

Evaluation of the Independent Trauma Advisor Service: Anonymised Final Report

Commissioned by





**EVALUATION OF THE
INDEPENDENT TRAUMA
ADVISOR SERVICE:
ANONYMISED FINAL
REPORT**

Report for Thames Valley Police and Crime
Commissioner (September 2017)



University of
HUDDERSFIELD

AUTHORS

**Nadia Wager & Angel
Wager**

University of Huddersfield and
University of Bedfordshire

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Executive Summary

1. Across the two years of this funded service, 145 identified or potential victims were referred to and/or assessed by the ITA services. Some of whom also received crisis support during police raids. A total of 59 victims of modern slavery engaged with and received significant longer-term support from the ITA workers. This figure is in close proximity to the key deliverable pledged in the funding bid, which was that 150 victims should receive holistic support.
2. Overall, across the two years there has been a significant increase in the number of victims identified and referred to the services.
3. In this second year of operation the ITA services have had a greater number of referrals for men, which is partly related to the growth in the number of victims of forced labour who have been identified. This there is now an increasing gender equivalence in relation to the clients who are supported by the ITAs.
4. The greatest proportion of referrals are in relation to UK citizens. The second largest country of origin is Romania and this relates both to victims of sexual exploitation (females) and forced commercial labour (men).
5. Overall there were fewer cases of sexual exploitation in the second year, even though this remains the leading form of exploitation.
6. There was a significant increase in the number of cases of forced labour, which included both commercial labour and forced criminality. This might be related to the rise in the number of identified cases of cuckooing, particularly in the context of forced criminality.
7. Less than 50% of the engaged clients had experienced any form of trafficking. This fact is important as it highlights how erroneous it is to conflate modern day slavery with trafficking. Trafficking is one process that might be used by the perpetrators of modern day slavery, rather than defining the experience of all victims.
8. Most victims experience more than one form of exploitation and this does not include other crimes that might be committed against them during their period of enslavement.
9. The duration of support provided to individual clients across the two services ranged from 1 day to 18 months, with averages of 3.5 months for Project B's clients and 9 months for Project A's clients.

10. Many of the perpetrators were lone individuals or couples (e.g. 'friends', private landlords and family members). Although there have also been cases where the perpetrators are gangs involved in drug-dealing and violence.
11. The number and range of referral pathways into the ITA service have also significantly increased in the second year in comparison to the first year. The police remain the overall most likely source of referrals.
12. There has been an incremental increase in the number of referrals from Thames Valley to the National Referral Mechanism over the past three years. In 2013 there were 12, which increased to 23 in 2014, 36 in 2015 and 80 in 2016.
13. The mean percentage change in the number of referrals to the National Referral Mechanism across all force areas in 2016 compared with 2015 was a 63.53% increase (95% CI [24.46 - 102.60], SD =123.79). The range of scores spanned from a 61.5% decline in referrals from Wiltshire to a 633% increase in referrals from Dorset.
14. The rate of referrals in the Thames Valley region rose by 122.2% in 2016 in comparison to the previous year. Since this is higher than the upper limit of the 95% Confidence Interval for the mean score for the rest of England and Wales this suggests that the increase in the rate of referral for Thames Valley is considerably higher.
15. A 'Barriers Meeting', which was attended by a range of partner agencies was held after the first year of operation once a variety of persistent barriers to meeting the clients' needs had been identified. This meeting helped to clarify expectations regarding the nature and the time scales in which service providers could realistically operate. This was helpful for the ITAs in being able to relay a greater level of certainty to the clients about processes and what they can expect to happen to them, particularly for those who enter in to the NRM.
16. The thematic analysis of interviews with stakeholders offers examples of good practice, outcomes for victims of engaging with the ITA service and issues for consideration in the future.

Evaluation of the Independent Trauma Advisor Service: Final Report

Introduction

In Thames Valley and across the UK there has been a growing awareness and identification of victims of adult exploitation and trafficking; forms of victimisation which now fall under the umbrella term ‘modern day slavery’. The Independent Trauma Advisor (ITA) services were developed and piloted in two areas (Reading and Oxford) of Thames Valley in 2014 in response to the recognition that police activity related to the investigation of suspicions of modern day slavery, left a plethora of difficulties for victims in their wake. Such difficulties included the lack of access to safe emergency accommodation, support for their immediate physical and psychological needs, and suitable interventions to help manage the often complex emotional and psychological bonds some victims develop for their exploiters. Many victims also display entrenched problems, such as substance misuse, self-harm, or offending behaviour, some of which may have rendered them vulnerable to being targeted by the exploiters, and others that may have arisen in the aftermath of the trauma they have experienced. Either way, these unresolved issues not only render rescued/escaped/abandoned victims to be at high risk for revictimization, they also pose a significant threat to the quality of the individual’s life in the long term and can pose a significant cost to social welfare and NHS services. Encountering such victims highlighted several gaps within the existing skill set of the police and other first responders which compromised their ability to engage effectively with victims and indicated that more specialist support was necessary.

The initial pilot project was established through a successful bid to the Thames Valley PCC which funded the two small pilot studies in Oxford and Reading. The charities who hosted the two ITA services are referred to as Project A in Oxford and Project B in Reading.

Together with other partner agencies, these two organisations formed a consortium. To aid the operation of the ITA service a Project Board and separate operational groups for each of the pilot areas were established. The Terms of Reference for the Project Board were agreed with the PCC and a role descriptor for Independent Trauma Advisors’ post was developed and advertised. Four part-time ITAs were subsequently recruited in August 2014 and supervised through the Project B and Project A.

The ITA role was initially conceptualised as being like that of the Independent Domestic Violence Advocates (IDVAs) and Independent Sexual Violence Advocates (ISVAs) in that ITAs offer immediate crisis intervention and emotional support to victims of exploitation, and help integrate victims of trafficking and human exploitation into further services as required. However, through the operation of the pilot study it became evident that ITAs could also provide operational support before, and throughout, police raids of brothels or other activity designed to disrupt and prevent modern day slavery.

Due to the relative success of the pilot project, in December 2014 Thames Valley PCC submitted a bid to the Police Innovation Fund to extend the operation of these two ITA services for a further two years. The bid was successful and this evaluation was commissioned to capture the learning from the service and to assess its impact. The stated aims of the bid were to:

1. Establish the extent of the problem in the pilot areas, and help derive better estimates in other areas.
2. Continue to identify and provide effective, evidence-based skills and methods for tackling slavery and exploitation through a multi-agency approach.
3. Increase the number of victims identified and supported, and
4. Systematically evaluate the benefits arising for victims and for public service providers.

As part of the evaluation several reports have been produced to either partially fulfil these aims or to assess the extent to which these aims have been met. The associated reports are as follows:

Aim 1 Wager, N. & Wager, A. (2017). Estimating the extent of modern slavery: Proposed model and formula for Thames Valley Police and Crime Commissioner

Aims 2 and 3 Wager, N. & Wager, A. (2016) Independent Trauma Advisors: An evaluation of the services for victims of modern slavery: An interim report for the Thames Valley Office of the Police and Crime Commissioner and this Final Evaluation Report

Aim 4 Wager, N. & Wager A. (2016). A cost-benefit analysis of the ITA intervention in Oxford and Reading. A report for the Thames Valley Office of the Police and Crime Commissioner.

Overview of this Report and its Relationship to the Previous Reports

This evaluation consists of both outcome and process evaluation designs and therefore consists of both quantitative and qualitative analysis. The aim of the outcome component is to determine whether there have been any measurable benefits to establishing the Independent Trauma Advisor (ITA) role. This component of the evaluation complements the Cost-Benefit Analysis Report which calculated the financial and social benefits of the ITA service. The aim of the process evaluation is to explore the facilitators and inhibitors to working effectively with this client group and highlight areas of good practice and issues that might warrant further consideration if the service is to be rolled out to other areas.

To aid understanding of the context of service delivery the first part of this report describes the client base and the forms of exploitation they have experienced. This is followed by three in-depth case studies which highlight the types and duration of support offered by the ITA workers, the outcomes of service engagement for the clients, examples of good practice, oversights in the provision of support that have been recognised in hindsight, and the issues that emerged from multi-agency working in relation to this client group.

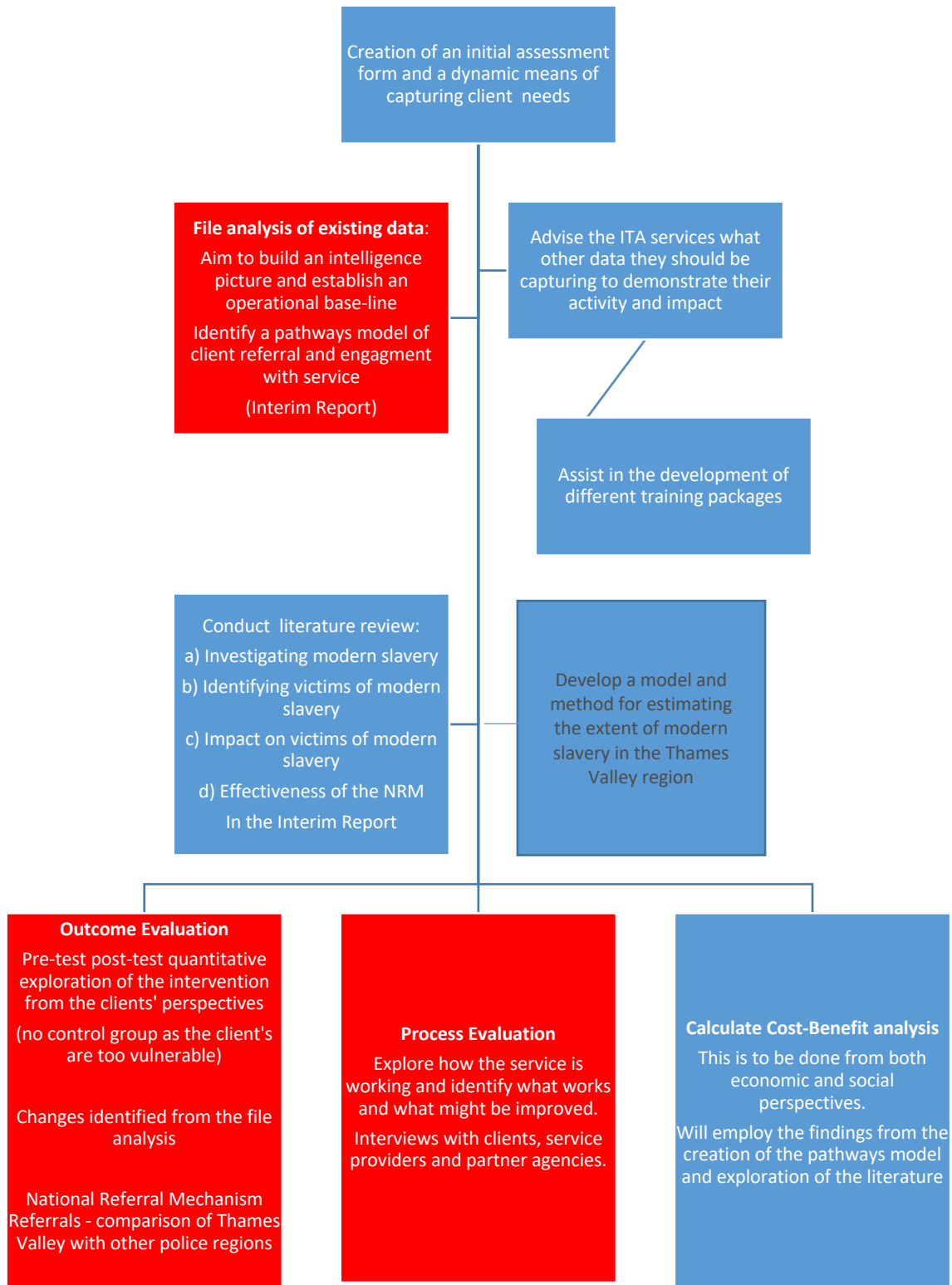
Regarding the outcome component, data relating to the client cases in the first nine months of the services operating during the evaluation period were compared to the cases in the subsequent thirteen-month period. Thus, file analyses were conducted in January 2016 and March/April 2017. The initial file analysis established the baseline data. The results of which are presented in the Interim Report. In this report the data for the second wave of the file analysis is reported and compared with the base-line data. The specific objectives here are to determine whether there has been an increase in the rate of referrals to the services and whether the pool of referring agencies and services has increased. An increase in these measures would indicate that the services have established effective working relationships with other agencies and that ITAs awareness raising activities have had a positive impact. Additionally, analysis was conducted on changes in the rates of applications to the National Referral Mechanism. The differences in the referral rates for the Thames Valley region between the years 2015 and 2016 were compared, and contrasted with the changes in rates

reported for other police regions. This analysis took into account the regions who participated in the NRM pilot project by introducing Slavery Safeguarding Leads. It was initially planned that a pre-post intervention assessment of client well-being outcomes should also be included in the outcome evaluation. A tool was created to enable this (see appendix 3). However, neither of the services collected this data. However, the tool is presented here as on-going evaluation of the service would benefit from demonstrating evidence that there are measurable outcomes for the clients served.

The process component of the evaluation is presented next. This is based primarily on interviews with 12 individuals, including two victims of modern slavery who were supported by the ITAs, representatives referring organisations, ITA workers, Service Managers and other stakeholders who sit on the Steering Group. Additionally, findings from the file analysis and discussions held in the Steering Group meetings also informed the development of the themes and recommendations.

Finally, recommendations are made to assist the services going forward and for new services for victims of modern slavery that are in the early stages of development.

Flow chart showing the stages of the consultation and evaluation process
(Primary research elements are in red)



Methodology

There were several different aspects to this evaluation, and each aspect had its own objectives and methods.

Establishing a baseline

To assist with articulating the current understanding of the ways in which victim's present and engage with the service the first objective of the evaluation was to create an initial assessment form (appendix 1) and case progression forms (needs assessment form - Appendix 2) that could assist with furthering intelligence on this matter which might help with criminal investigation and prevention efforts. The second objective was to establish a baseline from which an assessment could be made about the progress of the service. This was established by conducting a file and database analysis of the records held by the ITA services. The researchers were physically located in each of the organisations (Project A and Project B) for a short duration after the first nine months of operation to extract, code and enter the data into an anonymised SPSS database in readiness to analyse the data. A range of data was extracted including, age, gender, country of origin of the victims, forms of exploitation, referrer, dates of referral and case closure, pre-existing vulnerabilities, whether the victim recognised their victim status, and the barriers encountered that prevented or delayed victim's needs being met etc. Statistical analysis consisted of descriptive statistics and cluster analysis which was conducted to identify potential typologies of victim pathways into and through the ITA service. The baseline data results are reported in the Interim Report, but will be referred to here by way of comparison. Neither of the organisations fully implemented the initial assessment and the needs analysis tools, so file analysis was conducted to extract the required information from the existing records.

Outcome evaluation

A pre-post intervention design was planned for this part of the evaluation, which would have employed a self-report questionnaires to be completed (with assistance where necessary) with service engaged clients towards the start of the referral and then again at three monthly intervals throughout their engagement in the service.

The proposed needs assessment tool (which was designed as a simple to complete Excel spreadsheet), would have contributed to the outcome evaluation data, had the tool been

used by the services. The intention was to capture the range of needs of the identified clients and whether and how quickly these needs could be addressed through multiagency working. An indicator of the success of the ITA service would have been an increase in the number of needs assessed in a timelier manner. Initial data from this would also have mapped the gaps in services or the barriers encountered when seeking outward referral for these clients. This was to be a dynamic tool that could be updated as and when necessary. A pdf version of the tool is attached in Appendix 2, but please feel free to contact the authors of the report for the Excel version. Using the tool would enable the following questions to be answered:

- What are the presenting needs of the clients?
- Do these needs differ in any systematic way between victims of different forms of modern day slavery?
- What needs have been met and has the proportion of needs met increased in the second year of the evaluation?
- Where are the gaps in services which means that it is impossible to meet certain needs – or there are long time delays?
- Have the gaps/delays in services reduced over the period of the evaluation?
- Has there been an increase in the range of organisations/agencies to whom the ITA workers can refer clients over the period of the evaluation?

