

Evaluation of Child Trafficking Advocates Trial: Interim Findings, March 2015

Executive Summary

- These interim findings focus on the first four and a half months of a trial of independent Child Trafficking Advocates (CTAs) run by Barnardo's, across 23 local authority areas in England. The CTA trial is part of the Government's commitment to the Modern Slavery Bill.
- This report considers the number and characteristics of children allocated to the trial so far, lessons learned about the early implementation of the CTA service and the role of the advocate as seen by Barnardo's and other stakeholders.
- In the initial period there were 59 children allocated to the trial. The trial is based on alternate allocation of referred children to an advocacy group and a comparator group. Thirty-two children have been allocated to a Barnardo's CTA and 27 children have been allocated to a 'comparator group', continuing to receive existing service provision.
 - There is a roughly even split between boys and girls in the trial, with the majority of children aged 15-17 years old.
 - Most of the cases are categorised by referrers as labour exploitation or sexual exploitation.
 - The majority (33) of children are from Albania and Vietnam. Only four UK national children have been allocated to the trial, all of whom are female, two have been allocated to an advocate and two to the comparator group.
- The rate of allocation of cases to the CTA trial is lower than expected (nearly three referrals per week), with children referred in 13 of the 23 participating local authority areas. However the number and location of allocations is generally in line with referrals to the National Referral Mechanism (NRM) for child potential victims of human trafficking in 2013.
- The advocates are largely perceived by stakeholders who are working alongside them to be doing well. Evidence of advocates' positive influence in individual cases is beginning to emerge.
- Most of the advocates' work is currently within social care, rather than criminal justice and immigration systems.
- Interim findings have highlighted issues for further consideration, such as:
 - timescales for allocation to the CTA service;
 - the qualifications and experience of advocates; and
 - ways of referring to the CTA service.
- The full evaluation report at the end of the trial will draw on a wider range of data to consider the impact of advocates for trafficked children compared to existing provision. The final report will focus in more detail on the role of a CTA and the implementation of the CTA service.

Introduction and background

In January 2014, as part of its commitment to the Modern Slavery Bill, the Government announced a trial of independent specialist advocates to work with trafficked children across 23 local authorities¹ in England including children identified in the UK as trafficked into, within or outside of the UK². The 23 local authorities represent a mix of urban and rural areas with different experiences in dealing with children trafficked for the purposes of different forms of exploitation. The fundamental principle underpinning the trial is that the welfare of the child is paramount.

The one year Child Trafficking Advocates (CTA) trial began on 8th September 2014. The CTA service is run by the children's charity Barnardo's, who have established organisational expertise in working with trafficked children. The role of the CTA is:

- to help trafficked children to understand what is happening to them, and speak up for them when necessary; and
- to enhance timely, clear and consistent decision making by stakeholders in criminal justice, immigration and social care services.

The main features of the Barnardo's CTA service are:

- a 'hub and spoke' model, within which advocates and their day-to-day managers are embedded in existing Barnardo's services and reach out to cover all local authorities in the trial;
- six advocates covering all the participating local authorities (two in South East England, two in London, one in the Midlands, one in Greater Manchester);
- four hub managers, a programme manager for the trial and strategic managers with identified responsibilities for the trial;
- recruitment and deployment of volunteers to spend time with young people, supporting them to access leisure and recreational activities; and
- a 24 hour helpline for trafficked children who have an advocate and people working with them, to provide support, advice and a route for referral 24 hours a day, every day throughout the period of the trial.

In July 2014, a research team at the University of Bedfordshire was appointed to independently evaluate the trial.

Overall aim and scope of the evaluation

The full evaluation will address the following key questions:

1. How has the advocacy scheme been implemented?

¹ Greater Manchester (Manchester City, Stockport, Tameside, Oldham, Rochdale, Bury, Bolton, Wigan, Salford and Trafford); West Midlands (Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton); Croydon, Derbyshire, Kent, Lancashire Oxford, West Sussex

² *Statement of Principles for Child Trafficking Advocates Trial.*

2. How has the role of the advocate worked in practice?
3. What has the impact of advocates been for trafficked children, compared to existing provision?

