support for victims and suggested basing it on the needs of victims rather than a fixed timeframe. This was reflected in the way some pilot sites flexed their support to meet the victims' needs. They also raised concerns about the available support to those without recourse to public funds and suggest this should be further considered.

5. **Raising awareness of the needs of modern slavery victims with relevant services and support agencies is important to enable access to the required services.**

   Those interviewed felt they had been successful in raising awareness of modern slavery with relevant services and agencies. This awareness raising led to local authorities improving their modern slavery strategies, and it was hoped that this would give victims easier access to support services helping them towards independence.

7 Recommendations

Some key recommendations emerged from the evaluation which should be considered for any similar future programmes.

- **Early engagement with NRM support providers.**

  The evaluation findings highlighted that pilots had issues in attracting referrals from NRM support providers. To mitigate against this issue, pilots (or similar post-NRM support) should engage early with NRM support providers. This should improve the transition between NRM and post-NRM services.

- **Greater sharing of information between NRM and post-NRM providers.**

  The Home Office should work with both NRM and post-NRM support providers to ensure that there is adequate information sharing. This information should also be in a consistent standardised format to ensure post-NRM support providers have the appropriate information on any referrals.

- **Improved location and availability of housing stock.**

  The findings of the pilot indicate that ensuring suitable accommodation is near NRM safehouses is vital to ensure an easy transition and increasing uptake of the support. Part of the reason that location near NRM safehouses is so important is due to the time victims spend in VCC support and feeling settled in the area. Pilot sites felt that location of accommodation had a significant impact on their ability to attract referrals to their services. They also highlighted that having access to an appropriate level of housing stock is essential for providers to be able to offer post-NRM support to victims.

- **Raising awareness with relevant support services.**

  Post-NRM support providers should raise awareness of modern slavery within health and addiction services. Helping these services understand the hidden issues faced by victims of modern slavery was highlighted as an important activity in ensuring they received the support they needed. This was because pilots found that often modern slavery victims did not fit into the criteria or thresholds needed to access health or addiction services.

The Modern Slavery Unit within the Home Office has considered the recommendations from the evaluation of the pilots and are undertaking work to address the above recommendations.

- A key element of the new Modern Slavery VCC, going live in winter 2020/21, is that it is underpinned by collaborative working across all elements of the service to ensure that it achieves the objectives of the contract. Collaboration is not limited to the Home Office and The Salvation Army; strategic partners (such as local authorities) will be invited to provide comments and qualitative feedback quarterly to inform continuous improvement plans.

  This partnership approach will help build and manage sustainable relationships, establishing a coordinated approach between partners to meet the needs of victims of modern slavery and support their smooth transition from the service back into the community. For example, a victim may require long-term accommodation or support when moving out of the service into independent living. The Salvation Army will work closely with a range of partners, including local authorities, to support a victim's sustainable exit from the service.

- Victims' data and information will continue to be held and shared in line with all relevant data protection regulations and the duties outlined within the VCC. Data is held and shared with relevant support services to ensure appropriate signposting and access to external services. As part of the new Modern Slavery VCC, there is a real emphasis on partnership working in order to deliver a coordinated approach to supporting victims. The new contract includes a key performance indicator whereby the supplier is expected to establish effective relationship with the Home Office and all strategic partners. Local partners will be represented in the governance arrangements which will provide a forum to discuss this recommendation further.

- As part of the NRM Transformation Programme, the Modern Slavery Unit has been looking at the challenges faced by victims of modern slavery in accessing settled housing. The Home Office works closely with MHCLG to improve local authorities' awareness of the needs of modern slavery victims and how they can discharge their homelessness obligations.

- The Home Office will be developing training materials to distribute to frontline staff in first responder organisations, homelessness charities and NHS trusts. This will explain what modern slavery is, how to identify victims, and detail the pathways of referring a potential victim into the NRM or the re-entry of a confirmed victim.

