

An evaluation of Independent Child Trafficking Guardians – early adopter sites

Final report

Research report 111

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Executive summary

Introduction

Section 48 of the Modern Slavery Act 2015 made provision for Independent Child Trafficking Advocates in England and Wales, who are an additional, independent source of advice for all trafficked children, and somebody who can speak up on their behalf.

In the UK Government's response to the Independent Review of the Modern Slavery Act 2015, the Government committed to refer to Independent Child Trafficking Advocates as 'Independent Child Trafficking Guardians'. As such, the Service will be referred to as 'ICTGs' from this point on in this evaluation. However, quotes provided in this evaluation will refer to the previous name 'ICTAs', reflecting the name of the Service when the interviews and focus groups were conducted.

The Government has committed to rolling out ICTGs nationally. To date, a staggered approach to rollout has been adopted, with built-in evaluations along the way. Currently, ICTGs have been expanded to one-third of local authorities in England and Wales and, where the Service currently operates, children who show indicators of modern slavery including trafficking are eligible to be referred into the ICTG service.

In January 2017, the ICTG service was introduced into three early adopter sites: Greater Manchester, Hampshire and Isle of Wight, and nationally in Wales. The Service was subsequently expanded to three additional sites to test a revised model: West Midlands Combined Authority in October 2018, followed in April 2019 by the East Midlands and the London Borough of Croydon.¹

The revised ICTG model continues to provide one-to-one support for children for whom there is no one with parental responsibility for them in the UK by way of an ICTG direct worker, and introduces the role of expert ICTG regional practice co-ordinators. ICTG regional practice coordinators focus on children for whom there is someone with parental responsibility for them in the UK, by working with professionals who are already supporting the child, to encourage a multi-agency approach for supporting children in this cohort.

This evaluation, conducted by the Home Office and the University of Bedfordshire has assessed the ICTG service in the three original early adopter sites (Greater Manchester, Hampshire and Wales). The evaluation, conducted across a two-year period from February 2017 – January 2019, considers the original model for the ICTG service which provided one-to-one ICTG support for all children. The overall aim of the evaluation is to answer the question:

What is the 'added value' of the ICTG service, and is this different for different groups of children and in different early adopter sites?

In July 2018, the Home Office published an interim report (Home Office, 2018) presenting findings at the interim stage of the two-year evaluation. The report provided early insights into

¹ The original three early adopter sites: Greater Manchester, Hampshire and Isle of Wight, and Wales transitioned children into the revised model over a period of time, allowing a lead-in period for the safe transition of children to the revised model.

how the ICTG service added value, in terms of building trust with trafficked children, providing important advocacy work and providing specialist knowledge to professionals involved.

The interim report did not focus on outcomes as many children had been in the Service for only a limited amount of time, and only the first phase of qualitative research had been completed. This report consequently focuses more on outcomes for trafficked children in the ICTG service and the findings from the qualitative research.

Method

The evaluation of the ICTG service involved the collection and analysis of quantitative and qualitative data. The quantitative data includes three datasets: (i) data collected by Barnardo's (the ICTG service provider) on the work carried out by ICTGs; (ii) data collected by local authorities about the work undertaken by social workers with children in the ICTG service; and (iii) National Referral Mechanism (NRM) data on decisions and decision timeliness in ICTG sites compared to the rest of England and Wales. The qualitative research complements the quantitative data by gathering the views and perceptions of trafficked children working with ICTGs, the ICTGs themselves, and a range of stakeholders interacting with the ICTGs in local areas.

Establishing the Service

During the period covered within this report (February 2017 to January 2019), there was a total of 4,957 children referred to the NRM across the UK. Across the three ICTG early adopter sites, **a total of 445 children were referred into the ICTG service during the two years**.