These interim findings are based on the first four and a half months³ of the trial, and a relatively small number of cases. This report focuses on the number and characteristics of children allocated to the trial so far, evidence of the ways the advocacy scheme has been implemented, and the role of the advocate as seen by Barnardo's and other stakeholders. The final evaluation report will address the third question about the impact of advocates, when we will have more data, in particular further information about children who continue to receive existing service provision.

A year is a very short time to build, deliver and measure the effectiveness of a new advocacy service for trafficked children. Credible relationships with children and professional stakeholders can take time to establish. There are challenges associated with running a trial across 23 local authority areas as the understanding of issues of trafficking within local authority contexts is variable, as are practices and policies in responding to trafficked children. Identifying sustainable beneficial outcomes for children related to independent advocacy is challenging in such circumstances.

Methodology

For this evaluation we have used an alternate allocation process as a basis for comparing children supported by advocates relative to existing provision. All children identified as potentially trafficked must be referred to the local authority for assessment and allocation to the trial. Following referral to the local authority, the designated Single Point of Contact (SPOC) within each local authority is required to record demographic information about each child and to allocate the child alternately into one of two groups⁴:

1. '**advocacy**' group – where the child is then referred (within two hours where practical) to Barnardo's for the allocation of an advocate; or
2. '**comparator**' group – where the child continues to receive services as usual, based on the local authority's practices and policies.

The first allocation in each area is to the advocacy group. An exception to the alternate allocation is made in cases for example where siblings are identified together, and then kept together in one of the two allocation groups, and subsequent allocations adjusted to maintain an even distribution over time.

³ 8th September 2014 to a data cut-off point of 23rd January 2015.

⁴ Spreadsheets, designed by the evaluators, were sent to each SPOC with a covering letter detailing how the spreadsheet should be used as an allocation tool. Each SPOC was offered a named contact at the University of Bedfordshire to explain the tool in further detail or to answer questions regarding its usage.

Data gathering methods and tools

We are using a range of quantitative and qualitative tools to gather data in relation to outcomes for children, as well as the process of delivering the CTA service (Table 1). These interim findings are based on data derived from interviews and focus groups with advocates and their managers, an initial stakeholder survey, analysis of allocation patterns and demographic information collected about children in the trial, analysis of a practice tool designed to capture the views and well-being of children in the advocacy group, and preliminary information on the background and characteristics of advocates, their training and supervision and the use of the 24 hour helpline set up by Barnardo's. The evaluation has not yet captured any data about the types of work that have been completed so far with children in the comparator group.

The final evaluation report will draw on a wider range of research tools to provide a view of comparative outcomes for trafficked children with and without an advocate. This will include interviews with children and analysis of case files for children in both groups, to provide data on how allocated workers spend time with children and work across the systems of social care, immigration and criminal justice.

Table 1: Data gathering methods and tools for the CTA trial

DATA SOURCES	Advocacy Group	Comparator Group	Used for the interim findings
Allocation spreadsheets	All	All	All, from 8.9.2014 to 23.1.2015
Interviews with children	20	20	
Case file analysis	All	All	
Practice tool	3 per child during the course of the trial		11 complete returns
Interviews with advocates	6		6
Focus groups with Barnardo's CTA staff	9		3 initial groups
Stakeholder interviews	18		
Stakeholder surveys	2		First survey
Operational documents	Plans, helpline data, use of volunteers, advocate training, supervision		All relevant documents and data from 8.9.2014 to 23.1.2015

Research ethics considerations

The evaluation raises several ethical complexities in researching the impact of advocacy on the lives of trafficked children. To minimize any risk of potential harm, an Ethical Protocol for involvement of trafficked children in the evaluation has been developed. This protocol elaborates on participation, risks and benefits of taking part as well as emphasising informed consent, data protection, confidentiality, anonymity and other standard ethical practices. Interview guides and informed consent forms have been written with the safety of children in mind and in an age and language appropriate manner. Similar protocols are also in place for Barnardo's staff and other stakeholders.