Annex A: Topic guide for scoping work

Aims and objects

We are speaking to six local authorities currently involved in the Local Authority (LA) Pathways Pilot programme that aims to provide support to individuals who have exited the NRM. The overall objectives of the evaluation are to:

- illuminate best practice in integrating victim/survivors of modern slavery into local authorities
- measure outputs of the pilots and explore victim/survivor experiences and perceived impacts

Scoping interviews

The objective of the scoping interviews is to develop a detailed understanding of pilot sites' plans to help us develop our approach to evaluation. Specifically, these interviews will cover:

- plans and development (how things have changed since the bid)
- eligibility
- referral process
- needs assessment
- meeting needs and anticipated outcomes

Use of topic guide

The topic guide includes prompts and probes rather than fully formed questions. The guide is designed to be used flexibly to allow interviewers to be responsive to issues raised by participants. Responses to questions will be probed fully, with researchers asking 'why' throughout.

Section 1: Introduction (5 minutes)

Aim: Explain the research and answer any questions.

- **Introduce self**, role at Home Office HO.
- **Purpose:** Brief explanation:
  - **Evaluation aim:** Illuminate best practice and measure outputs.
  - **Scoping interview:** This interview is a first step to help us understand pilot sites' plans, which will help us to refine our approach to evaluation.
  - **Findings and publication:** Findings from this interview won't be published immediately, but they will help to inform our approach to evaluation and may feature in the final publication report (due to be published in 2020).
- **Coverage:** Outline of key coverage – would like to learn more about:
  - plans and development (how things have changed since the bid)
  - eligibility
  - referral process
  - needs assessment
  - meeting needs and anticipated outcomes
- **Format:** Emphasise that completely voluntary, there are no 'right' or 'wrong' answers – it is about their views and experiences. Some questions might feel more/less relevant – it is fine to move on if this is the case.
- **Gain informed consent:** Go through key points in the consent form – answer any questions.

  If not received email consent – read through consent form and record verbal consent.
- **Recording:** Would like to record with their permission – data stored securely (and will be deleted by 31/12/2021 or after publication if before).
- **Any questions?**

START RECORDING

Section 2: Background and context (15 minutes)

Aim: Establish rapport, gain important background information about the pilot.

Professional background

- Overview of role – length of time, day-to-day work, nature of work, job title, department, proportion of their role on the pilot.
- Map their role in the pilot.

Staffing the pilot

- Explore who else is involved in delivering the pilot – within the local authority, externally – what are their working patterns/professional backgrounds?

Overview of the pilot

- Outline the overarching aims of the pilot, what are the specific objectives?
- Map how things have changed/stayed the same since the bid, *spontaneous but probe on:*
  - any challenges
  - changes in scope/remit/resources
- Briefly explore biggest preoccupation/concern in relation to the pilot at the moment.

Section 3: Eligibility (10 minutes)

Aim: To develop a clear understanding of who is eligible for the pilot.

Eligibility

- Map who is eligible for the pilots, *spontaneous but probe on:*
  - nationality
  - complex needs (alcohol/substance addiction, severe mental or physical health needs)
  - proximity to traffickers
  - anything else?
- Any other reasons for refusing a referral, *spontaneous but probe on:*
  - other concerns about safety in the LA
  - resource/capacity to support (accommodation/case work?)

Challenges

- Map key challenges/concerns in relation to eligibility, *spontaneous but probe on:*
  - difficulty assessing
  - other
- Explore any solutions/plans to overcome challenges.

Development in thinking

- Explore how approach to eligibility has changed since writing the bid.

Section 4: Referral process (10 minutes)

Aim: Map the referral process.

Referral process

- Explore how they envisage the referral process working:
  - Who – NRM providers, anyone else?
  - How – phone, email, face-to-face, another way?
- Map any relationship building activity with NRM providers to help facilitate referrals:
  - How/who developed these relationships?
  - Which providers?

Challenges and concerns

- Proximity of NRM providers.
- Concerns over caseload – too many/few referrals.
- Explore any solutions/plans to overcome challenges.

Development in thinking

- Explore how views/approach to referrals has changed since writing the bid.