Outcome measures that were gleaned from the file-analysis included:

- A comparison of the number of victims referred to the ITA in the first and second years
- A comparison of the number of victims who engaged with the service in the first and second years
- Evidence of an increase in the number of referral pathways into the service.

Finally, analysis of the End of Year Summary Reports for the National Referral Mechanism permitted examination of magnitude of the relative increase in NRM referrals from the Thames Valley Police region in comparison to force regions who had not implemented a dedicated support role or service for victims of modern day slavery.

Ethical considerations in relation to the file-analysis

The researchers did not have access to any files or databases containing client details off-site from the organisations providing the ITA services. The anonymised databases which were constructed purposefully for this study were encrypted and password protected. Both researchers have been DBS checked for other roles with other organisations. However, they had not been DBS checked in relation to this project. It is recommended that in future all research teams engaged in evaluations such as this are DBS cleared.

It was recognised that there was potential for vicarious traumatisation for the researchers when embedded in the organisations and reading through the data files. Although, both researchers were very experienced in working with this type of material, and negative reactions were not anticipated, regular debrief sessions were held to ensure researcher well-being.

Process evaluation

The process evaluation looks at how the service worked and what might be done to improve its effective functioning. It is on the thematic analysis of semi-structured interviews with service providers, ITA clients, referring agencies and other stakeholders.

In total twelve interviews were conducted. All interviewees were over the age of 18 years and their participation was voluntary. The interviews with the service users were conducted face-to-face at the relevant ITA service, although they were given the option of a telephone interview. The ITA workers identified clients who they felt were potentially suitable to interview (this was not on the basis of their favourable outcomes or interaction with the service, but rather their lack of vulnerability at the time of the interviewing phase). The interviews were conducted in a private room, but the ITA worker who was responsible for supporting each particular client was in the building to provide support to the client after the interview. The stakeholders were approached through the membership of the project's Steering Group. The professionals given the option of face-to-face interviews at the ITA offices – quiet interview rooms were available on both sites – (or the place of work for the other professionals), or telephone or Skype interviews.

Ethical considerations

To ameliorate the potential for distress with the service-user interviewees arrangements for the interviews were made through their ITA caseworker, which meant that the caseworker would be on hand to offer additional support should this be needed. All interview recordings were destroyed as soon as they were typed up. All typed transcripts were anonymised and held on a password protected computer, which is only accessed by the researchers. University ethical approval was granted for this project.

File Analysis

Introduction

The case files on all clients who had been referred to and engaged with the ITA services between 16th January 2016 and April 2017 were examined and details extracted and entered into an anonymized database. In total, details were extracted for 107 referrals 16 from Project A and 91 from Project B. The disparity between the referral rates between the two service providers is believed to be a consequence of several factors including:

- a) Project B adopted the recording template more in line with that developed by the evaluation team, which included all referrals
- b) Being the newer service, Project B had engaged in a range of activities to raise the profile of the ITA service amongst other agencies and service providers and thus increased their rate of referrals from a wider range of service providers.
- c) Project A experienced a considerable reduction in requests to accompany the police on brothel raids.
- d) In year one of the evaluation, it was evident that Project A were working with clients who had far higher rates of pre-existing vulnerabilities and thus were engaged with the service for relatively longer periods of time and needed higher levels of client contact and advocacy. Considering this, and issues related to the perceived safety of the ITA workers, Project A did not engage in awareness raising activities to promote the service as they felt that to do so would result in an influx of clients who could not be adequately be supported by the service.
- e) The two services also responded differently to the impending loss of the current funding for the services and the uncertainty over future funding. In the last few months leading up to April 2017 Project A began to close cases and were reluctant to take on new cases as they were preparing to close the service. In

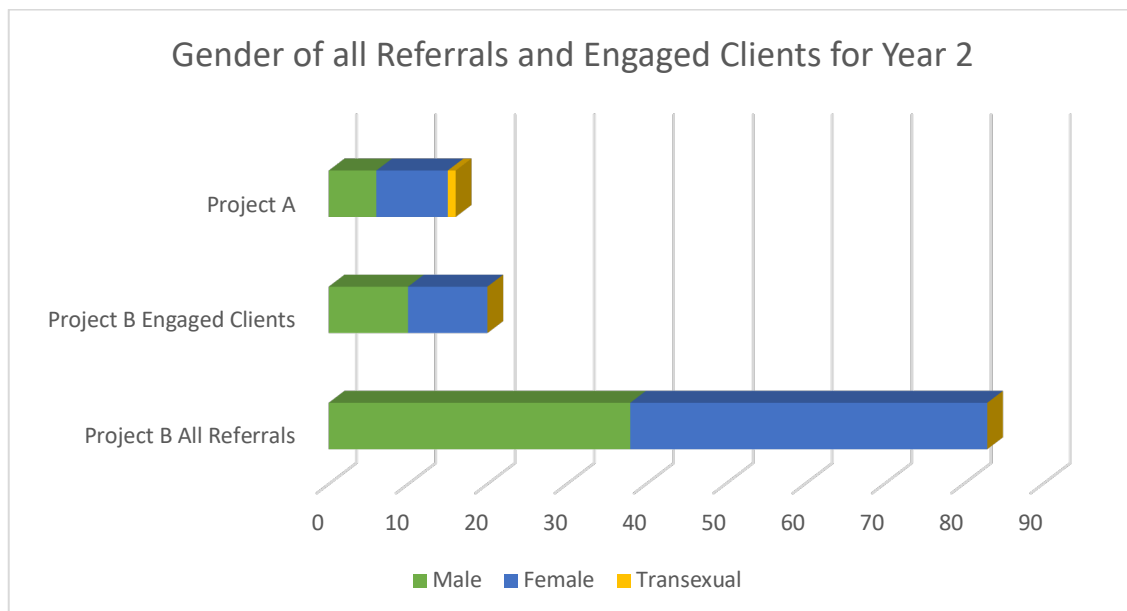
contrast, Project B had sought and secured additional funding from alternative sources and so were not operating under the impression that their ITA service would be closing.

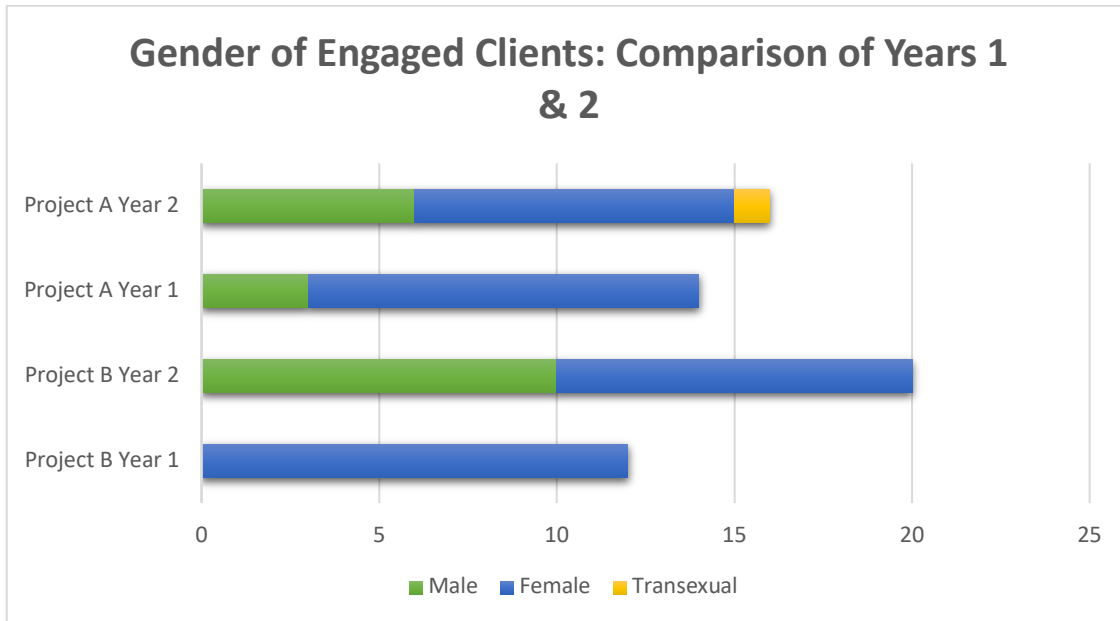
Ultimately across the two years of this funded service, 145 identified or potential victims were referred to and/or assessed by the ITA services. Some of whom also received crisis support during police raids. A total of 59 victims of modern slavery engaged with and received significant longer-term support from the ITA workers. This figure is in close proximity to the key deliverable which was that 150 victims should receive holistic support. The details from the other 86 potential victims contribute to the overall understanding of the problem in two areas of the Thames Valley region: Oxford and Reading.

The analysis here provides an overview of the referral pathways, demographics of the clients who were referred to and engaged with the services, the nature of their victimization experiences, and their presenting needs both across and between the two ITA services, whilst comparing the first and second years of operation under this particular stream of funding and the associated evaluation.

Demographic characteristic of the referrals and service engaged clients

Gender





Of Project B's referrals where gender of the potential victim was recorded (n = 83) 39 men and 45 women were referred in the second year. Men comprised 47% of Project B's referred clients in the second year and 50% of their engaged clients (n = 10). In the first year of the evaluation no men were amongst Project B's clients and thus this has been a significant change in their client base.

Project A recorded sixteen referrals, 10 of whom were women (including one transgendered individual who was in the process of transitioning from male to female) and six were men. Men comprised 37.5% of Project A's referred clients in the second year. Twenty-three percent of the clients in Project A's first year were men and thus again it appears that there has been a significant increase in the number of men identified as potential victims and supported by the ITA workers.

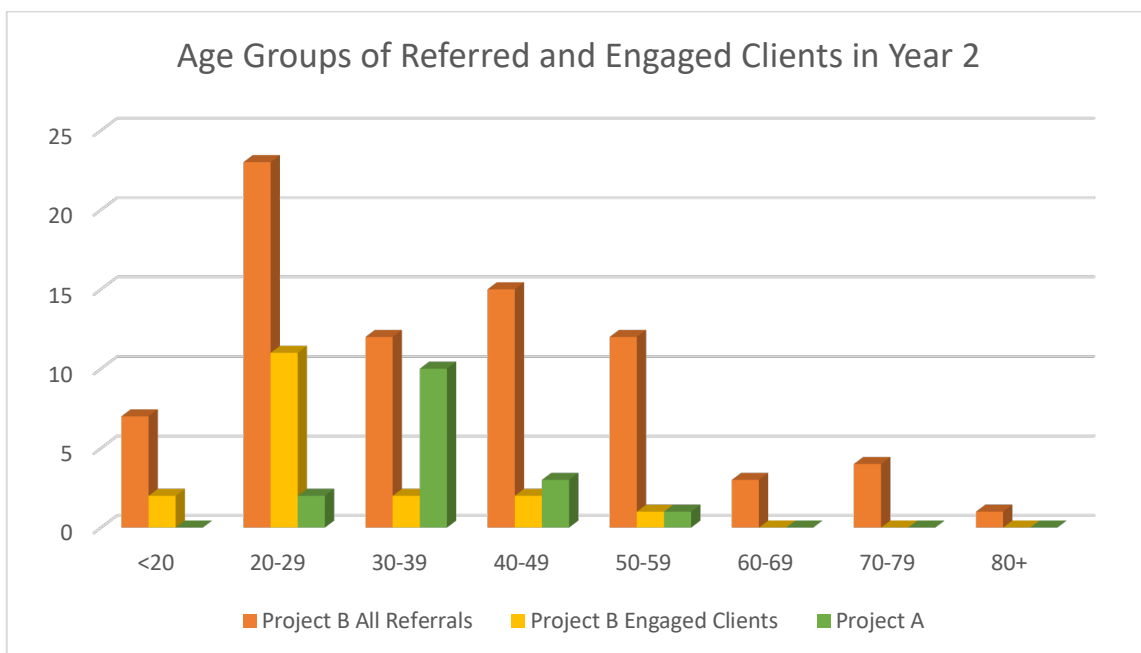
Age

For the Project B referrals, their ages ranged between 13 and 84 years (mean = 38.4 years) (76 of the referrals had an age recorded) and the age range of engaged clients was between 16 and 51 (mean = 28.7 years). The most dominant age group in the engaged clients was the 20-29 group. Statistical analysis using an independent t'test (equal variances not assumed), revealed that the difference between the mean ages of the referrals in comparison to the engaged clients was statistically significant ($t = -3.271$, $df = 44.592$, $p = .002$, Hedge's g [a measure of effect size] = .622). This indicates that as a group, the engaged clients were significantly younger than the clients who were referred. Since the effect size of this

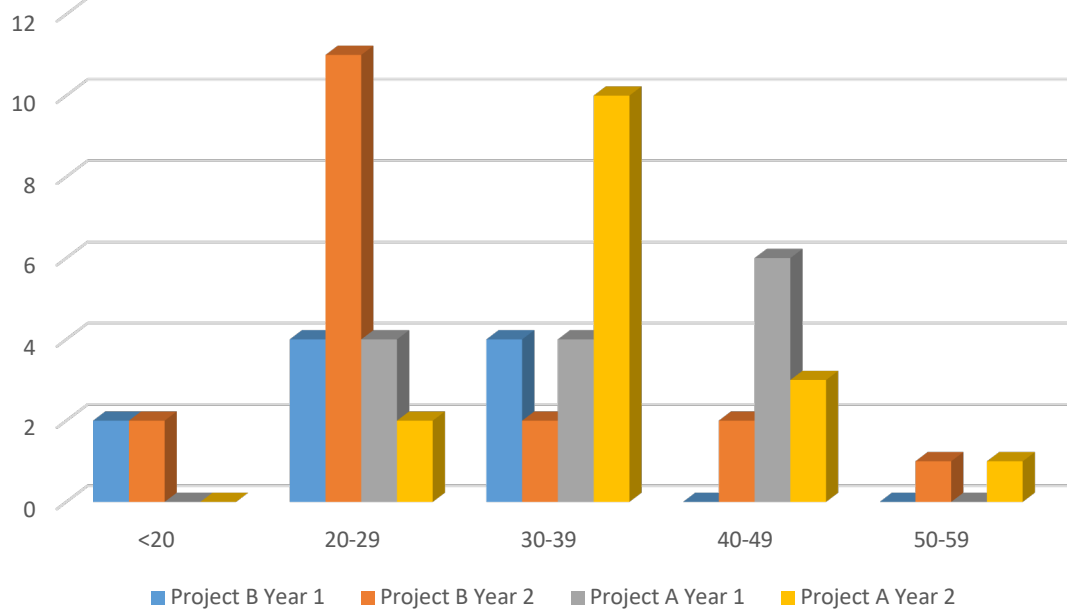
difference is medium, it would be wise to interpret this as being indicative of needing to explore different ways of contacting and engaging with older (50+) referrals.

Project A's clients' ages ranged between 20 and 52 (mean = 36.3 years). The most dominant age group for victims was the 30-39 group. Statistical analysis comparing Project B's engaged clients and Project A's clients revealed that the observed differences in ages were statistically significant ($t = -2.456$, $df = 32$, $p = .02$, Hedge's $g = .844$). This suggests that on average Project A's clients tend to be older than Project B's engaged client group. This difference in age has a large effect size. This finding replicates the age differences found between the two services in the first year of operation as identified in the Interim Report.