There have been challenges with achieving ethical approval. Of 27 separate ethics applications, ethical approval has so far been granted by the Association of Directors of Children's Services (ADCS), the University of Bedfordshire, Barnardo's Research Ethics Committee and 14 of the 23 local authority areas in the trial. By 23rd January 2015 data sharing agreements required for case file analysis had been agreed with six of the 23 local authorities.

Summary of key interim findings

The number and characteristics of children allocated to the trial

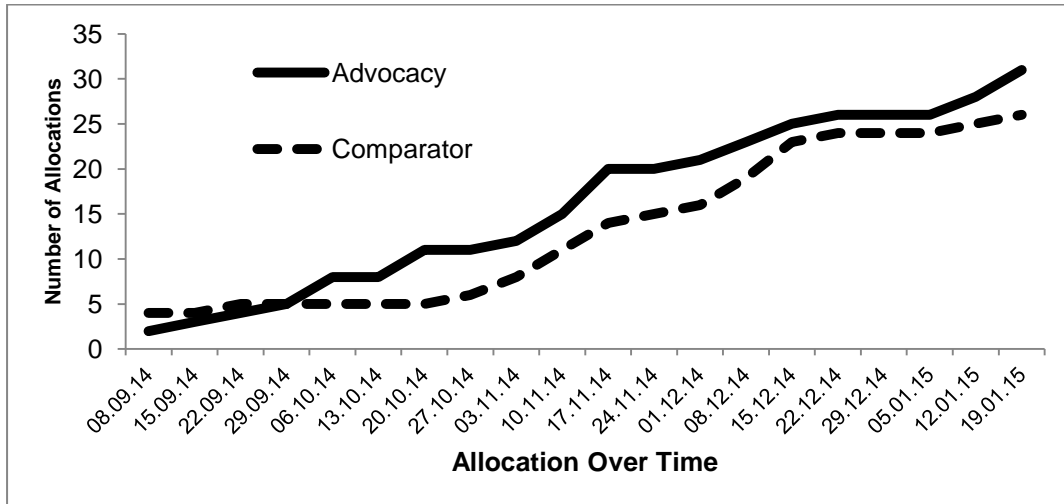
Between 8th September 2014 and 23rd January 2015, 59 children were allocated to the trial, from 13 of the 23 participating authorities. 32 (54%⁵) young people were allocated to the advocacy group and 27 (46%) to the comparator group. Just over three-quarters (45 of the 59 allocations) were from four local authorities: Croydon, Derbyshire, Kent and Manchester City.

The uneven spread of allocations from local authorities can be partially understood by linking the highest referrals to the trial to relatively high numbers of National Referral Mechanism (NRM) referrals by those local authorities for children in 2013. There have been no referrals from 10 of the 23 local authority areas. We do not yet have an understanding of the reasons for this nil referral rate and this will be explored in the final evaluation report, though these areas generally had no or low numbers of referrals of children to the NRM in 2013.

The rate of allocations of children across all 23 local authorities averaged at 2.8 per week between 8th September 2014 and 23rd January 2015 (Chart 1).

⁵ Percentages are rounded to the nearest whole number in this report. The tables in Annex 1 give a more precise percentage breakdown.

Chart 1: Allocations by local authorities to the CTA trial



At this early stage, this rate of referral is lower than expected given the large number of local authorities involved and the potential inclusion of children trafficked internally from the UK, as well as from abroad. However, the numbers are generally in line with the number of children referred to the NRM across these 23 areas in 2013. The difficulty of low numbers is that they may not show any clear differences or similarities between the advocacy and comparator groups. Another risk of a smaller sample size is that *instances* of good or ineffective practice are difficult to discern from *patterns* of such practices over the short time period of the trial. We are alert to these potential difficulties. The Home Office and Barnardo’s continue to work with all stakeholders to ensure that as many potentially trafficked children as possible are included in the trial.

Age and Gender

Children allocated to the trial range from 3 years to 17 years, with the majority being 16 years old. The distribution of gender is relatively even with 32 being male and 27 female (Annex Table A1). Males aged 16 are the largest single group. Just over one third of children are in the 13-15 year age bracket. We have not yet gathered data that identifies whether age assessments have been undertaken or whether children are ‘age disputed’. We will do so via the case file analysis for the final report.