Section 5: Needs assessment (10 minutes)

Aim: Explore how they envisage needs assessments working.

Needs assessment process

- Map the process for conducting a needs assessment, *spontaneous but probe on*:
  - who would do it (NRM support provider/pilot site/combined)
  - location (provider accommodation, pilot site, over the phone)
  - duration?
- Overall purpose of the needs assessment.
- Explore the content of the assessment, *spontaneous but probe on:*
  - accommodation
  - health
  - language
  - status (immigration)
  - other?

Challenges and concerns

- Map any specific concerns in relation to needs assessments, *spontaneous but probe on:*
  - duplicating work/efforts (provider/pilot)
  - victim/survivor fatigue – answering questions
  - information sharing between providers and pilots
  - anything else?
- Explore any solutions/plans to overcome challenges.

Development in thinking

- Explore how views/approach to conducting needs assessments has changed since writing the bid.

Section 6: Meeting needs and anticipated outputs

Aim: To understand how they will meet needs, and outputs they would expect to see.

Key activity and approach

Researcher note: In this section explore how key activity links back to specific objectives.

- Explore different ways pilot sites plan to meet victim/survivor needs:
  - General approach (move towards independence, working with victim/survivors).
  - Activities (casework, reviewing needs assessment, attending meetings, other?).

Anticipated outputs

Researcher note: Explore what success looks like for each bullet, or if not an aim of the pilot probe on why.

- Explore what they think success looks like for victim/survivors.
- Map what outputs they would expect/hope to see in relation to the following:
  - accommodation
  - education/training
  - benefits
  - employment/work/employability
  - English language skills
  - physical/mental health
- Other plans to measure how/whether needs have been met.

Check whether any general feedback on data fields – specific comments can be done over email.

Section 7: Conclusion and wind-down (5 minutes)

Aim: To sum-up contents and wind-down.

- Wrapping up – what do the pilots need to do to be successful?
- Anything else they want to add?

Annex B: Topic guide for implementing pilot interviews

Aims and objects

We are speaking to six local authorities currently involved in the Local Authority (LA) Pathways Pilot that aims to test approaches to supporting victims to transition out of NRM support and into local communities. The overall objectives of the evaluation are to:

- illuminate best practice in integrating victim/survivors of modern slavery into local communities
- measure outputs of the pilots and explore victim/survivor experiences and perceived impacts

Follow-up interviews

The objective of the interviews is to develop a detailed understanding of how pilot sites' plans have been implemented and delivered, to help us highlight good practice going forward. Specifically, these interviews will cover:

- development and implementation (how things have changed since the first round of interviews and how the sites have been implemented)
- eligibility
- referral process
- needs assessment
- meeting needs and anticipated outcomes

Use of topic guide

The topic guide includes prompts and probes rather than fully formed questions. The guide is designed to be used flexibly to allow interviewers to be responsive to issues raised by participants. Responses to questions will be probed fully, with researchers asking 'why' throughout.

Section 1: Introduction (5 minutes)

- **Purpose:** Brief explanation:
  - **Evaluation aim:** Illuminate best practice, and measure outputs.
  - **Follow -up interview:** This interview is to help us understand how pilot sites' plans have been implemented and are working in practice since their inception.
  - **Findings and publication:** Findings from this interview won't be published immediately, but an internal publication may be produced to help to inform policy decisions in relation to the pilot and may feature in the final publication report (due to be published in 2020).
- **Coverage:** Outline of key coverage – would like to learn more about:
  - development and implementation (how things have changed since the last set of interviews and how plans have been implemented)
  - eligibility
  - referral process
  - needs assessment
  - meeting needs and anticipated outcomes
- **Format:** Emphasise that completely voluntary, there are no 'right' or 'wrong' answers – it is about their views and experiences. Some questions might feel more/less relevant – it is fine to move on if this is the case.
- **Gain informed consent:** Go through key points in the consent form – answer any questions.