Age of Clients



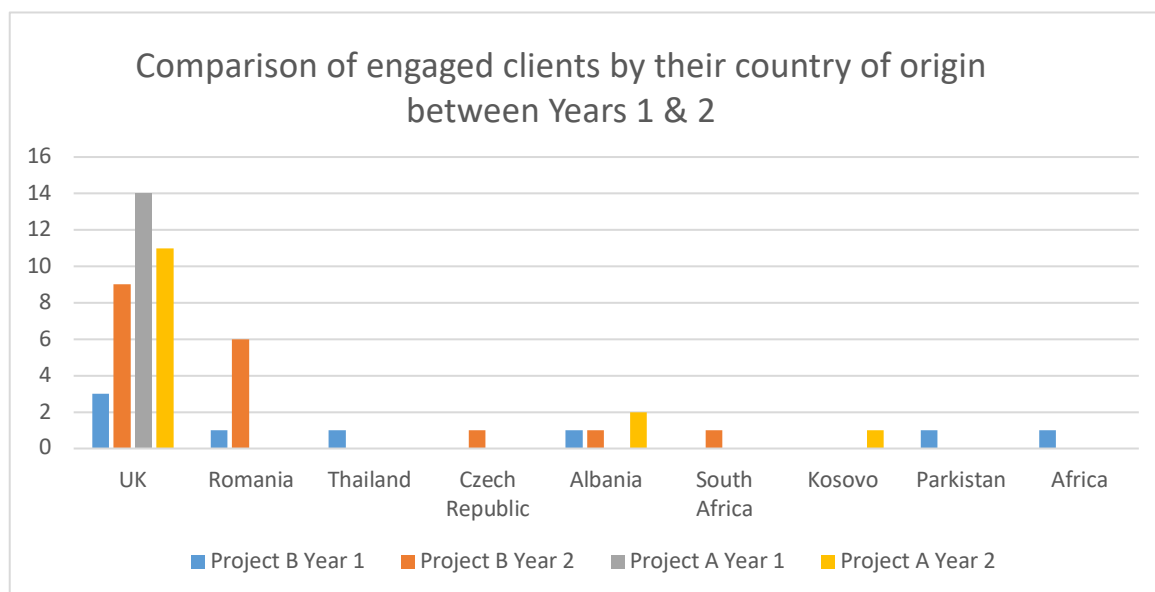
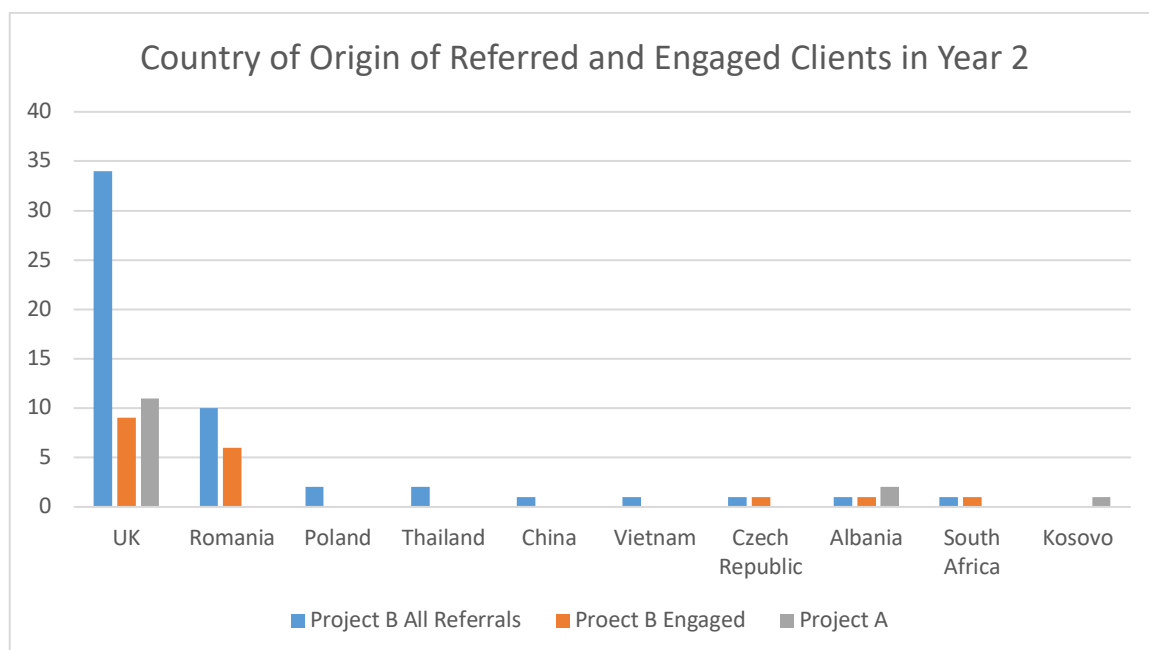
Age Groups of Engaged Clients: Comparison of Years 1 & 2



Country of Origin

The greatest proportion of referrals are in relation to UK citizens. The second largest country of origin is Romania and this relates both to victims of sexual exploitation (females) and forced commercial labour (men). Albania is the next highest country of origin. Victims referred in Year 2 of the evaluation came from several countries that had not been seen in the Year 1 data (e.g. Vietnam, Czech Republic and Kosovo).

Country of Origin

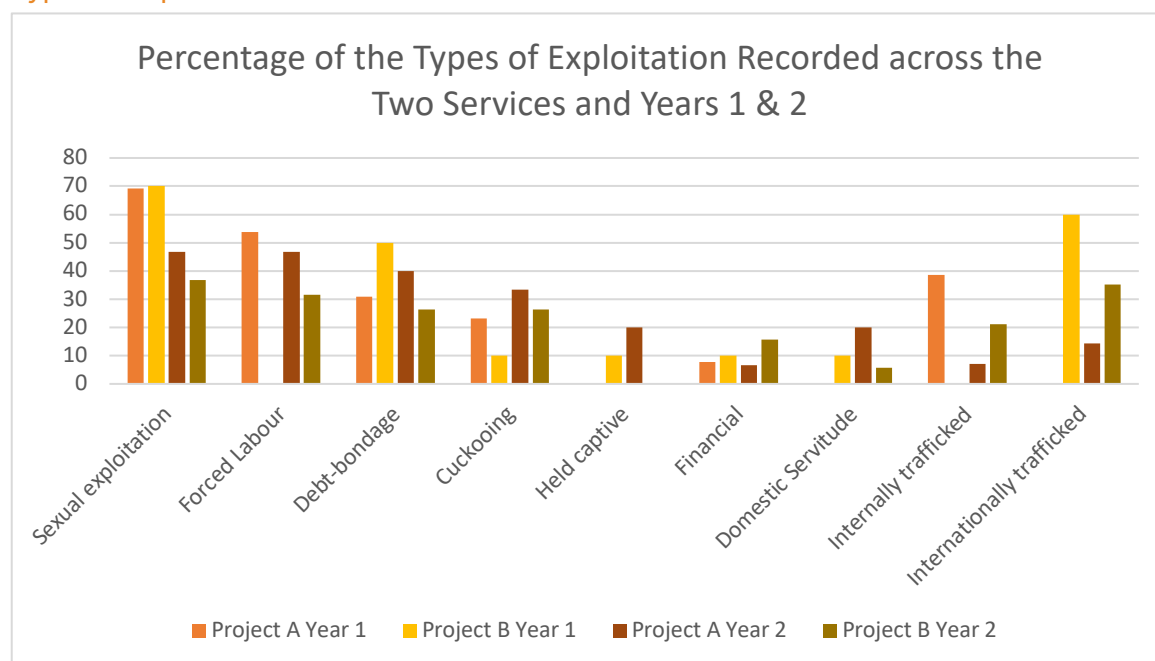


Forms of exploitation

Overall there were fewer cases of sexual exploitation in the second year, even though this remains the leading form of exploitation. There was a significant increase in the number of cases of forced labour, which included both commercial labour and forced criminality. This might be related to the rise in the number of cases of cuckooing, particularly in the context of forced criminality. The rate of internal trafficking appears to be slightly lower in Year 2, whilst the rate of international trafficking remained relatively stable. Less than 50% of the engaged clients had experienced any form of trafficking. This fact is important as it highlights how erroneous it is to conflate modern day slavery with trafficking. Trafficking is one process that might be used by the perpetrators of modern day slavery, rather than defining the experience of all victims. Whilst the data is imprecise since it is secondary analysis of data collected for other purposes, it does suggest that over the two years of the evaluation 122 forms of modern day slavery were committed against the 59 victims who engaged with the services; that is on average just over two forms of exploitation each.

Exploitation	Project A Year 1	Project B Year 1	Total Year 1	Project A Year 2	Project B Year 2	Total Year 2	Combined total across years 1 & 2
Sexual	9	7	16	7	7	14	30
Forced Labour	7	0	7	7	6	13	20
Debt-bondage	4	5	9	6	5	11	20
Cuckooing	3	1	4	5	5	10	14
Held captive	0	1	1	3	0	3	4
Financial	1	1	1	1	3	4	5
Domestic Servitude	0	1	1	3	1	4	5
Internally trafficked	5	0	5	1	4	5	10
Internationally trafficked	0	6	6	2	6	8	14
						Total	122

Types of Exploitation



Number of forms of exploitation against individual clients

Across both service providers and years of the evaluation study, it remains that most victims experience more than one form of exploitation and this does not include other crimes that might be committed against them during their period of enslavement. The table below reports the number of forms of forms of victimisation. Not all engaged clients' experiences are fully captured in the data. In some instances, the description of the exploitation experience held in the records just indicated 'modern day slavery', with no further articulation of the victim's experience.

Number of forms of exploitation	Project A Year 1	Project A Year 2	Project B Year 1	Project B Year 2
One	4	4	4	8
Two	5	2	1	6
Three	2	5	4	3
Four	2	2	1	2
Five	0	1	0	0

Victim Identification

Modern Day Slavery exists in a multitude of forms which means that victims will not be of a set profile, and the way in which they are identified will vary enormously. Throughout the past two years, the following methods of victim identification were recorded:

- Crisis Intervention – police intervention (e.g. raids, ‘rescue missions’)
- An element of exploitation/ slavery is suspected or disclosed whilst an individual is being supported for other needs (e.g. housing, mental health, substance abuse, health care etc.)
- Self-identification – often reporting their victimisation to official personnel however, it is uncommon for the victim to immediately identify their experience as an act of modern day slavery (e.g. they may feel forced, harassed, threatened or treated unfairly). Consequently, their own active attempts at help seeking are often fruitless.
- On a few occasions, victims have heard about the ITA service through previous clients and thus are more likely to recognize their victim status and to self-refer to the ITAs.
- Individuals begin to disclose and their exploitation experience is revealed when they are in the contact of the Criminal Justice System (e.g. police investigation, probation, prison etc.), once they themselves have been labelled as a suspect or an offender.

Duration of support provided to engaged clients

The duration of support provided to individual clients who were supported by Project B ranged between 1 day and 18 months, with an average of 3.6 months of intervention each across the 20 engaged clients. Regarding the clients who were supported by Project A, the average duration of support offered by the ITAs was nine months with a range between four and 14 months. However, it must be noted that at the point of data extraction, most of Project A’s clients were still receiving on-going support (and thus the actual duration of service delivery for individual clients would exceed this figure. Whilst Project B also had on-going clients, these were fewer in number compared to Project A. There are two interlinked contributing factors that might explain the differences in the duration of the support offered by the two ITA services:

- a) As was evident in the cluster analysis findings presented in the Interim Report, the clients served by Project A tended to have higher levels of pre-existing needs (e.g. substance misuse, criminal record/ on-going criminality, older age etc.), they were also less likely to recognise their victim status and thus the level of support needed to embed them into services tends to be greater.
- b) The two services appeared to adopt slightly different models of service. Project B's initial referral form tended to categorise each referral into one of four levels of intensity of service need (crisis, short-, medium- and long-term), and thus they are able to estimate resource capacity. Conversely, due to Project A's history of taking complex and challenging cases through their complex needs service, they tend to offer longer term support which extends beyond individuals entering the Safe House and new permanent accommodation. This longer-term support appears beneficial particularly for clients who are affected by substance misuse and who are at risk of relapse and intermittent disengagement with support services. Additionally, it was evident from Project A's files that the full extent of victims' needs were not fully realised until some months into supporting the clients, and once the client had built enough trust in the ITA worker to disclose additional aspects of their victimisation.

The perpetrators

Where reference to the perpetrators was made, they were often people who were believed to be friends, private landlords and family members. Many of the perpetrators were lone individuals or couples. Similarly, Wise and Schloenhardt (2014) report that most cases of trafficking in Australia suggest that the perpetrators are largely couples, loosely connected networks and amateurs and not highly organised criminal gangs as has been reported in the literature. Whilst some people have explained these findings in terms of only those at the bottom of the criminal hierarchies come to the attention of the victims and the officials. Others have said it is because these offences are not predominately committed by highly organised groups (e.g. Larsen & Renshaw, 2012). In a few instances, the perpetrators were already known to services as victims of modern day slavery. There was no indication in the case files that in these cases the perpetrator-victims were acting under duress or coercion by others, but we are unable at this stage to rule this out as a possibility. However, in this second stage of the analysis there was a greater recognition of criminal gangs as perpetrators.

Outcome Evaluation

Outcomes drawn from the file analysis

Number of victims identified

The Interim Report which discussed the first 10 months of operation of the ITA services found that overall 26 clients (14 for Project A and 12 for Project B) had engaged meaningfully with the ITA workers. Additionally, Project A encountered a further 12 victims whom they offered immediate assistance to during police raids of brothels.

Over the course of the following 13 months a total of 33 new victims received substantive support from the ITA workers and in total there were 107 referrals to the service. Whilst this does not represent an increase in the number of new clients engaged with the service, this is a considerable additional demand on the services who were still supporting a number of the clients who had been referred in the first 10-month period.

Referrals and Referrers

From the perspective of the evaluation it was envisaged that successful operation of the ITA services would lead to an increase in the number of referrals and the broadening of the range of referrers. When considering the two services together it is evident that there has been a significant increase in both of criteria. This suggests that both the awareness raising and training initiatives are having the desired impact and that trust has been maintained/developed between the ITA workers and other agencies/services.

Project B

Rehab had adopted a recording system suggested by the evaluation team which meant that they collected data on all referrals, including those that did not manifest into becoming part of their actual client base. This enables estimation of the number of potential victims who are being identified by agencies and service providers locally and could ultimately allow for the estimation of the service's success in engaging clients with the service. In this second year of the evaluation Project B were successful in engaging with 27.8 % of appropriate referrals.

In total Project B had 91 referrals, 20 of which led to successful engagement with clients and a further two led to the support of victims' relatives to help them with maintaining the targeted individual's safety. Nine referrals resulted in conducting a small piece of prevention work with service users who had been identified as being at risk of exploitation. Two referrals, both made by Social Services were for mothers of young children who were partnering known sex offenders. In neither of these cases did these referrals lead to engagement with the service since their experience and needs were beyond the remit of the ITA service. However, both of these clients would have been suitable for referral to Circles South East's non-offending partner programme which aims to enhance the protective capabilities of non-offending partners of registered sex offenders who have dependent aged children.