A little over half (54%) of the children referred to the ICTG service were aged 16 or 17 and around two-thirds (64%) were males. **British children were the most common nationality referred to the Service (43% of children referred) and had been mainly subject to criminal or sexual exploitation.** The next most common nationalities were Vietnamese (15%) and Sudanese (11%), who had been mainly subject to labour exploitation. This presents a contrast to the previous trial in 2015 when UK children represented a lower proportion of referrals and reflects a broader trend of greater recognition of child sexual exploitation and child criminal exploitation, particularly the use of 'county lines'.² In Wales, the majority of children referred were girls from Britain that had been sexually exploited, while in the other two sites – Hampshire and the Isle of Wight, and Greater Manchester – child criminal exploitation (CCE) cases made up the largest proportion of referrals and were mostly males.

The evaluation found that ICTGs' caseloads grew higher than originally envisaged. This could have been due to stakeholders' increased awareness of child trafficking and the work ICTGs put in to raise awareness of their service with other relevant professionals. Where there was less time devoted to awareness raising, ICTGs found it harder to engage with partners.

² County lines is defined by the NCA as an issue involving the use of mobile phone 'lines' by groups to extend their drug dealing business into new locations outside of their home areas by using children or vulnerable adults to carry and sell drugs outside of the area they live in. Available at: <u>https://nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines</u>.

Delivering the Service

ICTGs met children face-to-face most frequently at the start of their time in the Service with frequency of contact then declining over time. Although ICTGs' meetings with children served a multitude of purposes, the most common reasons were for:³

- 'relationship building'– which allowed ICTGs to find out what the child's needs were in order to provide tailored advice and guidance, assess risks and conduct safeguarding.
- 'safety' which allowed ICTGs to review safety plans, increase awareness in relation to safety measures and highlight any risks in the UK.
- 'social care' which allowed ICTGs to explain different aspects of social work and other professionals' roles, and to assess whether the young person's views had been heard and to identify if a child is struggling to integrate with their social worker.

ICTGs were more likely to have contact with children without a figure of parental responsibility for them in the UK, while those with a figure of parental responsibility for them in the UK were more likely to leave the Service because they did not want an ICTG. This supports the findings from the interim report which recognised that UK and non-European Economic Area (EEA) children had different needs, and the ICTGs advocacy work reflected this.⁴ The qualitative findings suggest this might be because UK children had existing support networks on referral, such as having contact with social care services or having someone with parental responsibility for them in the UK; whereas the networks of non-EEA children were often comparatively 'empty', having had little or no engagement with support services and being without a figure of parental responsibility for them in the UK.

Social care representatives and ICTGs reported working well together, a contrast to findings from the previous interim report where there were some concerns about overlap between ICTGs and social workers. Social workers appeared to value ICTGs' specialist knowledge about trafficking issues. Children distinguished between their ICTGs and social workers on the basis that ICTGs were more focused on their views and wellbeing compared to the broader responsibilities of social workers. Stakeholders also perceived ICTGs to provide a more consistent figure of support, in contrast to the higher turnover amongst social workers, which enabled them to build trusted relationships with the children.

ICTGs supported children through the immigration, NRM and criminal justice system (CJS) processes that they were involved in. In providing support to children, ICTGs informed and reassured children about progress through these systems. They also made practical arrangements that met children's needs, such as arranging asylum interviews closer to where a child lived. However, there were instances where ICTGs did not provide direct support to the child due to the ability of existing support workers, such as social workers, to meet the child's needs. The ICTG was able to step back and offer consultative support to other professionals.

ICTGs were also valued by professionals for their support in these sectors. By building trusted relationships with the child they were able to elicit relevant information which helped facilitate the flow of information from the child to the relevant agencies. There was some

³ While the data records the main purpose of meetings between ICTGs and children, in reality meetings generally served a range of different purposes.

EEĂ children were not included in the interim report because the low numbers in this group (11) were too small to analyse.

indication that this allowed ICTGs to improve the quality and amount of information available on which NRM decisions were based. This may possibly be reflected in the increase in the proportion of positive reasonable grounds decisions given to child referrals from ICTG sites during the period (from 46% to 54%), compared to a decrease in the rest of the UK (from 57% to 54%). However, there was no indication of any changes in NRM decision timeliness, which was highlighted by ICTGs as a source of frustration when commenting on the length of time NRM and immigration decisions take.