  If not received email consent – read through consent form and record verbal consent.
- **Recording:** Would like to record with their permission – data stored securely (and will be deleted by 31/12/2021 or after publication if before).
- **Any questions?**

START RECORDING

Section 2: Background and context (15 minutes)

Aim: Establish rapport, gain important background information about the pilot.

Professional background

If this is the participant's first interview, confirm:

- Overview of role – length of time, day-to-day work, nature of work, job title, department, proportion of their role on the pilot.
- Map their role in the pilot.

Staffing the pilot

- Explore the governance structures of each LA – how did this contribute to the success of the pilot? What were the challenges in getting the pilots set up? Who/what parts of the LA/other services (both statutory and non-statutory) did they have to partner up with or get the agreement of, and how did they go about doing that?
- Explore who else is involved in delivering the pilot – within the local authority, externally – what are their working patterns/professional backgrounds?

Overview of the pilot

- Are the pilot sites on track to achieve their initial aims and objectives?
- Map how things have changed/stayed the same since implementing the pilot, *spontaneous but probe on:*
  - Any challenges:
    - impact of Judicial Review
    - lack of cohesion with move-on support
    - accommodation
    - location of pilots (e.g. those pilots without access to VCC safehouses or NASS accommodation)
    - partnership working
  - How can these challenges be solved?
  - Changes in scope/remit/resources – or any other specific contextual issues that might have impacted on delivery (e.g. political changes)
- Briefly explore biggest preoccupation/concern in relation to the pilot at the moment.

Section 3: Eligibility (10 minutes)

Aim: To develop a clear understanding of who is eligible for the pilot.

Eligibility

Researcher note: Important to explore differing pilot views on severe and complex needs.

- Map who is/was eligible for the pilots, *spontaneous but probe on:*
  - nationality (what were the nationalities of those referred?)
  - gender (Birmingham originally set out to just take males, what impact did this have?)
  - immigration status (did all of those who received support have recourse to public funds?)
  - complex needs (alcohol/substance addiction, severe mental or physical health needs) (what issues have referrals had so far?)
  - proximity to traffickers (has this been a risk?)
  - whether victims in pilots have been supporting a criminal trial?
  - anything else?
- Any other reasons for refusing a referral, *spontaneous but probe on:*
  - other concerns about safety in the LA
  - resource/capacity to support (accommodation/case work)
  - what happened to those victims who were refused onto the pilot?
  - were there any victims referred who didn't need the pilot?

What worked well?

- What worked well regarding their eligibility process, *spontaneous but probe on:*
  - were there any particular needs that you feel your pilot was particularly prepared to meet, and why?

Challenges

- Map key challenges/concerns in relation to eligibility, *spontaneous but probe on:*
  - what was the impact of changing the eligibility criteria to accept those who had been in asylum support?
  - what impact did this have on the number of referrals?
  - difficulty assessing

  - other

- Explore any solutions/plans to overcome challenges.

Development in thinking

- Explore how approach to eligibility has changed since last round of interviews.
- Are there issues within move-on support that mean individuals aren't able to be effectively transition into the pilot sites? (E.g. does everyone need to be at a certain point in their recovery? Does everyone need resource to public funds? Do victims need a positive CG decision before entering?)
- Do the eligibility criteria need to be changed to allow for more individuals to move out of NRM support?

Section 4: Referral process (10 minutes)

Aim: Map the referral process.

Referral process

- How has the referral process worked?
  - Who – NRM providers, anyone else?
  - How – phone, email, face-to-face, another way?
- Map any relationship building activity with NRM providers to help facilitate referrals:
  - How/who developed these relationships
  - Which providers?

What worked well?

- What worked well regarding their referral process, *spontaneous but probe on:*
  - what were the enablers of a good referral process?

Challenges and concerns

- **What have been the main challenges and concerns?**
  - Proximity of NRM providers.
  - Concerns over caseload – too many/few referrals.
- Explore any solutions/plans to overcome challenges.

Development in thinking

- Explore how views/approach to referrals has changed since writing the last round of interviews.