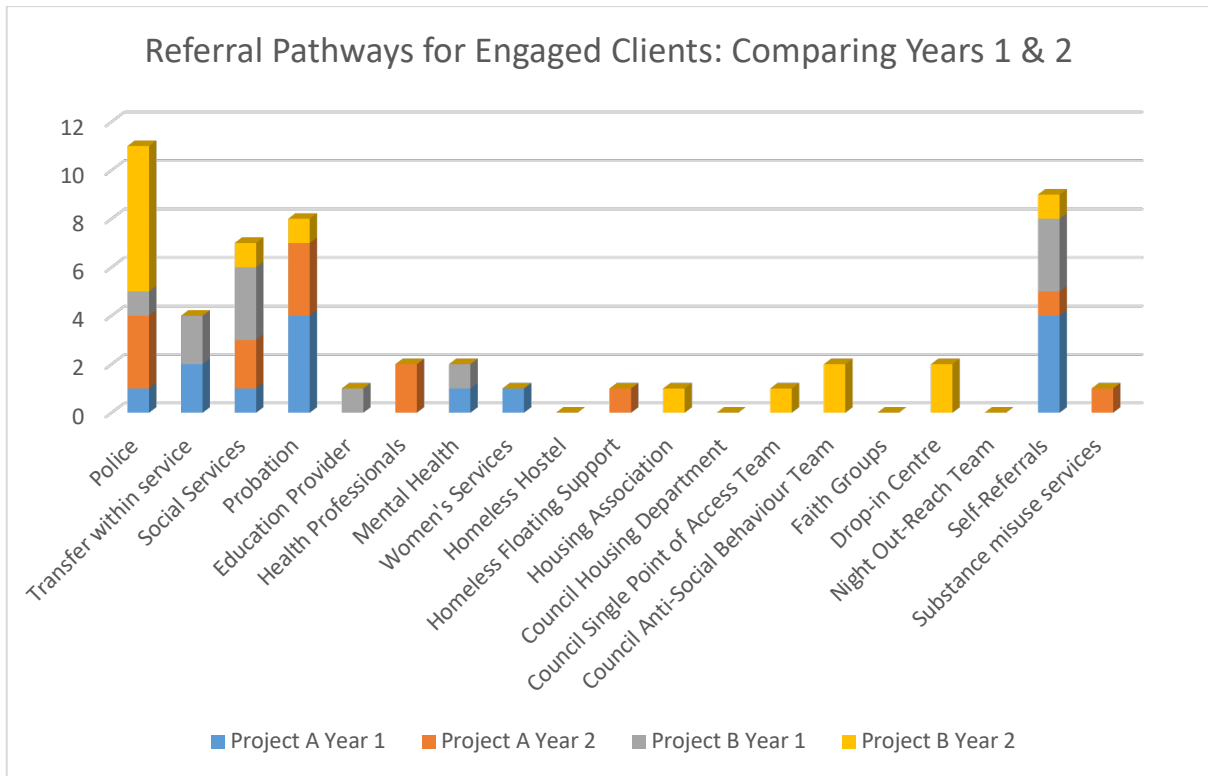
On assessment of the potential clients in the case of eight of the referrals, the ITA service decided that support was not required. In the remaining 50 cases either contact with the ITA workers was limited or contact was not established despite repeated attempts using a variety of different strategies (phone, text, home visits, being vigilante at the Drop-in venues for sighting of individuals identified as potential victims etc.). In some instances, it appears that disengagement of the potential client arose due to delays incurred when attempting to arrange introductory meetings between the client, the ITA worker and the worker from the referring organisation. Other barriers to establishing contact included, fears that contact would compromise the client's safety due to the persistent surveillance of the exploiters, clients' lack of phones, client's giving details of phone numbers that are not active, homelessness, moving out of the area, not recognising their victim status and thus not understanding the potential benefits of the service for themselves and becoming a non-voluntary, in-patient in a psychiatric hospital.

Referrers

There were 88 referrers recorded for 116 referrals across the two services between January 2016 and March/April 2017. Of these referrals 33 became clients who engaged with the ITA service: thirteen with Project A and fifteen with Project B.

Referrer	Project A Clients	Project B Referrals	Total referrals	Project B Engaged Clients	Total engaged referrals
Thames Valley Police	3	25	28	6	9
Probation	3	5	8	1	4
Council Antisocial Behaviour Team	0	10	10	2	2
Council Single Point of Access Team	0	6	6	1	1
Self-referral	1	1	2	1	2
Social Services	2	6	8	1	3
NHS – midwives, GPS, Health visitors etc.	2	2	4	0	2
Mental Health Service	0	1	0	0	0
Substance misuse services	1	0	1	0	1
Drop-in Centre	0	8	8	2	2
Faith groups	0	1	1	0	0
Housing Association	0	3	3	1	1
Council Housing Department	0	2	2	0	0
Night out-reach activities by the ITAs	0	2	2	0	0
Homeless floating services	1	2	3	0	1
Homeless hostels	0	2	2	0	0

Since Project B was the newer of the two services to begin specialising in the full range of modern day slavery victimisation they had engaged in significant awareness raising activities with other local service providers to advertise their new service. The impact of this activity is evident from the far broader range of services referring potential victims into the service. Project A had previously had a strong working relationship with the local police and thus in the Year one data presented in the Interim Report they supported a considerable number of police raids which identified greater numbers of potential victims. Due to changes in police officers this effective working relationship was lost for a significant proportion of the second year, leading to a relative drop in identified victims. Whilst many of the potential victims identified through brothel raids did not ultimately engage with the ITA service, the intelligence gathered by the ITA service through tracking of the individuals identified on the raids had contributed to the investigation and prosecution of those engaged in sexually exploitation.



When comparing the first and second years of operation under this funding stream it is evident that the police remain one of the most likely sources for referrals and this has now become a much more effective referral pathway for Project B in the second year. Both services saw a drop in self-referrals. However, it was evident from the file analysis that the willingness of some victims to engage with the ITA workers was bolstered by encouragement from, and favourable reports by, other victims who have used the ITAs. The Probation Service (including bail hostels and the Victim Liaison Unit) have remained a referral route for Project A and have become a referrer for Project B. Project A has seen new referral pathways develop through NHS professionals, substance misuse service and floating support services for the homeless population. Project B's new referral sources have come largely from different departments of Reading Borough Council, local housing associations and their own outreach activities, including the night outreach service and the drop-in service at a local church.

National Referral Mechanism Referrals

It is proposed that one objective outcome measure that can be used to assess the impact of the ITA service is the consideration of changes in the rate of referrals to the National Referral Mechanism.

Table 3: National and local referrals to the NRM from 2013 to 2016

	All Referrals	Adults	Minors	Male	Female	Trans-gender	Domestic Servitude	Labour Exploitation	Sexual Exploitation	Other
2016										
UK	3805	2527	1278	51%	48%	1%	429	1575	1313	487
England	3499	2295	1204	49%	51%	<1%	387	1432	1227	453
Thames Valley Police	32	29	3	53.1%	46.9%	0	2	27	32	0
Thames Valley Region	80									
2015										
UK	3266	2284	982	46%	54%	<1%	422	1183	1080	576
England	2934	2033	901				2	27	3	0
Thames Valley Police	24	17	7	50%	50%	0	0	16	5	3
Thames Valley Region	36									
2014										
UK	2340	1669	671	38.7%	61.2%	<1%	305	788	830	415
England	2114	1487	627	37.7%	62.3%	<1%	278	688	766	380
Thames Valley Police	23	17	6	47.8%	47.8%	<1%				
2013										
UK	1746	1295	450	36%	64%	0	186	634	725	201
England	1556	1155	401	36.1%	63.9%	0	173	567	639	176
Thames Valley Police	12									

Overall, the figures indicate that there has been an incremental increase in the number of people referred to the NRM each year. However, when considering the number of positive conclusive decisions in relation to the number of cases that had firm decisions at the end of year report stage, it is evident that there has been a year-on-year decrease in the likelihood

of a positive decision being made. Whilst the rate of positive decisions was 47.7% for 2013, this has dropped to 36.2% by 2016.

Table 4: Percentage of positive conclusive decisions from final decisions completed

Year	2013	2014	2015	2016
No. of referrals	1745	2340	3266	3805
No. of positive decisions	824	900	1028	635
No. of final decisions made	1729	2028	2421	1752
Percentage of positive decisions from decisions made	47.7%	44.4%	42.5%	36.2%

Change in NRM referrals across force areas between 2015 and 2016

NRM referrals for the force areas were not presented in the all the NRM's end of year summary reports and thus the analysis here was limited to a comparison between the 2015 and 2016 reports. Using these two end of year summary reports the following analyses were computed. Percentage change scores were calculated for each force area to ascertain whether reporting levels had increased in 2016. The raw data is presented in Table 6 overleaf. The range of change and the mean scores were calculated. This allowed for a comparison between the England and Wales average change score with that found for Thames Valley. Additionally, the different regions were divided based on whether they were known to have implemented specialist roles to work with victims of modern slavery. Thus, the regions involved in the NRM pilot project which implemented Slavery Safeguarding Lead roles (Avon and Somerset, Devon and Cornwall, Wiltshire, Dorset and Gloucestershire) and Thames Valley were compared with the remaining regions to determine whether the introduction of specialist roles to support victims had an impact on the rate of referrals to the NRM.

The mean percentage change in the number of referrals across all force areas in 2016 compared with 2015 was a 63.53% increase (95% CI [24.46 – 102.60], SD =123.79). The range of scores spanned from a 61.5% decline in referrals from Wiltshire to a 633% increase in referrals from Dorset.

The rate of referrals in the Thames Valley region rose by 122.2% in 2016 in comparison to the previous year. Since this is higher than the upper limit of the 95% Confidence Interval for the mean score for the rest of England and Wales this suggests that the increase in the rate of referral for Thames Valley is considerably higher. The fact that the ITA services were only

operating in two areas of the Thames Valley region, unlike the Slavery Safeguarding leads in the other force areas whose remit covered the whole force area, suggests that the apparent benefit on rates of referrals from having the ITA service are likely to be under-accounted for in this analysis.

Having split the force regions between those who were known to have implemented specialist role and those who had not, an independent t-test was computed between these two groups. This revealed that the mean percentage change in referrals to the NRM for force regions who were not known to have established specialist roles for working with victims of modern slavery was 48.63% (95% CI [6.744 – 90.526], SD = 84.49), whereas for the average change score for regions with specialist roles was 135.9% (95% CI [43.562 – 228.209], SD = 235.6). According to the Levene’s test result, equal variances between the groups could not be assumed and thus a more stringent criterion to ascertaining statistical significance was applied. Consequently, the observed differences between these two did not attain a level of statistical significance ($t = -0.967$, $df = 6.321$, $p = .184$). However, when the effect size of the observed difference between the two groups was computed using Hedges’ g (which takes into account the different sizes of the two groups) this revealed a score of 0.723 which is interpreted as a medium size effect. Overall, this suggests that the differences in the trends in referral rates between the regions with Slavery Safeguarding Leads and those without are of practical significance, but this has not attained a level of statistical significance, possibly due to the wide variety in percentage change scores and the unequal number of force regions in each of the categories.

Table 6: Comparison of NRM referrals in 2015 and 2016 and annual prevalence rates by Force area

Region	2016	2015	Percentage change	Population Mid 2014	Prevalence 2016 Per 10,000
Avon and Somerset	29.00	20.00	45.00	1645800.00	2
Bedfordshire	121.00	83.00	45.90	644000.00	19
Cambridgeshire	25.00	39.00	-35.90	830300.00	3
Cheshire	20.00	8.00	150.00	1039200.00	2
Cleveland	8.00	20.00	-60.00	560900.00	1
Cumbria	9.00			497900.00	2
Derbyshire	17.00	21.00	-19.00	1032300.00	2
Devon and Cornwall	23.00	18.00	27.80	1707400.00	1

Dorset	44.00	6.00	633.00	759800.00	6
Durham	11.00	12.00	8.30	623100.00	2
Dyfed-Powys	3.00	2.00	-50.00	516700.00	1
Essex	61.00	46.00	32.60	1773200.00	3
Gloucestershire	9.00	3.00	200.00	611300.00	1
Greater			-7.60	2732900.0	
Manchester	133.00	144.00		0	5
Gwent	10.00	9.00	-11.10	580400.00	2
Hampshire	61.00	54.00	13.00	1939600.00	3
Hertfordshire	19.00	12.00	58.30	1154800.00	2
Humberside	8.00	11.00	27.30	923900.00	1
Kent	84.00	88.00	-4.50	1784400.00	5
Lancashire	10.00	14.00	-28.60	1472000.00	1
Leicester	18.00	8.00	125.00	1043600.00	2
Lincolnshire	19.00	10.00	90.00	731500.00	3
Merseyside	154.00	128.00	20.30	1391100.00	11
Metropolitan	1521.0	1104.0	37.70	8538700.0	
Police	0	0		0	18
Norfolk	20.00	15.00	33.30	877700.00	2
North Wales	22.00	9.00	144.40	694000.00	3
North Yorkshire	9.00	4.00	125.00	806000.00	1
Northamptonshire	21.00	27.00	-22.20	714400.00	3
Northumbria	65.00	30.00	116.70	1434700.00	5
Nottinghamshire	19.00	18.00	5.50	1115700.00	2
			-9.30	1300900.0	
South Wales	97.00	107.00		0	7
South Yorkshire	123.00	64.00	95.20	1365800.00	9
Staffordshire	30.00	32.00	-6.30	1111200.00	3
Suffolk	11.00	8.00	37.50	738500.00	1
Surrey	46.00	13.00	253.80	1161300.00	4
Sussex	65.00	38.00	71.10	1649200.00	4
			122.20	2339300.0	
Thames Valley	80.00	36.00		0	3
Warwick	18.00	11.00	63.60	551600.00	3
West Mercia	22.00	5.00	340.00	1242100.00	2
			13.60	2808400.0	
West Midlands	357.00	314.00		0	13
			-15.30	2264300.0	
West Yorkshire	199.00	235.00		0	9
Wiltshire	5.00	13.00		698900.00	1

Process Evaluation: Thematic Analysis of the Interviews

Thematic analysis of the interviews identified seven overarching themes that summarise the current issues and experiences encountered when supporting victims of modern slavery and the experiences of those who engage with the ITA service either as clients or referrers. The themes are: the role of the ITA worker, multiagency working, trust, barriers to engagement, housing, closure of cases and new ways of working. Each of these themes has several subthemes that are depicted in the mind-map diagram over-leaf. Each of these will be discussed in turn using case study material for the clients who agreed to be interviewed (highlighted by boxes with blue borders) and highlighting actions already taken to remedy identified issues (highlighted by boxes with green borders) and recommendations for future consideration (highlighted by boxes with red borders).

Role of the ITA worker

The role of the ITA worker was characterised by subthemes including the unpredictability of the of the job, the provision of holistic support, lack of specialised training, perceptions of increased risks to personal safety in relation to supporting victims exploited by gangs and the potential for burnout.