Outcomes

Nearly a quarter (23%) of children referred to the Service went missing at some point, mostly on a temporary basis, and around 34% of the children that went missing never had any engagement with an ICTG prior to going missing. Children that went temporarily missing were mainly British nationals subject to criminal exploitation. Those missing on referral or long term were most likely to be Vietnamese nationals primarily exploited for their labour. Children missing on referral or long term were unlikely to have had any contact with an ICTG, so there were limitations to what the ICTG could do, apart from reminding other agencies about each child's situation. ICTGs continued working with other agencies for a period of six months after the child went missing, at which point the case was closed. This was confirmed as standard practice in interviews and focus groups and was due to the Service having to make decisions about how to manage workloads as referrals increased. However, some ICTGs expressed regret in having to close these cases.

For children who had been in the Service for over six months, the likelihood of going missing decreased initially but then started to rise again. The explanation behind this trend is uncertain. It may relate to the patterns of contact between ICTGs and children, which was most frequent during the first few months but gradually fell. However, anecdotal evidence from Barnardo's suggests it may also be the result of a greater awareness from traffickers of child-support services such as the ICTG service, resulting in traffickers deliberately reengaging with a child once the child's safety plan has been reduced. Further work is needed prior to national rollout to understand the role of ICTGs in changing this trend.

The ICTG service is currently only for those aged under 18 and reaching this age is the most common reason for children exiting the Service. Stakeholders and ICTGs expressed concerns about managing the transitions of young people into adult services, noting the absence of dedicated trafficking provisions for young people moving into adult services and concern over how the young people's needs would be met in the longer term.

1. Introduction

1.1. Independent Child Trafficking Guardians (ICTGs)

Section 48 of the Modern Slavery Act 2015 made provision for Independent Child Trafficking Advocates in England and Wales, who's role is to provide specialist independent support for trafficked children, and to advocate on behalf of the child to ensure that their best interests are reflected in decisions made by public authorities. This service is provided in addition to existing statutory service provision.

In the UK Government's response to the Independent Review of the Modern Slavery Act 2015, the Government committed to refer to Independent Child Trafficking Advocates as 'Independent Child Trafficking Guardians'. As such, the Service will be referred to as 'ICTGs' from this point on in this evaluation. However, quotes provided in this evaluation will refer to the previous name 'ICTAs', reflecting the name of the Service when the interviews and focus groups were conducted.

In January 2014 the Home Office commissioned a trial of ICTGs to work in 23 local authorities in England. The trial evaluation report, published in December 2015, found that the role of ICTGs was seen positively by most professionals involved in the child's life, and by the children themselves (Kohli *et al.*, 2015). ICTGs were perceived as adding value to existing service provision. However, there was limited evidence of benefits in relation to the immigration and criminal justice systems, due to the short timescale of the trial.

The Government implemented ICTGs in three early adopter sites – Greater Manchester, Hampshire and the Isle of Wight, and nationally in Wales – over an initial two-year period. The ICTG service has been delivered by Barnardo's at the early adopter sites since 30 January 2017.

The Home Office and the University of Bedfordshire have assessed the ICTG service in the three early adopter sites and an Independent Expert Advisory Panel (IEAP) was established to oversee this evaluation of the ICTG service.⁵ The Home Office and the University of Bedfordshire met with the IEAP quarterly, who provided oversight and challenge on the evaluation, advising on its development and commenting on emerging findings.

The overall aim of the evaluation was to answer the question:

What is the 'added value' of the ICTG service, and is this different for different groups of children and in different early adopter sites?

To address this question, the evaluation explored:

⁵ The Independent Expert Advisory Panel includes academics and professionals from non-governmental organisations and is chaired by the Office for the Children's Commissioner (England).