Primary Exploitation Type

The categories of primary exploitation type used are taken from the United Nations Office of Drugs and Crime Human Trafficking Indicators⁶. Using these, the majority of cases have been categorised by referrers as labour exploitation 24/59 (41%) or sexual exploitation 21/59 (36%). In six cases the primary exploitation type is unknown and criminal exploitation is rarely indicated (5%) so far (Annex Table A2). We are aware that the categories

⁶ see http://www.unodc.org/pdf/HT_indicators_E_LOWRES.pdf These categories concord, in large measure, with the categorisations used by the United Kingdom Human Trafficking Centre (UKHTC).

may not reflect the complexity of circumstances for children who are trafficked, and have allowed for more detailed analysis of types and accuracy of categorisations via the case file analysis for the final report.

Country of Origin

A range of countries of origin is present within the sample of children (Annex Table A3). The majority of children originated from Vietnam and Albania. Only four children in the trial are UK nationals. They are all female; two have been allocated to an advocate and two to the comparator group. Of the remaining cases, ten were from EU countries and 45 were from non-EU countries (Annex Table A3). The country of origin in four cases is not known.

Overall, the numbers of UK children allocated to the trial appears to be on the low side, given that in 2014 75 children from the UK were referred to the NRM, (19% of the total that year)^{7,8}. We have some limited evidence that those working in a few of the local authorities had not appreciated that trafficking cases include UK national children trafficked within the UK. The Home Office has formally advised Directors of Children's Services in all participating local authorities that all trafficked children are to be part of the trial, and this includes children who are UK nationals⁹. We will reflect on the distribution of country of origin information in the final report.

'Live' cases

The majority of cases (52 of 59) remain open as at 23rd January 2015 (30 in the advocacy group, including six missing children, and 22 in the comparator group). Of the 6 'missing but open' cases in the advocacy group, 4 went missing before the initial contact with an advocate.

Local Authorities have advised that five cases in the comparator group had closed by 23rd January 2015 including one child who had gone missing. Other reasons for closure include return to country of origin, trafficking concerns not being substantiated following a full assessment, and age assessments leading to referrals to adult services or an NGO for further assistance. Two cases have closed in the advocacy group, through being re-united with their families. In the final report, we will consider how the management of open, closed and 'missing' cases reflects the responsibilities of all parties to ensure safeguarding of trafficked children in accordance with existing child protection arrangements and statutory duties.

⁷ See <http://www.nationalcrimeagency.gov.uk/publications/national-referral-mechanism-statistics/502-national-referral-mechanism-statistics-end-of-year-summary-2014/file>

⁸ In this report, we have not presented a cross-tabulation of country of origin and exploitation type. We will do so for the final report if this appears a significant matter.

⁹ Letter to Directors of Children's Service from John O'Brien, Director of Safeguarding, Crime & Policing Group, dated 24th November 2014.

Allocation to the Barnardo's CTA service

The Statement of Principles for the trial states that children allocated to the advocacy group should be referred to Barnardo's within two hours or as soon as is practically possible. Of the 32 children in the advocacy group, only one child was referred to Barnardo's within a two hour period. Seven out of thirty-two were referred on the same day. About two thirds of cases allocated to the 'advocacy' group were referred within one week (20 of 32). Six cases took over a month to be sent to the CTA service, three had been known to the LA for some time and it was not clear how long the referral took.

Some factors may explain how the speed of referrals fell below the recommended two hour period. Firstly, unfamiliarity with the trial may have resulted in delay. Secondly, having a distributed referral hub across 23 local authorities, with SPOC responsibilities changing in some local authorities occasionally, may have led to new staff needing time to learn about the trial prior to making allocations. Thirdly, the trial may not have been a constant priority for very busy local authority staff. Fourthly, information about cases filtering through to a SPOC from operational staff may have taken time. Finally, the fundamental principle underpinning the trial is the welfare of the child and addressing the immediate safeguarding concerns may have been the priority. There may be other reasons. They are conjectural at this early stage of the trial. While we do not envisage a change to the SPOC arrangement during this trial, there is perhaps a lesson to be learnt about the ways that children are referred to a CTA, for future trials or national roll-out of service provision, so that children do not wait longer than is necessary.