Unpredictability

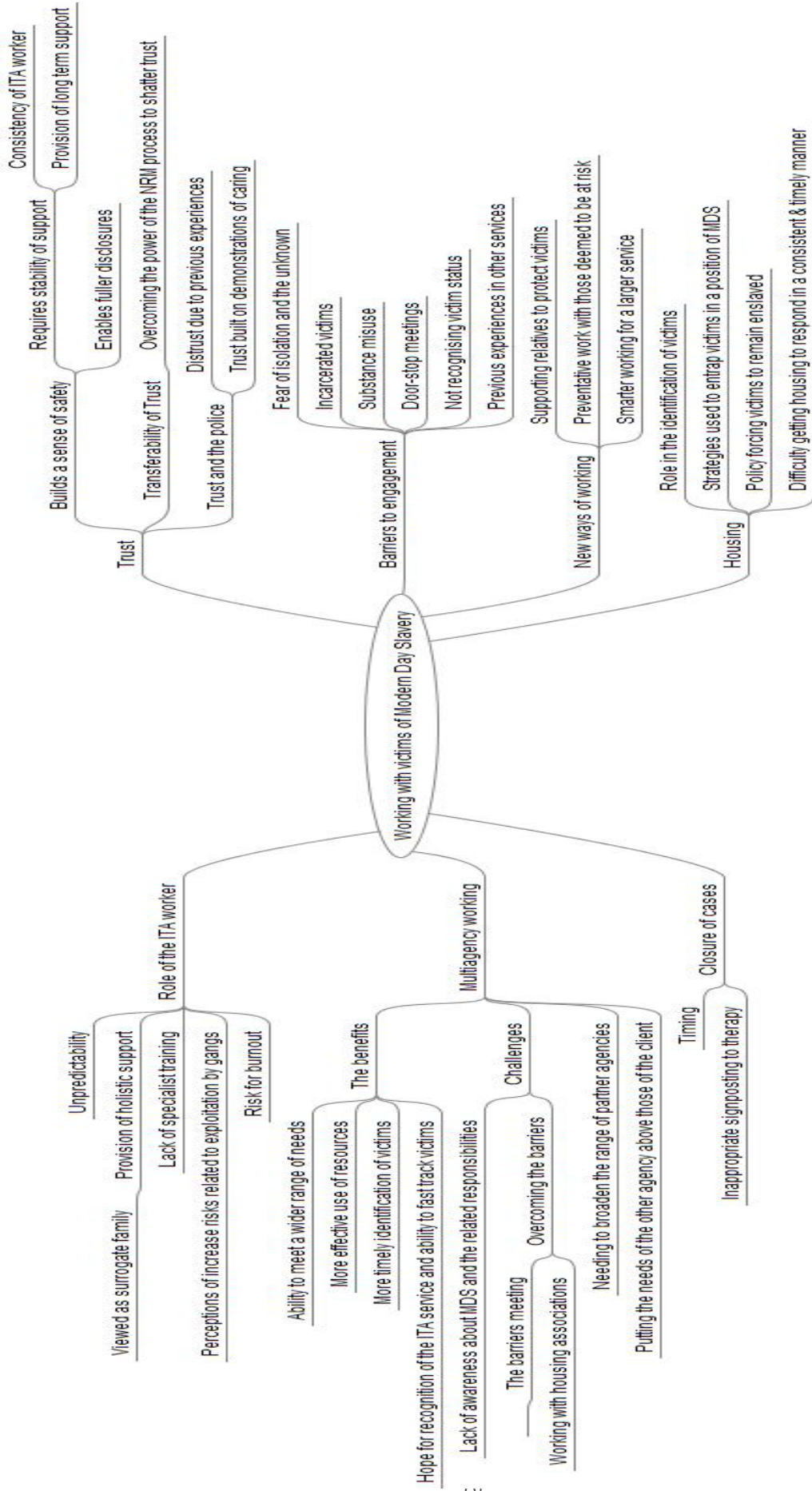
Unpredictability was seen to relate to the day-to-day activities and to the number of the potential clients that might be referred to the service. The fear of becoming unexpectedly inundated with referrals and having insufficient resources to deliver an effective service led to a sense of needing to remain ‘under the radar’ and not advertise too widely the service.

“Normally the [referrals] are quite faced paced so we get those referrals from the Police and then it is all hands on deck.... The ones that come through the Police as I said you know you can be having a quiet day, they come through and you could be working late into the evening to make sure they are in a safe place...”

Melody ITA, Int.1 Pg. 1-2

“Whilst there was some sense from funders that there was little need for the service when the initiative was launched, the key problem now is that the services almost need to restrict the number of referrals to ensure that they can appropriately support their clients. It would make little sense to be inundated with referrals when the teams are so small and their capacity to offer effective support is limited by this. Due to the nature of this work it would be very difficult to quickly recruit capable new staff in response to a sudden increase in the number of clients.”

Anna, Partner Agency, Int. 10, pg. 2.



Provision of holistic support

Holistic support here is characterised as support that is targeted to the full range of the clients' presenting needs and future goals. It invariably means multi-agency working and that a variety of supportive roles are played by the ITA workers, which can vary client-to-client. The case example of one client who is referred to by the pseudonym Jasmine, which is presented below highlights the nature, extent and impact of holistic support offered by the ITA workers.

Case example: JASMINE

Jasmine, a young lady in her early 20s was enslaved and internationally trafficked for the purposes of sexual exploitation. She is from Eastern Europe and was exploited for just over a year. Jasmine managed to escape her exploiters but was fearful as she perceived herself to be an illegal immigrant and thought that she may be criminalised, rather than seen as a victim. She also reports that she was fearful of the police as her impression of the police in her home country is that they are likely to be corrupt.

Jasmine, was pregnant when she was referred to the ITA service. She described a convoluted journey between services despite her victimisation being recognised as MDS, before being offered support from the ITA service. She was first referred to the Home Office and offered support for an immigration service which provided short term support to individuals who had been trafficked. She then disclosed her circumstances to the midwife who referred Jasmine to social services, social services then referred her to Project B.

When Jasmine first came to Project B she needed an interpreter, was suffering from PTSD and social services were putting a Care Plan in action around her unborn child. Her needs were wide ranging and Project B enabled the fulfilment of these, demonstrating the holistic care offered to clients. The range of support offered to Jasmine included, support in preparing for her asylum hearing, acculturation, organising housing, assistance with benefit claims, the provision of baby items in preparation for the birth of her child, attendance at appointments, providing child

care during appointments, assisting her develop her English speaking skills, helping her get out of house to go shopping and encouraging her to integrate into her community through initially supported attendance at mother and toddler groups etc.

At the point of being interviewed Jasmine has been engaged with the ITA service for over a year. Jasmine spoke highly of the relationships and the support that she has gained from the ITA service. In particular, she valued having a single case-worker who she was able to build a trusting relationship with and for the flexibility of the support offered to meet her changing needs. From the interview with Jasmine it is evident that the support provided has had a meaningful impact on her life. She reported that she no longer feels lonely or depressed, and is more able to ask for help as she knows she can always call or text the ITA worker. She also reported that she is now less scared of going out and has appreciated the encouragement given by the ITA workers to integrate into the community. She has managed to keep her baby and her asylum application resulted in a five year leave of stay.

“Things have changed so much, before I came here because I didn’t have asylum ... but when I met Project B people for one year I just had one year left of leave, I needed a house, and much has changed because you know? Before I was upset, I don’t want to speak with anyone, I don’t want tell anyone about what I need, I want... but now I am okay to tell them”.

Jasmine Client, Int. 8, Pg. 10

“At first ... I wasn’t feeling very well, I had some depression, and now I am feeling very well in myself. but everything because I meet these people [ITA service] and the support [they gave me in seeking] my refugee status”.

“I am okay now... for now, now scared for me but I am okay because [ITA worker] she has explained that if I have any problem, because she remembers what happen with the police, she has explained how safe it is in this country and I am okay to be scared, because I come from a different country. I’m okay.”

“Thank you so much, I am so lucky. I don’t know what would have happened without their help. Just thinking, for the people in this same situation as me, it would be good to have more information from the Home Office, from everywhere...” Jasmine Client, Int. 8, pp. 4-5,10

Lack of specialist training

Whilst some of the ITA workers themselves referred to the extensive variety of knowledge that they require to serve the needs of victims whose experiences are diverse, some felt that they could benefit from some specialist training in some areas (e.g. laws around immigration and asylum). Others recognised that the ITA are deemed to be the experts in this area and hence the people who should be deliver the training.

“Whilst the actual ITA initiative is relatively new, the high level of expertise accumulated by the ITA teams by their prior engagement with these clients in their previous roles means that they have become the real experts in this area. As a consequence, they have become highly respected by most partner agencies. They have become the ‘go to service’ for anything related to modern slavery.”

Anna, Partner Agency, Int. 10, pg 2

Perceptions of increase risks related to exploitation by gangs

In the second year of data collection there was an increased sense of potential danger to the ITA workers which emanated from their working with victims who were being exploited by gangs who were associated with a spate of stabbings. Whilst there was clearly a sense of trust in the risk management procedures that were in place, so others this potential threat weighed quite heavily on them.

“For some of the new referrals that we know are, or could be potentially, in dangerous situations we do always speak to the Police, so it’s the same police officer that we deal with. Either they would offer to come with us, or if they knew more about that person they would say – ‘no you’re fine by yourself’. We wouldn’t go into anywhere just one of us, there would always be two of us. But usually if we think it is that bad then we would always phone the police ...”

Josephine ITA, Int. 2, pg.10

“Given the situations we get ourselves in at times, how close we are working near properties that have been taken over, we may be working with clients across the road and their property has been taken over by gangs who could be following them at any time. [ITA Organisation] itself has always been great at risk managing, that is one of the reasons why I work here. But the organisation is so on the ball with risk management, there is never a time when I feel unsafe ...when you know that you are going into a really risky situation that you can call upon the police for some help, we have that relationship with them ... there was a time where we highly suspected that we had been followed to a meeting by gang members when we were meeting a client. So the next meeting the police were down the road from our meeting venue, watching out for us... you need to be able to feel safe in this job because I think we have uncovered quite a lot of gang issues, they are knife carriers and we are out and about in the community and most of us quite identifiable as well in this team ... at one point we did worry about a bit because we were working with so much gang related victims that it kind of felt that we were getting a bit out of our depth around keeping ourselves safe... So we would move meeting clients into a cameraed area, across the road. We would know that security were watching it”

Melody ITA, Int.1 pg. 12-13

Actions taken:

In terms of ensuring the safety of ITA workers when they are supporting victims who are still enmeshed with potential violent perpetrators the following risk management precautions are taken:

- a) Meeting in public places where there are monitored CCTV cameras
- b) Paired working
- c) Refusing to see clients who unexpectedly bring someone with them to the meeting who hasn't been approved by the ITA workers.
- d) Seeking advice from the police or other initial referrer about safety issues in relation to new clients
- e) Eliciting the support of the police to accompany the ITA workers on potentially risky visits.

Risk for burnout

When working with vulnerable client groups, particularly where the clients have not yet reached a point of being able to leave the exploitative relationship and the workers have

had to build long-term trusting relationships there is the potential for burnout. This is deemed to have posed a significant risk to the service despite a variety of measures in place to psychologically protect the staff. On the converse of this is the fact that some of the workers felt that they could effectively manage this risk and that their working environment, particularly their relationships with colleagues served as protective factors.

“If it’s a case like a trafficking victim I think it is the intensity of... and all of the knowledge of what you have got to take in... but I wouldn’t say... call me cold, but it’s not something I massively struggle with. I think it’s because we can speak openly in the office as a team, so that’s always quite nice, because I don’t feel like I have to carry it all myself.”

Josephine ITA, Int. 2, pg.11

“We have had few of the victims who have resettled and who are perfectly happy in their lives, their mental health is better, they’re stronger, there not substance using, they are quite insightful about what’s happened and they are not going to allow that to happen to them in the future. I don’t think that it could be any more rewarding for you, to see people, at some points that are so traumatised to actually having hope that they can really live a good quality of life, and I think that’s what keeps you going in this job ... When the job gets hard because we are dealing with lots of emotional distress and trauma and we are hearing quite explicit disclosures to put down on the NRM. you just keep reminding yourself where someone starts and where they end ...it can’t be more rewarding than that...”

Melody ITA, Int.1 pg. 9

If you want to sit and have a cry when you’ve come back from somewhere because you’ve found it all a little bit too much: because we are only human and it is recognised here that we are human, that’s okay. And you know you have that rapport with your colleagues where they will come give you a hug or you can sit and have a talk with them and then you feel so much better because sometimes ...if you have heard something horrific sometimes you just need to get it off your chest and that is embraced here.

Melody ITA, Int.1 pg. 11

“I think having a bigger team would make things easier because ... at those points where you have got new victims in, you are working additional hours, you are putting every piece of energy that you have into those victims to make sure they are feeling safe and well and actually that can be quite exhausting when you have done that for a period of seven days, possibly even two weeks...”

Melody, ITA, Int.1, pg.10

Trust

Trust is the foundation of all our human connections, therefore it is essential for victims to learn to trust if they are to move forward from their victimisation. Without trust, the victim is unlikely to disclose their experiences and or engage meaningfully with any services. Consequently, their well-being and safety maybe compromised. It is important to note that the National Referral Mechanism, which can provide that much needed intensive support, and reflection period requires the victim to disclose personal details of their experience to be allow them to be referred. Therefore, a trusting relationship must be built with each victim, sometimes very quickly, to gain their consent to the NRM referral. In the context of crisis intervention work, this rapport often needs to be built under pressurised, emotional and chaotic environments.

“Quite often only have an hour or two to build that trusting relationship or we could lose them”

Melody ITA, Int.1 pg. 1

“[The] attributes that contribute to the ITAs’ successful engagement with their clients is that they are extremely victim-focused, they fully recognise that they are working with individuals whose behaviour and situation is chaotic and they enter into the working relationship accepting this. Additionally, they have become particularly adept at building trust in this group of individuals, which might be partly attributed to the fact that they never judge their clients and they continue to offer support no matter what is thrown at them”.

Anna, Partner Agency, Int 10, pg. 2

“They are always quite willing to move on, even if sometimes you have to give them a little nudge, rather than let them stay at their own pace. Even if you have to push

them on. Yeah, they are always happy to be pushed because by that time you have built so much trust that they almost do say, 'well if you think that I'm alright to do that, then I'll do it.'"

Josephine ITA, Int.2, pg. 8

There were three key sub-themes related to trust: build a sense of safety, the transferability of trust and trust and the police.

Builds a sense of safety

The capacity for trust to build a sense of safety appeared to be associated with both the stability of support offered and the ability to offer long-term support. These two factors combined appear to enable fuller disclosures from victims. This allows for a more comprehensive understanding of their experiences and needs and could ultimately lead to a greater likelihood of gaining a positive NRM referral.

Requires stability of support

The stability of support is characterised by the unwavering provision of support no matter what happens or what the client 'throws at' the workers. It also means that the client is transitioned smoothly into the support provided by different agencies and when they move away from the geographical area.

"Right from the beginning through to the end, ongoing emotional support that's consistent. In the beginning it can be quite intensive, that can be everyday whether that is face-to-face or over the phone. But that's also included in the evenings, and at weekends, particularly in those first couple of weeks when they go into the safe house situation so they're not feeling that they've been abandoned and also them knowing that you're still there. Because actually that is also a big part of the work, that transitioning from being with us, to support in different areas and I think actually how this is done and how it is managed is really important."

Verity ITA, Int.4 pg. 12

Consistency of ITA worker

One client mentioned the importance of being supported by one ITA staff:

“I am happy with just one person because she knows what I need and I know her and I every time I meet her I develop more trust and I am happy with just one person”

Jasmine Client, Int. 8 pg. 2

However, the case reviews show that an over reliance on a relationship built between one ITA worker and a client can be detrimental both to service delivery and dependence. Paired-working of ITA workers to prevent burn out for staff but also to ensure the service is delivered in a robust manner to cover sickness and holidays and prevent the client from only learning to trust just one individual.

Provision of long term support

“[Long-term support] ensures a consistency of support which is important in light of the trust issues that develop for this client group as a consequence of their victimisation. Additionally, the on-going trusting relationships between the ITAs and their clients, and the ITA and other service providers, enables the clients to become more readily integrated into services that support both their pre-existing needs that rendered them vulnerable to exploitation and their needs that have arisen as a consequence of their victimisation”.

Anna, Partner Agency, Int. 10, pg 3.