- How the ICTG service was implemented in the early adopter sites.
- How the ICTG service works alongside existing service provision for trafficked children in the early adopter areas, and how this is different for different groups of children.
- The outcomes for children who had an ICTG, including the outcomes for different groups of children.

In July 2018, the Home Office published an interim report (Home Office, 2018) presenting findings at the interim stage of the two-year assessment of ICTGs at early adopter sites. The report provided early insights into how the ICTG service was adding value in terms of building trust with trafficked children, providing important advocacy work and providing specialist knowledge to professionals involved.

The interim findings also recognised UK and non-European Economic Area (EEA) children had different needs and the ICTGs advocacy work reflected this, with more of a focus on work related to the criminal justice system (CJS) for UK children and more of a focus on immigration with non-EEA children. ICTGs were also more likely to have face-to-face contact with non-EEA children than UK children. Emerging qualitative findings suggest this might be because UK children had existing support networks on referral, such as having contact with social care services or having someone with parental responsibility for them in the UK; whereas the networks of non-EEA children were often comparatively 'empty', having had little or no engagement with support services and being without a figure of parental responsibility for them in the UK.

As a result of these findings, a revised model of the Service is now being implemented. The revised ICTG model will continue to provide one-to-one support for trafficked children without a figure of parental responsibility for them in the UK, which includes unaccompanied asylum-seeking children (UASC). It also introduces for the first time an expert ICTG regional practice co-ordinator whose role will be to encourage a multi-agency approach focusing on children who do have a figure with parental responsibility for them in the UK, and in particular child victims of sexual and criminal exploitation, including 'county lines'.

The interim report did not focus on outcomes as many children had been in the Service for only a limited amount of time as at the end of January 2018. The interim report also had limited qualitative findings as only the first phase of qualitative research had been completed. This report consequently focuses more on outcomes for trafficked children in the ICTG service and the findings from the qualitative research.

2. Methods

2.1. Overview

The overall evaluation of the ICTG service comprises a quantitative and qualitative element.

The quantitative element of the research was led by Home Office researchers in the Modern Slavery Analysis Team, and involved the analysis of three sets of data:

- Data collected by Barnardo's (the ICTGs' service provider) on the characteristics and status of children in the Service, both on referral to the Service and on a monthly basis while the children were in the Service. This included information such as demographic data, type of exploitation, missing status, contact with the child / other professionals and reason for leaving the Service.
- 2. Monthly data collected by local authorities about the work undertaken by social workers with children who are in the ICTG service. The data collected was similar to the Barnardo's monthly dataset. This allowed comparisons between ICTGs and social workers to be made.
- 3. National Referral Mechanism (NRM) data.⁶ This dataset was used to compare the NRM decisions and timeliness of NRM decisions in ICTG sites to the rest of the UK.

All three sets of data cover a two-year period beginning in February 2017 (when referrals began for the Service) and were used to produce descriptive statistics. However, it should be noted that there were a number of gaps in the social worker data, resulting in incomplete social worker data in some areas. As such, this data is not directly comparable to the data collected by Barnardo's. This has been highlighted throughout the report where appropriate.

Data tables are available at <u>https://www.gov.uk/government/publications/an-evaluation-of-independent-child-trafficking-guardians-early-adopter-sites</u>

The qualitative research was led by researchers at the Institute of Applied Social Research at the University of Bedfordshire and was split into two phases.⁷ Phase 1 of the research relates to a period from February 2017 to January 2018, while Phase 2 relates to a period from February 2018 to January 2019. This research complements the quantitative data by gathering the views and perceptions of trafficked children working with ICTGs, the ICTGs themselves and a range of stakeholders interacting with the ICTGs in local areas. The approach included a combination of one-to-one interviews and focus groups (please see annexes A-D for interview and focus group topic guides). Table 1 outlines the qualitative sample.

⁶ NRM is the system that identifies victims of modern slavery in the UK.

⁷ The contractor, University of Bedfordshire, was selected through a process of fair and open competition.