Once referred to Barnardo's, allocation to an advocate happened quickly in most instances. Nearly all cases were allocated to an advocate within 24 hours of referral, and no more than two days were taken in allocating an advocate (see Annex Table A4). In the final report we will assess timescales and nature of the initial contact between advocates and children.

The implementation of the Barnardo's CTA service

As noted above, Barnardo's has brought an established expertise to the CTA service of working with highly vulnerable children. The organisation's national presence and good reputation have, in our estimation, provided a sound foundation in difficult territory.

Advocate profiles

Most of the advocates and the programme manager for the CTA service have attained Office of the Immigration Services Commissioner (OISC) Level 2¹⁰ and are now Regulated Immigration Advisers. The advocates are well

¹⁰ One advocate is waiting to take Level 2, but all others have completed training. The requirements to practice at OISC Level 2 are set out at http://oisc.homeoffice.gov.uk/how_to_become_a_regulated_immigration_adviser/guidance_on_competence/oisc_level_2/

qualified at undergraduate and postgraduate levels, in a wide range of disciplines and they have a range of work experience.

They benefit from bi-monthly group and individual monthly supervision. Between them they have pre-existing training in child sexual exploitation, the rights and entitlements of unaccompanied minors, drugs and alcohol awareness, safeguarding, and child trafficking.

This range of qualifications and experiences provides opportunities for cross-pollination of good practices. Yet it leaves open the question of what the standardised qualifications and experiences of an independent advocate ought to be, given the width of professional territories across which their expertise needs to be deployed. The meaning - and therefore the impact - of 'expertise' require further exploration and will be addressed in the final evaluation¹¹. At this early stage, we consider that Barnardo's shows a wide range of expertise across the advocacy team. We have observed high levels of energy and commitment to the CTA service among the advocates, the hub managers, and the programme manager. Together, they appear to us to form a coherent and flexible team, able to respond well to the complexities of the trial.

Advocates' workloads, role and tasks

Given the relatively low number of trafficked children referred to the trial overall, and therefore to the advocacy group, the workloads of full-time advocates appear to be light. On 23rd January 2015, the advocates carried an average workload of just over 5 cases each (ranging between 10 cases and 3 cases). Efforts have been made by Barnardo's to pursue potential referrals to the trial. This is a delicate matter that requires the CTA service to promote the trial, enhance knowledge of trafficking as an issue within local authorities, and question systems of referral in ways that generate a steady flow of children towards the trial. A potential advantage of the current low numbers is that advocates can devote time to children and build a steady, nurturing and trustworthy presence in their lives¹². However a high influx of referrals could also be potentially problematic for the CTA service to manage. As the trial progresses, we will monitor the ways increasing caseloads impact on advocacy practice.

¹¹ In the Modern Slavery Bill Factsheet: Child Trafficking Advocates, the Minister for Modern Slavery and Organised Crime refers to advocates' *expertise across immigration and public children law legal and support systems*. See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/372791/ChildTraffickingAdvocates.pdf

¹² In the final report, the case file analysis will show the amount of time advocates spend in direct contact with children, as well as working within and across social care, immigration and criminal justice systems, during the beginning, middle and end phases of the trial.

During the implementation stage, evidence is beginning to accrue of advocate interventions related to processes and systems, and in direct work with children.

Advocates' interventions in processes and systems

The predominant focus of the advocates' work during the early stages has been within local authorities and social care, rather than criminal justice and immigration systems. They have proactively engaged local authority staff, advertising the service and raising the profile of trafficking more generally in local authority contexts. As one respondent noted:

“Where we have services or people who have worked in a local authority for a long period of time, the referrals in those areas are higher than in any other areas and I think that’s based on really longstanding relationships and trust that’s been built over many, many years, which we don’t have in all those other trial areas and we had to almost force that relationship building, which is a challenge because relationships take time and trust and honesty takes time to build but we have had to do it at super speed.” (Interview, advocacy service manager).