Enables fuller disclosures

“You have a very short space of time very often to build a rapport and trusting relationship with the victims of exploitation and trafficking. They are either in the process of being removed by the police or they are in a safe hotel when they first meet us... and they have to. We have to manage them gently, but build their trust in us so they can disclose information in the NRM and we quite often only have an hour or two to build that trusting relationship or we could lose them.”

Melody ITA, Int.1 pg. 1

“We can work with them for a while building up on that trust and that rapport and eventually... and that can take a year! And eventually they will disclose, that their home has been taken over by a gang and that they are being feed drugs certain times of the day so that the gang can stay in their homes and are being abused... sometimes it is kind of drip fed to you and then you can put a safety plan in place”.

Melody ITA, Int.1 pg. 2

Transferability of Trust

An important aspect of working with clients who have experienced dramatic betrayals of trust and who are thus often aware of their own failings in being able to determine the trustworthiness of others, is the transferability of trust on the recommendation by a trusted individual. This has previously been referred to in another report with survivors of historic sexual abuse as the 'fast-tracked trust through shared acquaintance' (Allnock & Wager, 2013). The transferability issue is important as it means that whilst it might take the initial service provider a relatively long time to build trust, they will serve as a conduit for the clients' timelier engagement in other services.

"I think I have built trusting relationships over quite a long period of time and I think in some ways that has been beneficial to our work within the team because I think the client has trusted me and I have helped... to develop their trust with other team members through their relationship they have built with me... I have almost had to say 'look you know me, we've worked together a long time I'm not going to put you with someone that I don't think is great."

Verity ITA, Int.4 pg. 2

Overcoming the power of the NRM process to shatter trust

It was noted in the Interim Report that the NRM process could at times mirror the strategies used by some of the exploiters and thus would be doubly stressful for the clients. This same issue was raised again in the interviews:

"They feel just as vulnerable going into somewhere where it is supposed to feel safe... and we are asking them to trust us with something that we can't give them any more information on. So yeah, even if they are in a really exploitive situation, we are asking them to leave themselves wide open to another group of people that they don't know, and leave themselves in the hands of somebody else. They are faced with a choose between two evils...[some might think] better to stick with what you know."

Josephine, ITA ,Int. 2, pg.6

However, it was noted that open and honest dialogue between the ITA worker and the client, which acknowledges when things have not gone as planned can help in maintaining the client's confidence with the process.

“Our team approach, the way that we work holistically has provided that safety net for them to feel confident to go through it. Because right from the start, again that trusted relationship, keeping them informed of everything that is going on and even if it goes wrong, just acknowledging with them – ‘it’s gone wrong, we are really sorry. We are not sure why this has happened, we have never seen this happen. We are going to do what we can to make it better’ and just having that regular contact, that open and honest relationship with them. Because they know that even if they are in another area we are still here for them...”

Melody ITA, Int.1 pg. 8

Trust and the police

One of the greatest barriers to being able to successfully protect victims and prosecute offenders is the victims lack of trust in the police. This often appears to arise as a consequence of victims' prior experiences of coming into contact with the police, either as a suspect or when reporting victimisation at an earlier point in time. Distrust has also been found to arise for internationally trafficked victims who come from countries where there are relatively high levels of corruption (real or perceived) in the police force and this they carry the expectation that the same will be true in the UK. Importantly, it has been found that with patience and caring shown on the part of officers that trust can be established.

Distrust due to previous experiences

“There is that kind of fear around doing anything with the police because for many of the victims they would have been on the periphery or been involved in some offending themselves and so won't necessarily have a particularly positive view of anything in relation to the police.”

Verity ITA, Int.4 pg. 6

Trust built on demonstrations of caring

“I think we are fortunate here locally. We have a couple of – probably more than that, of real key officers, who really get it and actually who have gone really way and

beyond building those sort of, more victim- focused relationships... not coming from that really heavy enforcement way ... In one particular case the officer was saying 'Look, I know you have a drugs problem. I'm not really interested in that' and worked... and said 'we know that you are in this situation, we know about these men and stuff and we want to help you, but to do that you are going to have to kind of work together with us as well.' ... [The] officer would just occasionally pop by without any specific reason, just to check in - make a point if he saw them just to acknowledge them in a really, just, human kind of friendly way, rather than any other agenda and also didn't overly push him. I think also would say 'do you want me to contact Project A? Do you want me to contact your GP' so was actually showing him a degree of care."

Verity ITA, Int.4 pg. 7

Barriers to engagement

Fear of isolation and the unknown

The sense of unknown and fear of isolation from family, friends and pets relates to clients' willingness to engagement in the NRM.

"I think more often than not it is just the uncertainty and the fear of letting everything go into the hands of something they know nothing about."

Josephine ITA, Int. 2 Pg. 6

"Many... not just victims but many people their pets are part of their family, whatever... and this has been a barrier for two people going into safe accommodation or moving away from the exploitative situation and yeah I think we have been pretty creative with that."

Verity ITA, Int.4 pg. 9

Action taken:

We have literally ... even the police have taken a dog to the station for a period of time until we were able to get it into a foster placement or... and I mean there are lots of places out there who will take animal placements for a minimal donation. I have to say, that within the team people have taken the pets in. It is a real barrier that perhaps not

everyone will think of, and actually it has gone a long way, when we are able to reassure the client that... 'you know it's okay... we are going to make sure the dog, the cat, the tortoise... whatever it is, is going to be safe'. That has been that last stepping stone for them to consent to going into the NRM or off to somewhere else.

Verity ITA, Int.4 pg. 9

The theme of the unknown, not only relates to the client's understanding of the process, but also that of the workers. Which means it can be all the more difficult to explain, particularly in a way that might seem convincing to the client.

"A lot of them are generally confused [by the NRM], they don't know what it is. They don't understand. It's almost like saying 'we're going to put you on a housing waiting list'. So in their eyes, until you really explain it they never understand. But even when you do explain it because, it's not a complicated thing but it can sound it so I think they just get panicked because it sounds so... because you could be anywhere... And there are some, and they will often say 'do you think I have got a good chance?' and in my eyes I think 'yeah you really do' but you just don't know."

Josephine ITA, Int. 2 Pg. 5

This sense of ambiguity appears to be compounded by the apparent lack of literature which is suitable for clients who are in a highly emotional state which is to be expected when they have reached the crisis point of need to contemplate taking the step of moving to a Safe House.

"In the exploitation training at Sulhamstead, the Salvation Army did a quick talk on it [NRM] as well and they explained it really nicely, and I wrote it down. It was in a few short sentences but I've not actually seen it anywhere in any literature ... we have not long done a raid and the language that the police use or the salvation army use is just too ... even I struggle to get my head around it. And you think 'oh if only you said that in a simpler way' ".

Josephine, ITA, Int.2, pg. 5

Action Taken:

One of the ITA services have organised a meeting with one of the Safe Houses to discuss and see first-hand the day-to-day experience of life in a Safe House, so that they will be able to better inform their clients.

The fear of isolation that comes from separation from family can significantly delay a client's choice to enter the NRM.

“I've worked with one client for a year before she disclosed and we just kept... every few meetings because we would meet her at least one a week, knowing that her property had been taken over by quite an awful gang. Just kept reminding her that this is what could be on offer [NRM], she just needs to say the word and this is what we could do ... we offered that to her for around a year before she took the opportunity... Her home had been taken over for years by this gang so she was very entrenched in the abuse and just the thought of her leaving her family was really scary for her.”

Melody ITA, Int.1 pg. 7

Incarcerated victims

Whilst during the evaluation only one known victim was serving a prison sentence at the point she was identified. With greater awareness of modern slavery amongst other professionals, this situation is likely to arise again. Unfortunately, in this case the difficulties in providing support with all the restrictions that surround prisoners, lead to this clients disengagement with the ITA service.

“A female who had been in prison at the time. I did literally have to do the assessment over the phone. She had made some disclosures to the probation service locally. It was really difficult. I was very mindful that there was a very vulnerable woman who was going to go back to her cell, probably for many hours on her own, having been left in a really raw state. We were unable to give that same degree of support and reassurance because of the situation she was in within the prison ... We were able to talk to the prison staff and say 'please can you make sure that she gets given some additional support' but those were some of the factors perhaps as to why she subsequently disengaged completely... I'm also having to explain to wing officers who have absolutely no knowledge of the NRM process so I

think it is a real area that needs, certainly some awareness raising at a minimum ... [Identification in a prison or probation settings] is very likely because for many of these woman who have served a sentence, it might be the first time that they are drug free, their petrified about returning to the exploitative situation, so, they disclose to their probation officer.”

Verity ITA, Int.4 pg. 4

Substance misuse

Substance misuse was a recurring theme across a number of interviews. Its impact as a barrier comes from the inability of intoxicated individuals to engage meaningfully with a service, their resultant chaotic lifestyle means that they frequently miss appointments, they more likely to have episodes of disengagement and to relapse into ways that render them back at risk of further exploitation.

“There is always ‘two steps forward’ or ‘one step forward, two steps back’[along the way to recovery] and I guess that it also depends if there’s drugs involved because that is always a rougher road to get them where they need to be eventually.”

Josephine, ITA, Int. 2, pg. 8

“The frustration if you do get a client that wants to engage, then doesn’t engage so you spend however long trying to get them to a place where they want to be and then you go back again... but that is mainly with some of the ones that are using substances...”

Josephine, ITA, Int. 2, pg. 10

“For me and my clients it is their chaotic lifestyle. It’s a nightmare. I spend a lot of time making appointments and going to meet people for them not to show, so it’s quite frustrating ... probably one of the biggest things because anybody that’s on drugs is going to want to make sure they feel alright before they are going to meet you. Do you know what I mean?”

Sarah ITA Support Worker, Int. 3, pg. 3

However, it is not only the direct impact of the substances on the clients’ behaviour, but also the restrictions that scripting place on being able to get a victim to a place of safety.

“Scripting is the biggest barrier. And you know we have had a ‘barriers meeting’ around realistic expectations for timings of scripting and assessments for scripting because people are obviously, for safety can’t be scripted the day they turn up. However, we are quite often working with people who are using hundreds and hundreds of pounds worth of drugs a day, because that’s what the gangs have been feeding them, and their withdrawals are massive. I think as a team it is really hard for us to hold somebody in the system of safety when they are withdrawing that bad and to keep them safe because it is inevitable that if they don’t get scripted they are going to want to score drugs and that can put them back in the risk area.”

Melody ITA, Int.1 pg. 3

Door-stop meetings

Whilst this issue did not arise in the interviews, it is something that was noted during the period of the file analysis. Due to the lack of facilities at the ITA premises, and issues related to safety of the staff, there are occasions when meetings with clients were held on the door-step of the service. This meant that conversations, potentially confidential, private conversations were held in public on a busy street. Whilst it was recognised that this was necessary in light of the constraints already mentioned, this is unlikely to be conducive to the maintenance of an open and trusting relationship on the part of the client.

Recommendation:

In moving forward, it would be wise to consider the premises in which workers such as ITAs are to be located. The premises need to ensure adequate space for both scheduled and unscheduled meetings, in a confidential and safe environment.

Previous experiences in other services

As was seen in relationship to previous experiences with the police leading to distrust of the police, in the context of this theme, previous experiences of other service often lead to erroneous expectations of how they would be treated by the ITA service.

“[Experiences of engaging with] other agencies because they’ve not had any trust in any of the service, but you almost need time... because they will always engage straight away, 9 times out of 10 they will engage and then they will start to back off

a bit because I think that's what most other services do. Because they only keep them on for a certain amount of time. So, it's almost like they expect to be dropped at some point, so they drop before we can drop them. So, I think [lack of] trust is the biggest barrier."

Josephine ITA, Int. 2 Pg. 3

"Many of the clients we come across we have had poor services throughout their lives and are actually at a place, were understand are pretty mistrusting."

Verity ITA, Int.4 pg. 2

Not recognising victim status

Whilst some victims have an appreciation that what is happening to them is wrong or unfair, they do not label their experience as a form of modern slavery or exploitation which can delay both help-seeking and other's willingness to acknowledge their victim- status.

"Some will have perhaps inadvertently alluded to having been previous victims but not actually, not able to identify fully that that's what they were. They would be able to talk about situations that they had been in previously but not necessarily identified that they were victims per se"

Verity ITA, Int.4 Pg. 3

This can mean that their experience remains unrecognised when they seek help from agencies. This issue is exemplified in the case of one of the clients who is referred to here by the pseudonym of Elle.

Case example: ELLE

Elle was victim of forced labour by her landlord. Elle approached the Council, however they did not recognise her victimisation as MDS and advised her that if she was evicted she will be classed as intentionally homeless so they would not help her so she felt she had no other choice but to carry on working. Elle had regularly reported incidents of threatening behaviour and harassment on the part of her landlords to the police and other agencies such as the Citizens' Advice Bureau, but it took some time before the anyone recognised the scale and significance of the incidents.

“When the man used to be abusive and things like that, like I would call the police but it wouldn’t be for the same reason [the MDS] ... I did go to Citizens’ Advice Bureau once, just because the way she was like, ‘well if you don’t work in the shop then... well pack your stuff and go’ kind of thing... So, I did go to Citizens Advice before to get advice on what can I do. ‘Can she kick me out like that?’ and so forth ... I did say to them about the money and they said there was nothing that they could really do.”

It was finally CID who recognised Elle as a victim of modern slavery. Elle had recognised her own victimisation, hence reporting to the police, the local Council and Citizens’ Advice Bureau, but was unable to give her experiences the label of exploitation or slavery. Once this was recognised the police acted in a timely manner to remove Elle from her home which was deemed to be a high risk area since the perpetrators had control of the property.

Other victims erroneously classify themselves as undeserving victims which means that they are unlikely to voluntarily seek help.

“I think there are many that do not perceive themselves as victims, they believe that this happening to them because - particularly in relation to substance misuse, in some way they almost think ‘well that’s what happens if you take drugs...”

Verity ITA, Int.4 Pg. 3

The notion of undeserving victims is most dominant in the case of victims who have a criminal record or who have been compelled/coerced to engage in offending behaviour as part of their exploitative experience. They can find it difficult to appreciate their own vulnerability, or appreciate their lack of agency at the time of the offending.

“I think for some there is almost a sense of relief [being identified as a victim]- and for others I think they find it harder to ... For many of them, they have been perceived as perpetrators, whether that is through levels of anti-social behaviour, whether that is because of their drug misuse, so they are much

more akin to being deemed as being the perpetrator of something rather than a victim of something. ... This has been another kind of learning for me, so actually it is quite difficult for them because they are so used to being told that they are the baddies, and then for somebody to view them differently, it is actually quite difficult.”

Verity ITA, Int.4 Pg. 3

In light of this, ‘a positive conclusive decision from the NRM can be a real turning point’ (Verity ITA, Int.4 Pg. 4), as it provides confirmation that they were a victim, their account of events is believed and their hope is restored. It enables that to stop believing that were accountable for the position they found themselves in, particularly if they were coerced into offending behaviours. Verity reported, that despite initial reticence against police involvement in their case, victims who have had the period of reflection through the NRM are quite likely to want to assist the police in building a case for prosecution. Some do this in response to transferring their anger onto the perpetrator and other do this as a means of gaining closure to more on with their lives.

I think there is a level of restoring hope, and for many of them it’s the real basic stuff - they won’t have slept for weeks properly, they won’t have eaten properly - for the first time they might be stable in scripts, for the first time probably in a long time they will have additional support to address mental health needs. But above all they are in somewhere that is safe and they have that wrapped around them.

Verity ITA, Int.4 Pg. 12

Conversely, it is recognised that retaining the criminal label can become a snare (Moffitt and Caspi) which has a negative impact on the victims’ potential to move forward productively with their lives.