Table 1: Achieved qualitative sample

Groups	Phase 1	Phase 2
ICTG practitioners	1 focus group (5 participants)	1 focus group (7 participants) and 6 interviews*
ICTG managers	1 focus group (4 participants)	1 focus group (3 participants)
Trafficked children		11 interviews
Strategic stakeholders	1 strategic leader – social care 1 strategic leader – UK Visas and Immigration (UKVI) 1 strategic leader – law enforcement	
Operational stakeholders	 3 social care – 1 per early adopter site 1 Border Force 1 law enforcement 1 criminal justice solicitor 1 youth offending team worker 1 NRM caseworker 	4 immigration solicitors2 youth offending team workers2 law enforcement2 NRM caseworkers

* Includes one ICTG service manager with casework responsibilities

2.2. Interviews

A purposive sampling approach was adopted, within which each interviewee had to have direct experience of delivering the Service, using the Service or working alongside the Service. All stakeholders were selected from a list provided by the ICTG service to cover each area of ICTG work including social care, criminal justice, asylum and immigration, and the NRM competent authorities.

There were some difficulties encountered in interviewing children. The target number of children's interviews was reduced from 18 to 11, after a series of unsuccessful attempts to engage with UK children. These unsuccessful attempts were largely due to UK children being more difficult to engage with more generally by ICTGs. In particular, UK children who had an ICTG because of child criminal exploitation (CCE) were most difficult to engage with. The Service also felt that its relationship building with criminally-exploited children had to be prioritised, and introducing a researcher could risk undermining trust with the ICTG and push the child even further away from the Service. However, where possible, the views of UK children were captured. The achieved sample included four UK and seven non-EEA children. The 11 children who participated ranged in age from 13 to 17 years old, and males and females were equally represented. The children interviewed had been trafficked for the purpose of labour exploitation (5), child sexual exploitation (2), domestic servitude (2) and criminal exploitation (2).

2.2.1. Focus groups with the ICTG service

A total of four focus groups were conducted. One focus group was conducted in each phase with ICTG practitioners and managers. The aim was to understand the experiences of ICTG practitioners and managers across the three early adopter sites, exploring the similarities and differences in the ways ICTGs worked across those sites including within the areas of social care, criminal justice, asylum and immigration and the NRM.

The interview questions and focus group topics were designed in agreement with Home Office research staff. Barnardo's Research Ethics Committee (BREC) and the Institute of Applied

Social Research Ethics Committee (IASREC) at the University of Bedfordshire provided ethics approval for the qualitative aspect of the study.

Each interview and focus group was audio-recorded and transcribed. Each transcript was analysed by the research team using a deductive coding framework which was created to fit the purpose of the evaluation and the findings from the quantitative research. This was then applied systematically across each interview and focus group. Each of the structured codes represented topics that were identified within the quantitative data as analytically central to the evaluation, for example, referrals, cases of children, work of ICTGs, outcomes of children, ICTGs relationships and work with key stakeholders. Data was further organised around subcodes that were thematically related to the structural codes, and these were then subsequently organised into coding patterns that allowed the data to be interpreted. The qualitative data is from a small sample of respondents. The findings are therefore presented cautiously and in context.

3. Findings

3.1. Establishing the Service

3.1.1. Volume of referrals

There was a total of 445 referrals over the first two years of the Service, with the number of monthly referrals ranging from 9 to 34. The total number of children in the Service increased throughout 2017 and the first few months of 2018, peaking in May 2018 (Figure 1). However, after this peak, monthly transitions out of the Service began to exceed monthly referrals, resulting in a slight downward trend in the number of children in the ICTG service between May 2018 and January 2019. Over the two-year period of the evaluation, 289 children exited the Service, with the first children transitioning out in May 2017.