Taking and making time, using established working relationships, and being present in Multi-Agency Safeguarding Hub (MASH) teams¹³, emergency duty teams, or assessment teams, all appeared to open channels of communication and referral in local authority contexts that were always busy, and sometimes defensive, at least to begin with. As one advocate noted:

“When she first came in they were like, ‘she’s not trafficked, she’s not at risk’, and I really had to fight and say, ‘If she is, let’s just say that I’m right and she is and she goes missing, this is what might happen to her, are you going to not listen to me and not put the safeguards in because you think that I’ve fallen out of a tree? It’s better to be safe than sorry’ and actually they did what we said reluctantly, the local authority and now it’s been proven as much as it can be, that we were right to be concerned. The NRM has come back with a 9 out of 10 rating. It had trafficking flashing off the pages of it.” (Interview, advocate).

In many instances local authorities have worked openly with the CTA service and advocates worked alongside operational staff to ensure all trafficked children were visible. This ‘alongside working’ helped to dispel uncertainty for local authority staff about the nature of trafficking, or the identification of specific children.

¹³ Multi-Agency Safeguarding Hub (MASH). See the Home Office’s report on the multi-agency working and information sharing project, July 2014
<https://www.gov.uk/government/publications/multi-agency-working-and-information-sharing-project>

“I have had a social work manager invite me to look at files to identify whether it is trafficking or not...and that is quite good in a way as she is being open and honest about and saying ‘I don’t know what we are doing here, can you help?’” (Focus group, advocates).

In contexts where a SPOC was several management layers away from operational staff, advocates appeared to connect lines of communication so that referrals to the trial were made accurately and speedily. When faced with challenges and rebuttals from local authorities, the advocates persisted in making sure that information channels remained open, and that cases were identified as relevant to the trial.

Advocates have reported some resistance from local authorities, such as ‘shut down’ with advocates not routinely invited to formal meetings about the child, or the perception that some advocates are seen as ‘troublesome zealots’. While these are not major patterns, they expose a central question of advocates having to gain entry to formal systems by permission, rather than by right. We will consider more fully in the latter stages of the trial, should further evidence arise, of whether processes could be differently managed if advocates had effective legal powers to promote the child’s well being¹⁴. There are many difficulties associated with advocacy work where speaking up for a child requires nimble and diplomatic manoeuvring, rather than being able to draw on legal authority to contribute to Looked After Children reviews, pathway planning meetings, Personal Education Plan meetings, age assessments, NRM referrals and meetings with lawyers.

Data from the first online stakeholder survey¹⁵, completed between December 2014 and January 2015, shows that the majority of respondents (65%) came from local authority children’s services, reflecting the pattern of predominant engagement with social care at the implementation stage of the trial¹⁶. We are cautious about these survey results at this point, primarily because the sample of respondents is small and draws heavily from local authority respondents. Until the second stakeholder survey draws out more responses

¹⁴ By ‘legal powers’ we refer to two linked responsibilities. Firstly the independent advocate helping a trafficked child to obtain legal advice, assistance and other representation where necessary by appointing and instructing lawyers to act on the child’s behalf; secondly as a full and equal member of formal networks of protection and care around the child, with equal access to information and meetings about the child in a context where the advocates’ functions are clearly understood and their views are given due regard by other public authorities.

¹⁵ A stakeholder is identified as anyone who has experience of the CTA trial through direct contact with the Barnardo’s service. Stakeholders are likely to come from criminal justice agencies, immigration services, local authority social workers, residential services, foster carers, education and health services, legal services representing the child, community and faith organisations, and NGO’s. Survey 1 was emailed to 52 stakeholders and we received 27 responses – a completion rate of 52%.

¹⁶ We are working with Barnardo’s to ensure that Survey 2 engages with a much wider stakeholder group. These stakeholders will be sourced via case files of all children in the advocacy group. Survey 2 will take place in month 10 of the trial.

from a range of other stakeholders, the opinions summarised here need to be understood within such limitations.

These respondents were largely positive about the impact of the CTA service on their work. For example, the majority (83%) agreed that the advocates appeared to act in the best interests of trafficked children. Almost all respondents (95%) were satisfied with their experiences of the CTA service. There was majority agreement that advocates both understood and represented the child's views about risk and safety accurately. Advocates were seen as authoritative and reliable in most instances.