“The criminal records many of the clients incur as a consequence of their victimisation serve as a barrier to them moving forward away from their exploitation in a timely manner. A criminal record can place significant restrictions on opportunities for housing and employment. However, it looks as though there has been one case in this country where a solicitor has fought to have the victim’s criminal record expunged. And now

under the Modern Slavery Act, the police should not seek to prosecute someone when the offence was committed because of their exploitation.”

Anna, Partner Agency, Int. 10, pg 3.

Multiagency working

Multiagency working when clients have the variety and quantity of needs as do the victims of modern slavery, effective multi-agency working is paramount. Not only does it allow for a great number of needs to be addressed, it also allows for the support load of clients who need intensive support to be shared amongst a variety of service providers. It also permits the timely identification of victims. Effective multi-agency also allows for the more effective use of resources, and through the clarification of roles, prevents the duplication of support. To achieve this good working relationships need to be developed between professionals in the organisations and strategies need to be put in place for bridging the gap left when one of the professionals leaves their post. Arrangements need to be made in advance of staff leaving (where possible) to hand over the connections to other services to someone else.

The benefits

More timely identification of victims

“With regards to the multiagency working in identifying victims, those partners who have been found most helpful in this endeavour include; Registered social landlords, the food hygiene inspectors, pest control operatives, Fire and Rescue Services. Signifiers of potential victims include police community support officers noting unusual refuse (e.g. multiple mattresses, large number of spent condoms etc.) at or near a dwelling, and complaints that lead to Antisocial Behaviour Orders or threats to housing tenancies (e.g. too many people coming and going from a property)”.

Anna, Partner Agency, Int.10, pg. 3

Hope for recognition of the ITA service and ability to fast track victims

“I almost want to be able to phone up and to say, we’re phoning from the ITA service... so any agency service can immediately recognise that we don’t just take anybody, we take those people who are being exploited, sometimes quite a serious ways, and it would be quite nice to be able to say ‘actually I am phoning from the ITA service and it’s quite a high priority’.”

Josephine, ITA, Int. 2, pg. 4

Challenges

Lack of awareness about MDS and the related responsibilities

This issues came up time and again both in the interviews and the file analysis and it was particularly prominent in relation to housing agencies, which will be addressed under the next theme.

Overcoming the barriers

“A number of barriers to multiagency working with a view to ensuring the safety and well-being of victims have been identified and a number have been eradicated or partially resolved. The attitude of many police officers towards victims has dramatically improved in recent years. The more face-to-face contact officers have with exploited individuals the more likely they seem to develop a more compassionate attitude. The issue of gaining scripts for clients who are on drug replacement medication has been difficult in relation to moving them to a safe house. However, there is now a clear understanding of the time parameters, which means that realistic expectations can be passed on to the clients”.

Anna, Partner Agency Int.10, pg. 3

The ‘Barriers meeting’

The ‘Barriers Meeting’, which was attended by a range of partner agencies was held after the first year of operation once a variety of persistent barriers to meeting the clients’ needs had been identified. This meeting helped to clarify expectations regarding the nature and the time scales in which service providers could realistically operate. This was helpful for the ITAs in being able to relay a greater level of certainty to the clients about processes and what they can expect to happen to them, particularly for those who enter in to the NRM.

“I think the Barriers meeting helped educate the people around the table about the NRM, how it works – what information we are entitled to give and what parts of information we are not entitled to give because there is lots of people who want to know the ins and outs of the case and they don’t understand [the restrictions due to Data Protection ... around the scripting the message seemed to get through and obviously we have offered training out to these services as well so they understand what our role is.”

Melody ITA, Int.1 pg. 2

“I think we are getting into a better position in regards to the scripting side of things... that was just a real barrier for such a long time. But I think we have kind of decided that actually, this is a seven-day process. From the point we pick them up from wherever they are and that bit between us and the transition to the safe house, I mean they will be put in somewhere safe locally but we have kind of pinned it down that actually it is likely to be at the top end, seven days. Whereas before it was just so loose and vague and so I think that is a real improvement actually, a real improvement.”

Verity ITA, Int.4 pg. 8

Working with housing associations

Action taken:

One of the ITA services has established a relationship with a local housing association which has been known to have had cases of cuckooing of their residents. This relationship enables them train all the new housing association staff about MDS. Additionally, the ITA service are informed of every new tenant who moves to the property so that the ITAs workers arrange to meet the tenant, to explain to them about the risks for MDS and to make them aware of the ITA service. Furthermore, it was recognised that one of the indicators of vulnerability of new tenants that is visible to exploiters who patrol the housing complex in search of new victims, is their lack of curtains. This, in itself, is an indicator of being newly housed and possibly new to the area. It also means that most of the tenant’s activities are visible to passers-by, so they are unable to refuse to answer the door to people who are imposing on them. In response to this there is now an arrangement in place for new tenants to be given some form of window dressing (net curtains, curtains, blinds etc.).

The need to develop wider networks with specialist services outside of the statutory sector

There is need to develop wider multiagency links to ensure suitable on-ward referral of both on-going /closing cases and inappropriate referrals. For example, there was a referral of a young lady who had been identified by Social Services as possibly being groomed by her partner (a known sex offender) so that he could gain access to her young son for sexual purposes. The referred individual did not believe that this was the case and refused to

engage with the ITA service. With discussion to Social Services this case would have been more suitably referred to Circles South East's non-offending partners programme - 'Breaking the Cycle'. They could have performed a risk assessment of the young mother to assess her ability to protect her child in the context of her current relationship and offered her training to improve/develop her understanding of risk and protection in the context of child sexual abuse.

Related to this Malcolm expressed how a new service might become the first port of call by others who have complex cases that they don't know how to support and that the ITA service should not feel that they have to address all clients' needs, rather they need to seek referral pathways in the voluntary sector.

“Whenever you have a new service for victims, people looking to place somebody somewhere will want to test it to see if this is the somewhere...that we don't overwhelm them [ITA service] in terms of numbers of people coming in who aren't appropriate for that service...so even when they have got complex needs, ... it's not the ITA's job to deal with the complex needs it's the ITA's job to find them a service to deal with the complex needs. It's not up to them so them holding onto almost everything because...so how they then make sure that other organisations are doing other support, other voluntary sector support organisations in particular are not, are picking up that other bit that is not necessarily their responsibility”

Malcolm, Partner Agency, Int.3, pg.12

Recommendation:

Other new potential partner organisations from the voluntary sector whose services were identified as being pertinent to this client group during the course of the file-analysis include: Rape Crisis (See the Case study for Zara), SAFE! (have developed a psycho-educational intervention to prevent revictimization in young people who have been victims of crime), Barnardo's RU Safe? (working with young victims of sexual exploitation), NAPAC (work with adult survivors of child abuse), Smart (had a programme for people who had been involved in sex work and had issues related to substance misuse).

Action Taken:

A meeting has been set up between the ITA services and the CEO from SAFE! to explore the potential to develop a programme and service for preventing the revictimization of victims of modern day slavery.

Putting the needs of the other agency above those of the client

Delays in conducting initial meetings with potential clients due to attempting to find appointment dates/times that fit with workers from other agencies who want to be involved in the referral can lead to the loss of willingness on the part of the client to engage with the service.

Recommendation:

Where workers from other agencies indicate that they wish to be at meeting, but then the commitments in their diaries indicate that there will be a delay in connecting with the client, smarter ways of working with these professionals need to be developed. It might be developing a strategy which gives the other service provider opportunities to both introduce by remote means the individual to be referred and the ITA worker (e.g. a three-way Skype or telephone call) and to highlight key issues and concerns from their perspective, which would then facilitate rapid and focused feedback to them following the ITAs meeting with the client.

New ways of working

Supporting relatives to protect victims

Project B have offered support to a number of concerned relatives to help them in their own efforts to protect their loved ones. It is suspected that this is a much-needed service, particularly for older and younger victims.

Preventative work with those deemed to be at risk

In the second year of operation, both services had begun to be referred clients who were deemed to be at risk of exploitation, some were in the aftermath of known historic exploitation and others because of their current circumstances.

Recommendation:

It was identified in the Cost-Benefit Analysis report that unless a service engages in preventative work, it is unlikely that it will be able to say that it has any sustainable benefit. Thus, this aspect of the role is should be further developed.

Smarter working for the Future

Recommendation:

It was recommended by one of the management team of the ITA services that in moving forward, if the ITA role is to be extended out across the region, it might be wise to consider up-skilling some of the existing IDVAs and ISVAs to take on this role. This would mean that there would be a good geographical spread of workers who would be able to respond immediately to victims identified in their areas and they would serve as a reserve pool to specialists who could be drawn on quickly should there be a sudden risk in victims. Additionally, these workers are already embedded in organisations where they would have the support of other colleagues and where risk assessment and management are already established practices. Finally, much of their existing knowledge with their clients would transfer well into working with victims of modern slaver (e.g. understanding of traumatic bonding).

Housing, housing, housing

Role in the identification of potential victims

There is a sense that housing officers and associations might be well suited for recognising potential victims of modern slavery, particularly victims whose experience involves cuckooing.

- “I think there’s so much that is interwoven with housing, whether it is somebody who is at a certain property or someone complaining to housing because somebody else has taken over their property, so yeah usually housing is involved some way or another.”
 - Josephine, Int. 2, Pg. 2
- “Well frankly the clients that I work with are quite chaotic and on drugs so the council have good knowledge of them anyway...”
 - Sarah ITA Support Worker, Int. 3, pg. 2

Policy forcing victims to remain enslaved

Clients who are enslaved in forced labour and debt bondage are being controlled through threats of eviction. The current local housing policy endorses the seriousness of this threat as to be evicted renders the victim in a position of becoming 'intentionally homeless' which in turn is used to void any application they make with regards to housing needs. This is highlighted in Elle's case example earlier

Strategies used to entrap victims in a position of modern day slavery

It appears that several of the ITA clients had been entrapped in exploited positions by the actions of private landlords. Whilst initially the landlords appear to engage in ways that appear to be sympathetic to the tenants' circumstances, they ultimately use the vulnerability of these individuals in order to exploit them. There are two examples drawn from the cases files and the interviews:

1. Landlords advertising rooms/ flats to rent and agreeing to take tenants who don't have the full deposit and requesting that they work in 'legitimate businesses' to pay off the remaining debt. But then insisting that they continue working beyond the payment of the outstanding deposit.

2. Landlords telling vulnerable tenants that they can pay off rent arrears through acts which amount to sexual exploitation (providing nude pictures of themselves, and engage in other sexual acts).
 - Lack of awareness of their duty to respond to victims of modern day slavery

The lack of understanding or the reluctance of housing officials to respond to clients, particularly those going through the NRM, was reported as being a very significant barrier to addressing clients' primary needs for safety and shelter. It was recognised that this issue was compounded by the general lack of social housing. Importantly, there was an increasing sense that this had improved over the period of the evaluation, which may have been partly attributed to the Barriers meeting and a general growing understanding of the Modern Slavery Act and the associated duties it placed on different agencies. Whereas the Case Study of Jo and Patrick in the report for the file analysis earlier in this report discussed the difficulty they faced entering the NRM as a couple, it was noted in the interview with Melody, that the subsequent couple that they put forward for the NRM had a much more positive experience.

“The issue which appears to remain hard to resolve is the support from Housing authorities in recognising this group of individuals as being in priority need. The issue partly remains due to the overall shortage of housing, however, a greater level of training for more housing staff might assist in reducing this barrier”.

Anna, Partner Agency Int.10, pg. 3

“There are times when the expectations of the ITA service of the statutory services is quite high and we can't deliver it. The stuff around housing is a prime example, where they see that this is quite rightly from their point of view the one focus of their attention and they can't understand how housing don't prioritise it. But housing are being asked to prioritise domestic violence victims, victims who are fleeing from serious organised crime, as well as the local population and this is just another little bit from their point of view. So it is about helping both sides understand where they are coming from and seeing that actually it may not be that housing are being awkward... quite rightly the ITA service want the best outcome for their victim ...and will push really hard to get it. And it's about what point do I say to them ... 'this is

probably as much as you're going to get, if you push anymore the likelihood is that people will start shutting doors”

Malcolm, Partner Agency, Int.3, pg.6

“A lot of our clients are being removed from their supported, ... council or housing association housing and there's rent issues. You know these housing places are still expecting them to pay rent even though they have been removed under really traumatic situations and that is the last thing that they need to be thinking about. We are very much under pressure ... from the housing team to ask the person who has been removed ... whether they intend on going back. So of course, we explain that they have a 45 day reflective period for a reason and that is because they are so traumatised that they just need that time not thinking about all of that stuff and 'no, we are not going to ask them'.”

Melody ITA, Int.1 pg. 3

“It has got better the longer the team has been established and the more contact the team has had with various housing services and they are beginning to understand... especially [the] City Council are a lot better. They will extend housing benefits for us so long as we keep in touch with them, and keep them informed that they person is still in the safe house.”

Melody ITA, Int.1 pg. 3

“A couple of...victims that were in a relationship recently - it has all gone quite smoothly once we have got the scripting sorted. We have got them into the safe house and the safe house have got intensive support and we are still on the phone constantly phoning and if they start to feel anxious or you know they need to talk to us they know that they can, we are regularly checking in and we are doing evening calls for a little while and weekend calls. But I think the first couple that we have had it all went horribly wrong...”

Melody ITA, Int.1 pg. 5

Difficulty in getting housing to respond in a consistent and timely manner

“I think it is the lack of housing yeah, and but then also because all places are so big you speak to them and they give you one answer, you speak to someone else

and they give you something different and it is almost like because they're not talking to each other... if you get the same person every single time you're fine because they know the background of that person. But if you're constantly phoning and you're getting a different person, it's a nightmare..."

Josephine, Int. 2, Pg. 2

Closure of cases

When working with vulnerable individuals and where a long-term trusting relationship has been developed the sensitive closure of cases is paramount. In the course of the interviews the workers alluded to examples of how they manage case closure and they are presented here as examples of good practice.

Timing

“When they are happy like, ‘Nah no I don’t need to see you tomorrow’ or when they have simply forgotten to text you or they are not upset if you haven’t phoned them the following day. When they get to the point where you can actually see that they are surviving without you, without your phone calls or your daily or weekly meetings. That’s when I think... well I’m going to start casting them over to someone else....So we would start taking those small steps back... and it’s also making their own decisions like with who they want to support them...”

Josephine ITA, Int. 10, pg. 8

“If they go into a safe house with that intensive support, after a week or two we start to withdraw the night calls and the weekend calls, because we can tell that they are starting to stabilise, they are starting to engage with the support in that area. They are feeling happy with the decision they have made to go through the NRM and relieved as well and once that starts to happen we will then pull back that phone contact so we are not doing it all of the time. Obviously, if it takes them longer to start to stabilise we will stay in place doing the evening, weekend calls. But normally after a couple of weeks you can tell that they are settling in and beginning to feel safe so yeah we pull that back and then we remain in contact and liaising, working in partnership with the safe house and any other agencies in that area to get them settled in.”

Melody ITA, Int.1 pg. 5

“Slow, planned closures, ... ensuring that somebody is ready to be closed. When they are plugged in perhaps with treatment services, mental health providers, they’ve got... a service that they can go to in the day which is more kind of activity based... the client themselves is reporting that they don’t need us... or ‘I went off and sorted

my script today' there are all there are lots of indicators along the way that are saying to us actually they are starting to manage themselves a bit more, there are a lot of stuff wrapped around them and they themselves are self-reporting improvements.”

Verity ITA, Int.4 Pg. 12

Inappropriate signposting to therapy

There has been a recurrent theme across both ITA services that the suggestion is being made to victims to enter therapy, which happens most notably at the point of closing the case. This is typically being offered inappropriately as it is often too early in the recovery journey or is not indicated as necessary (as in the case study of Jade in the Interim Report). It appears this is part of the routine monitoring of needs as indicated by Melody.