Section 5: Needs assessment (10 minutes)

Aim: Explore how the needs assessments is working.

Needs assessment process

- Map the process for conducting a needs assessment, *spontaneous but probe on*:
  - who does it (NRM support provider/pilot site/combined)?
  - location (provider accommodation, pilot site, over the phone)
  - timings of needs assessments (e.g. start/frequency of reassessment/end)
  - duration
- Overall purpose of the needs assessment.
- Explore the content of the assessment, *spontaneous but probe on:*

Researcher note: Explore accommodation in detail.

  - accommodation (how is it being provided, any issues/barriers in accessing accommodation, what was available to each LA and the timescales specific to each LA on how long accommodation took to source and move people into long-term accommodation?)
  - health
  - language
  - status (immigration)
  - financial situation (self-sufficient or do they need support to get linked up with benefits or into employment/are the pilots providing them with financial support?)
  - other?

What worked well?

- What worked well regarding the needs assessment process? *Spontaneous but probe on:*
  - What were the enablers of a good needs assessment?
  - What were the key components allowing for a smooth handover?
  - How did you establish a good relationship with the provider?
  - How did you develop trust?

Challenges and concerns

- What have been the main challenges been when conducting a needs assessment, *spontaneous but probe on:*
  - Duplicating work/efforts (provider/pilot)
  - Victim/survivor fatigue – answering questions
  - Information sharing between providers and pilots
- Are there any gaps in services they identified to meet the needs of victims of modern slavery?
- Anything else?
- Explore any solutions/plans to overcome challenges

Development in thinking

- Has the approach to conducting needs assessments changed?

Section 6: Meeting needs and anticipated outputs

Aim: To understand how they are meeting needs, and outputs they are achieving.

Key activity and approach

Researcher note: Note differences in pilot models and structures – what is the impact of these differences?

- Explore the pilot model and staffing structures:
  - What are the levels of local authority ownership? (what are the chains of accountability within local authorities and partners, who did the pilot report to? Probe on the senior / political buy-in for the pilot, and how that impacted delivery)
  - Explore different ways pilot sites have met and will continue to meet victim/survivor needs:

Researcher note: In this section explore how key activity links back to specific objectives.

    - General approach (move towards independence, working with victim/survivors)
    - Activities (casework, reviewing needs assessment, attending meetings, other?)

Anticipated/achieved outputs

- Explore what they think success looks like for victims/survivors.

- Any successful examples of survivors going through the pilot?
- How would pilots define 'recovery'?
- When would pilots conclude that a victim doesn't need support anymore? What are the indicators?
- What is the hand-off process in terms of someone exiting the pilot? (E.g. What does the assessment process look like if someone needs longer support? What is the measure of a successful exit process?)
- Map how outputs are being achieved in relation to:

Researcher note: Explore each pilot's level of achieved success for each bullet, and if not successful, why not?

  - accommodation – how has accommodation been provided?
  - education/training
  - benefits
  - employment/work/employability
  - English language skills
  - physical/mental health
  - social recovery
- Other plans that measured how/whether needs were met.

Check whether any general feedback on data fields – specific comments – can be done over email.

Section 7: Conclusion and wind-down (5 minutes)

Aim: To sum-up contents and wind-down.

- Has the pilot been successful so far? If so, how? If not, why not?
- Any views on the Home Office support/engagement in the pilots?
- What could be improved?
- What plans do you have to make improvements before the end of the pilot?
- Are there any barriers to making these improvements?
- Were there any unintended outcomes of the LA pilot? (E.g. improved modern slavery strategy? Improved partnership working – whether that be at a strategic level, or

operational level? Do they feel the pilot has raised the profile of modern slavery? Has the pilot shone a spotlight on particular local challenges and has there been any local agreement on how to address these challenges?)

- Have the pilots led to any changes in how services are commissioned locally? Will you be recommending any changes off the back of the pilot?
- What is the future of the pilots?
- If there was one thing that you would differently – what would it be?
- And one takeaway / key learning from the pilot?
- Anything else they want to add?

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