There were some areas where respondents' views were more widely dispersed about the CTA service, for example:

- If advocates helped them to grasp key facts about a child's history or information based on further disclosures. While just over half (53%) agreed advocates were helpful in this respect, a small minority of respondents (13%) felt that the advocates did not do this.
- Around half of respondents were neutral about whether advocates ensured that risk assessments and reviews happened on time and whether advocates made sure the tempo and pace of work was kept to schedule.

At this early stage, the wider spread of views may be attributable to cases not yet being sufficiently mature to give respondents a clear sense of advocates' engagement with such issues.

Advocates' interventions in direct work with trafficked children

In interviews with advocates, we asked them to estimate how much time they think they spend in direct contact with children¹⁷. These time estimates ranged from 15% to 65% across all advocates in the first few months of the trial, alongside other demands of training, promoting the service, working alongside other professionals, supervision, and travel time across the wide geographical areas they cover.

Early findings from the practice tool used with advocacy group children show that the practice tool has been used with 11 of the 32 children¹⁸ at the first time-point (within 3 months after allocation to an advocate). In part, the practice tool measures children's understanding of immigration, criminal justice and social care systems. At present children report a better

¹⁷ These views will be contextualised by independent case file analysis later in the trial. See footnote 12 above.

¹⁸ Four reasons explain this response rate. Firstly, not all children were willing to use the practice tool. Secondly some did not wish practice tool data about them to be shared. Thirdly, the practice tool is deployed when the advocate judges the child is ready to use it, so some children may not yet have been ready. Finally, newer referrals are still awaiting the deployment of the practice tool.

understanding of social care than other systems, reflecting the broader data on initial engagements between the CTA service and social care providers.

A key area of direct work has been for advocates to establish honest, reliable and trustworthy relationships with children, to ensure safety, particularly in situations where the child's own understanding of safety and risk differs from the advocate's. Through the investment of time, and with effort, children are being trained to recognise safety tactics and requirements, to see a bigger picture of what keeps them safe beyond the horizon of wanting a mobile phone or overnight stays with people and places that are not monitored or assessed. Advocates have reported that through their own interventions, they have been able to close down unsafe contacts, as well as open up opportunities for safe connections for trafficked children. In the final report, we will consider these aspects in further detail, but as one advocate manager noted, early stage interventions are sometimes about being together with a trafficked child, rather than doing things on their behalf:

“In some instances, it's quite hard at the moment to know what to advocate for because young people are not really saying very much. So in those instances, it's about building those relationships and spending time and just spending regular time so I'm asking the advocates to visit young people once a week, that's not always possible and as caseloads go up, that's not going to be as possible but at the moment, for some of the advocates, that is doable and it enables them to be there consistently, to know what they might advocate for in the future.”
(Interview, advocacy service manager).

This capacity to take time and make time for children, and to be a consistent, clear, and companionable 'sense maker' often appears as a strong feature of children's views about what makes a good independent advocate¹⁹. There are early signs that these features are beginning to be established by the CTA service. As one advocate has already noted:

“It's being able to build up that trust and that conversation that you can have with young people so they feel comfortable enough not to just go with the flow, to actually ask and to think about, 'What is going on for me? What is going to happen next?' Forward thinking.” (Interview, advocate).

At this stage it is not possible to comment on how children in the comparator group are kept safe as we have not yet collected any data about the types of work that have been done with this group of children. This will be addressed in the final evaluation report.

¹⁹ See Crawley, H and Kohli, RKS (2013) 'She Endures With Me'. *An Evaluation of the Scottish Guardianship Service Pilot* <http://www.scottishrefugeecouncil.org.uk/guardianship>

24 Hour Helpline and Volunteers

There is little to report about the 24 hour helpline and the use of volunteers. The helpline has been used on five occasions since 8th September. About 20 volunteers have been recruited to the CTA service and are currently undergoing training and Disclosure and Barring Service checks. The focus of volunteers' work is to develop safe social networks for trafficked children, provide help to access leisure and recreational activities and to develop children's talents and skills via such activities.