“We monitor their needs from the time that they come in [to the service] ... ensuring that we work on those to help them get stabilised and feel supported and then as we go along we are in continuous contact with them exploring different areas of what is going on. Are they still scripted? Have they got a GP in that area? Have they had a discussion around therapy? Have they had discussions around resettlement? Have they got a support plan in that area? “

Melody ITA, Int.1 pg. 6

Whilst this suggestion is being made with the best of intentions it could cause the victim further harm or to question their own ability to manage themselves. During the time they are working with (or just leaving) the ITA service they are unlikely to be at the stage of meaning-making. So, whilst they might benefit from interventions that help with the management of PTSD symptoms (e.g. EDMR), or psychiatric treatment to deal with pre-existing mental health issues, they are unlikely to be ready for talking therapies that make them engage with the trauma experience. Entering therapy requires a level of psychological resilience as it is likely to be emotionally draining for the client. Thus, if the suggestion was to be acted upon, this could potentially serve as a negative turning point in the victim's recovery journey.

Recommendations

- 1) The analysis indicated the need to explore different ways of contacting and engaging with older (50+) referrals who currently appear to be those who systematically fail to engage with the service in any meaningful way
- 2) Both ITA services at times were supporting victims who were later found to be exploiting other clients. It might be helpful to develop practice guidelines for how this can be safely managed to ensure the safety of the targeted victim and the continued engagement of the victim who is engaged in the exploitative behaviour, whilst also confronting and overcoming their offending behaviour in rehabilitative as opposed to a punitive manner. It is not suggested that the ITS service themselves should tackle this whole issue in isolation, rather it might be other service providers can assist with the development of an intervention for these particular cases.
- 3) Data collection in the form of referral information, risk assessment, case notes and other assessments is high important and potentially valuable. Not only in regards to evaluations of services, but also in terms of ensuring client well-being and the defensibility of the service delivery. However, there is considerable variability between staff in their note taking and record keeping. Often this happens because people do not see the significance of the data they are asked to record. It is suggested that all staff are trained in efficient record keeping and that there is a regular process in place to check on the quality and completeness of the records. Key problems that have been identified are inconsistencies across records for the same client which haven't arisen as a consequence of a change in circumstances, delayed disclosures or new understanding/information and omissions of key information (e.g. gender, form of exploitation, date of referral).
- 4) From the file-analysis several groups of professionals and services have been identified as being able to potentially benefit from training on Modern Day Slavery in order that they might be able to give appropriate advice and to interact more compassionately with presenting victims. These include workers/volunteers in legal advice centres including the Citizen's Advice Bureau, GPs. Additionally, in to identify more concealed forms of slavery that are likely to occur in residential properties it

might be advisable to run training for people who are permitted unannounced access to properties in to conduct meter readings or provide emergency domestic service (e.g. gas board engineers, plumbers, people employed to read electricity meters, telecoms engineers etc.) and the fire and ambulance services. Other people who might readily spot signs of exploitation as people who regularly visit the same properties on a daily or weekly basis such as refuse and recycling operatives and postal workers.

- 5) Where workers from other agencies indicate that they wish to be at meeting, but then the commitments in their diaries indicate that there will be a delay in connecting with the client, smarter ways of working with these professionals need to be developed to prevent the loss of the clients willingness to engage with the ITA service . It might be developing a strategy which gives the other service provider opportunities to both introduce by remote means the individual to be referred and the ITA worker (e.g. a three way Skype or telephone call) and to highlight key issues and concerns from their perspective, which would then facilitate rapid and focused feedback to them following the ITAs meeting with the client.
- 6) It was recommended by one of the management team of the ITA services that in moving forward, if the ITA role is to be extended out across the region, it might be wise to consider up-skilling some of the existing IDVAs and ISVAs to take on this role. This would mean that there would be a good geographical spread of workers who would be able to respond immediately to victims identified in their areas and they would serve as a reserve pool to specialists who could be drawn on quickly should there be a sudden risk in victims. Additionally, these workers are already embedded in organisations where they would have the support of other colleagues and where risk assessment and management are already established practices. Finally, much of their existing knowledge with their clients would transfer well into working with victims of modern slavery (e.g. understanding of traumatic bonding).
- 7) It was identified in the Cost-Benefit Analysis report that unless a service engages in preventative work, it is unlikely that it will be able to say that it has any sustainable benefit. Thus, this aspect of the role is should be further developed.
- 8) Other new potential partner organisations from the voluntary sector whose services were identified as being pertinent to this client group during the course of the file-

analysis include: Rape Crisis (See the Case study for Zara), SAFE! (have developed a psycho-educational intervention to prevent revictimization in young people who have been victims of crime), Barnardo's RU Safe? (working with young victims of sexual exploitation), NAPAC (work with adult survivors of child abuse), Smart (had a programme for people who had been involved in sex work and had issues related to substance misuse).

- 9) In moving forward, it would be wise to consider the premises in which workers such as ITAs are to be located. The premises need to ensure adequate space for both scheduled and unscheduled meetings, in a confidential and safe environment.
- 10) All research teams who conduct evaluations of services for victims of modern slavery should be DBS cleared.

References

Larsen, J.J. & Renshaw, L. (2012). People trafficking in Australia. Trends and Issues in Crime and Criminal Justice, No. 441. Canberra, ACT: Australian Institute of Criminology

Appendix 1: ITA Initial Assessment Form

Date of assessment	Assessment conducted by:
--------------------	--------------------------

Source of Referral	Date referral received
Organisational Contact Name Telephone Email	Date of engagement with client

Client Details

Name	Current Address (or 'care of')
Nickname/Alias	
Age Date of Birth	Contact numbers
Gender	
Ethnicity	Country of origin How long have they been resident in the UK? Immigration status
Does he she have any dependents? (Children, are they a carer for a partner or relative, pets, etc?)	

Context of referral

Issue of Concern (e.g. trafficking, sexual exploitation, domestic servitude, forced labour etc.)	How was this person identified as a possible victim of modern slavery? (e.g. during a raid etc.)
Is there suggestion of debt bondage?	
Where were they 'working'?	How long have they been in this situation?
Is there evidence that they have been trafficked? (Please give details)	Does client self-identify as 'victim'?
Who are the perpetrators? (e.g. relationship to the victim)	Are there likely to be other victims at the same location or being exploited by the same individuals?
What are the main risks to the client now?	Have they been referred to the NRM? Will they be referred to the NRM?

Vulnerabilities

Alcohol / substance misuse	Homelessness
Learning Disability	Mental health
In local authority care/ care leaver	Other (Please specify)

Involvement with other services (If yes, please five details)

GP	GUM Clinic
Mental Health Services	Substance Misuse Services
Child and Young People (MASH)	Housing
Social and Health Care	Homelessness Outreach team
Police	Probation

Involvement with the Criminal Justice System

Is this client already recognised as a witness in criminal investigation or proceedings?	Are they likely to cooperate as a witness in criminal proceedings? If no what do you think would be their main barriers?
Does the client have a criminal record?	If yes, is this likely to have arisen due to their exploitative situation?
Is the client currently seen as a suspect in a criminal investigation?	If yes, is this likely to be as a consequence of their exploitation?

Appendix 2: Proposed Dynamic Needs Assessment Log

(This is a PDF copy of an Excel workbook)

Name of Project Worker	
Client Surname	
Client First Name	
Date of Initial Needs Assessment	
Area of Need	Identified Need?
Interpreter	
Protection	
Crisis Intervention	
Housing	
Food	
Medical assistance	
Mental Health	
Dentist	
Drug/alcohol treatment	
Counselling	
Group work	
Transportation	
Advocacy	
Legal support	
Court Orientation	
Outreach	
Victim Compensation	

Appendix 3: Proposed outcome evaluation - Client self-reported well-being

The aim of this part of the evaluation is to ascertain whether those clients who engage longer term with the ITA service benefit in terms of their own well-being from engagement in the service. Thus, this part of the evaluation will only be applicable to a small number of clients as many clients will be seen on a one-of basis during the course of a police raid.

Design

This will be based on a pre and post intervention design, using a self-report measure.

Procedure

At the first point of referral (or in one of the following sessions) the client will be asked to complete the questionnaire discussed below. The service provider taking the referral will make a decision as to the suitability of each measure for their particular client. The second data collection point will be at each three month review following referral. The psychometric measures will be completed during support sessions with the ITA caseworker.

Measures

The Moving Forward from Serious Crime Scale-RMS (Wager, in preparation) (Appendix 4)
The Moving Forward from Crime Scale (Wager, in preparation). (With additional questions in relation to modern slavery)

This is a 34-item self-report scale. The scale is adapted from Mental Health Recovery Measure (MHRM) (Young & Bullock, 2003). This instrument was developed to permit the comprehensive assessment of the recovery process for individuals with serious mental illnesses. The level of the client's recovery is assessed without relying on the measurement of symptoms or symptom management.

The original scale was developed from the findings of a grounded theory interview study with 18 service users exploring their recovery journeys. The conceptual subscales that

emerged in understanding the recovery process were: Overcoming Stuckness, Self-Empowerment, Learning and Self-Redefinition, Basic Functioning, Overall Well-Being, and New Potentials (Hope). Spirituality and Advocacy/Enrichment are also recovery processes that are assessed by the MHRM. The scale has been found to work well with different cultural groups. With regards to the psychometric properties of the original scale the overall scale has satisfactory internal reliability (Cronbach's alpha = .93) and all of the subscales have or are approaching a level of satisfaction (range .60 for Overcoming Stuckness to .89 for Spirituality). The scale has been found to have a high test-retest reliability over a two week period ($r = .91$). The scale scores demonstrate fairly strong correlations on measures of resilience (Connor-Davidson Resilience Scale 2003; $r = .73$) and empowerment (Rogers et al., Empowerment Scale 1997; $r = .67$). When used to evaluate therapeutic services, the scale has been found to capture change in client well-being (Bullock, O'Rourke, Farrer, Breedlove, Smith & Claggett, 2005) and to differentiate between clients who are at different stages of recovery (Bullock, Wuttke, Klein, Bechtoldt & Martin, 2002; Bullock & Young, 2003).

In adapting the scale the references to mental health and recovery were removed and replaced with phrases such as 'criminal events/experiences' and 'moving forward'. The changes that were made were done in a period of consultation with practitioners who were working with victims in a variety of different intervention services (e.g. Victim Support, Counselling Services for refugees, restorative justice etc.). The practitioners then piloted the questionnaire with a number of their clients and changes were made in response to the observations during the piloting. The key change was the creation of the short-form version of the questionnaire as the full version was deemed too onerous for use with highly traumatised clients (e.g. the survivors of genocide). The scale is currently being used in a number of different evaluation studies of interventions for victims of crime across the Thames Valley and West London service provisions for victims of crime. Additionally, further validation of the scale is planned to establish test-internal reliability, re-test reliability, normative scores in a community sample and the dimensionality of the scale.

Several more amendments were made and additional questions added to the scale to better capture the experiences of victims of modern day slavery. The changes are highlighted here in red.

Impact of Events Scale- Revised (Weiss & Marmar, 1997) (appendix 4)

This is a 22-item, self-report scale which captures the DSM-IV criteria for PTSD (Weiss & Marmar, 1997). The items are responded to on a 5-point Likert-type scale using the scoring 0-4). Whilst the tool is not intended as a diagnostic instrument for PTSD, does both serve as a screening tool and a comprehensive measure of the subjective response to a specific traumatic event.

The response sets that are encompassed in the measure are; intrusion (intrusive thoughts, nightmares, intrusive feelings and imagery, dissociative-like re-experiencing), avoidance (numbing of responsiveness, avoidance of feelings, situations, and ideas), and hyperarousal (anger, irritability, hypervigilance, difficulty concentrating, heightened startle). Additionally, it provides a total subjective stress IES-R score.

The IES-R was designed and validated using a specific traumatic event as a reference in the directions to the client while administering the tool and while using a specific time frame of the past seven days. The scale discriminates between a variety of traumatized groups from non-traumatized groups in general population studies. The subscales of avoidance (Cronbach's alpha = .82) and intrusion (Cronbach's alpha = .82) show good internal consistency (Sundin & Horowitz, 2002). A meta-analysis of 72 studies using the IES-R by Beck et al. (2008) concluded that the scale has good specificity (ability to distinguish between those with and without PTSD) and sensitivity (ability to distinguish between people with different symptoms of PTSD).

Recently, IAPT (2011) have suggested a cut-off score of 33 as indicative of the likely presence of clinical PTSD and a reduction by nine points as being a clinically significant reduction. Furthermore, Reed (2007) posits that a score of 24 would be indicative of sub-syndromal PTSD which still suggests a clinical need to treat current

symptoms. Furthermore, individuals with sub-syndromal PTSD are at increased risk of developing PTSD given exposure to even a relative minor subsequent stressor.

Ethical considerations

- The service providers will be taking responsibility for data collection and thus will make decisions as to when or whether to ask a client to complete any of the measures. Their decision will be based on their primary concern being for their client's well-being. Whilst this might compromise the scientific rigor of the evaluation, it is a necessary procedure to protect the service users from any unnecessary distress.
- Only anonymised data will be analysed and reported.
- The service users' participation in the evaluation will be voluntary and if they wish to withdraw their participation this would in no way impact upon service provision.

Data analysis

The outcome data will be analysed using a mixed MANCOVA. The repeated measures component will relate to the pre and post intervention data collection points and the independent factors will be which ITA service, type of exploitation and gender of the service user and the covariate will be duration of exploitation.

Appendix 4 - Proposed Outcome Measure

Moving Forward from Crime Scale

Client's Name: _____

Date: _____

The goal of this questionnaire is to find out how you view your own process of moving forward following your victimisation experiences that lead you to this service. Moving forward is complex and different for each individual. There are no right or wrong answers. Please read each statement carefully, with regard to your own current moving forward process, and indicate how much you agree or disagree with each item.

1. I work hard towards moving forwards following the event(s) / **my experience**

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

2. Even though there are hard days, things are improving for me.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

3. I ask for help when I am not feeling well **or having difficulty coping**

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

4. I take risks to move forward.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

5. I believe in myself.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

6. I have control over my well-being.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

7. I socialize and make friends.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

8. Every day offers new opportunities.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

9. I still grow and change in positive ways despite the event(s) / **my experience**

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

10. Even though I may still have problems, I value myself as a person of worth.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

11. I understand myself and have a good sense of who I am.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

12. I try to eat nutritious meals every-day.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

13. I go out and participate in activities every week.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

14. I make the effort to get to know other people.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

15. If applicable, I am comfortable with my use of prescribed medications.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

16. I feel good about myself.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

17. The way I think about things helps me to achieve my goals.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

18. I feel at peace with myself.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

19. I maintain a positive attitude for weeks at a time.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

20. My quality of life will get better in the future.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

21. Every day I get up and do something productive.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

22. I am making progress towards my goals.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

23. My religious faith or spirituality supports me.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

24. I advocate for the rights of myself and others who have had similar experiences to me.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

25. I engage in work or other activities that enrich myself and the world around me.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

26. I cope effectively with any stigma associated with my experience

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

27. I have enough money to spend on extra things or activities that enrich my life.

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

28) I feel safe

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

29) I can trust other people

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

30) I recognise who I can and who I can't trust

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

31) I have control over the way I live my life

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

32) If applicable, I am happy that the amount of alcohol and/or illegal drugs I use is unlikely to be harmful to me

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

33) My relationships with family members are as I wish them to be

Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

34) My three main worries at the moment are:

1).....

2).....

3).....