Issues raised for future consideration

Several issues have been identified during the early implementation of the CTA trial for future consideration. Some of these issues may reflect the nature of the trial design, for example the need to allocate children to the CTA service through a local authority SPOC:

- Allocation of children to an advocate by a local authority within a two hour time frame does not appear to happen in practice.
- The CTA service has attempted to build up good working relationships with local authorities and to increase awareness of the trial and encourage referrals. The responses from local authorities have been largely positive and there have been examples of collaboration between Barnardo's and local authorities. However there have been a small number of cases where advocates have reported resistance from local authorities.
- While the advocates have a wide range of expertise, there are questions about what the standardised qualifications and experiences of an independent advocate ought to be, given the width of professional territories across which their expertise needs to be deployed.
- If the trial is rolled out more widely, there may be benefits from having multiple referral points to allocate trafficked children to advocates, rather than allocation by a local authority SPOC.

Next steps

During the final phase of the evaluation, using data from interviews with children and the case file analysis, we will compare outcomes for those children who receive an advocacy service and those that receive a 'service as usual', so far as those outcomes are tangible within the period of the trial.

By the end of the trial we should have a clearer understanding of the ways statutory services can work with an independent advocacy service for trafficked children for speedy identification, allocation and protection. We should have a clearer understanding of the strengths and limitations of a non-statutory advocacy service for trafficked children. This may lead to more detailed considerations of whether independent advocates require legal powers (see footnote 14). We should have a clearer understanding of how trafficked children fare comparatively, with and without an advocate. Given the

short duration of this trial, we will not know the longer-term impacts on children of having advocates.

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Evaluation team

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Annex

Table A1: Age by Gender of children allocated to the CTA trial between 8th September 2014 – 23rd January 2015

Age	Male	Female	Total	Percentage
17	3	12	15	25.4%
16	13	4	17	28.8%
15	9	2	11	18.6%
14	4	2	6	10.2%
13	1	3	4	6.8%
12	0	1	1	1.7%
11	0	1	1	1.7%
10	2	0	2	3.4%
5	0	1	1	1.7%
3	0	1	1	1.7%
<i>Total</i>	<i>32 (54.2%)</i>	<i>27 (45.8%)</i>	<i>59</i>	<i>100%</i>

Table A2: Primary Exploitation Type of children allocated to the CTA trial between 8th September 2014 – 23rd January 2015

Primary Exploitation Type	Number	Percentage
Sexual exploitation	21	35.6%
Labour exploitation	24	40.7%
Domestic servitude	5	8.5%
Begging and petty crime (criminal exploitation)	3	5.1%
Unknown	6	10.2%
<i>Total</i>	<i>59</i>	<i>100%</i>

Table A3: Country of origin of children allocated to the CTA trial between 8th September 2014 – 23rd January 2015

EU	Male	Female	Total	Percentage
Bulgaria	1	0	1	1.7%
Czech Republic	0	1	1	1.7%
France	0	1	1	1.7%
Romania	0	2	2	3.4%
Slovakia	0	1	1	1.7%
UK	0	4	4	6.8%
TOTAL EU	1	9	10	17%
Non EU				
Afghanistan	2	0	2	3.4%
Africa (unspecified country)	0	1	1	1.7%
Albania	10	5	15	25.4%
Angola	0	1	1	1.7%

Canada	1	0	1	1.7%
China	1	0	1	1.7%
Congo	0	1	1	1.7%
Egypt	1	0	1	1.7%
Ghana	0	1	1	1.7%
Malaysia	1	0	1	1.7%
Saudi Arabia	1	0	1	1.7%
Uganda	0	1	1	1.7%
Vietnam	13	5	18	30.5%
TOTAL NON EU	30	15	45	76.3%
Unknown	1	3	4	6.8%
<i>Total</i>	<i>32</i>	<i>27</i>	<i>59</i>	<i>100%</i>

Table A4: Time taken between referral made by Local Authorities to Barnardo's and allocation of an advocate, for children allocated to the CTA trial between 8th September 2014 – 23rd January 2015

Time Period	Number of cases	Percentage
0 days	26	81.3%
1 day	5	15.6%
2 days	1	3.1%
<i>Total</i>	<i>32</i>	<i>100</i>