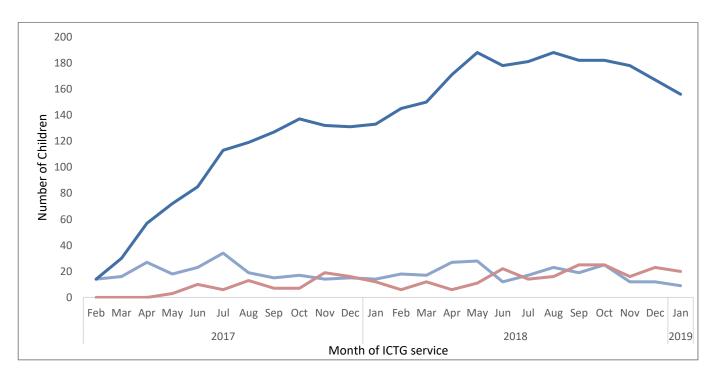


Figure 1: Total children in ICTG service, referrals in and transitions out per month, February 2017 to January 2019

The ratio of children in the Service to number of ICTGs grew rapidly over the first six months as the Service was established, especially within Hampshire and the Isle of Wight, and Wales (Table 2). Prior to the establishment of the ICTG service, an indicative caseload per ICTG of 15 to 20 children was envisaged in line with similar schemes (Arnold *et al.*, 2014⁸). Initially, there were six ICTGs in total (two ICTGs per site) but, as demands on the Service grew, an additional two ICTGs were recruited in 2017, with one ICTG joining in July (Hampshire and the Isle of Wight) and another in November (Wales). Within Hampshire and the Isle of Wight, the

⁸ Report discusses ICTG-equivalent schemes in Sweden and the Republic of Ireland which have caseloads of between 12 and 17.

additional ICTG helped to generally keep the average number of cases per ICTG within the indicative caseload range, while Wales remined, on average, slightly above this range throughout much of 2018. Without an additional ICTG recruited in Greater Manchester, it had by far the highest ratio of cases per ICTG from July 2018 onwards, with this ratio remaining on or above the upper limit of the indicative caseload range.

	Greater Manchester	Wales	Hampshire and the Isle of Wight
Q1 (Feb to Apr 2017)	3.0	6.8	6.5
Q2 (May to July 2017)	10.0	17.7	15.1
Q3 (Aug to Oct 2017)	17.3	22.1	16.2
Q4 (Nov 2017 to Jan 2018)	17.0	17.4	15.2
Q5 (Feb to Apr 2018)	20.3	21.0	17.2
Q6 (May to July 2018)	26.7	22.6	20.1
Q7 (Aug to Oct 2018)	28.7	23.1	18.8
Q8 (Nov 2018 to Jan 2019)	29.0	21.1	14.9

Table 2: Ratio of cases to ICTGs (by area)⁹ per month, February 2017 to January 2019

For comparison, statistics are available on the caseload for the social work workforce in England at 30 September 2018 (Department for Education, 2018).¹⁰ Greater Manchester and Hampshire and the Isle of Wight both had similar average caseloads for social workers in England (19.7 and 19.6, respectively) at 30 September 2018. By comparison, for ICTGs in Greater Manchester there were 22.3 cases per ICTG for the year to September 2018, while Hampshire and the Isle of Wight averaged 17.8 cases.

3.1.2. Raising awareness

The higher than envisaged caseloads for ICTGs could be a result of two main factors: the increased awareness of trafficking, and the greater recognition of certain types of exploitation meeting the definition of modern slavery, such as 'county lines'. For instance, there was a 48% increase in child referrals to the NRM between 2017 and 2018 nationally (from 2118 to 3137), which the National Crime Agency (NCA) partly attribute to a continued increase in the county lines criminal business model of exploiting vulnerable individuals. The ICTG managers observed that a firmer knowledge among stakeholders of particular types of exploitation could have resulted in increasing referrals to the Service, which made ICTG caseloads higher than anticipated.

That's always the concern [about referrals increasing] and I think that's probably what we're seeing [in relation to] the county lines/criminal exploitation cases... People are making that link and they've shot up in the last three, four months and obviously, it's out there in the public domain, it's been debated in parliament, [and] people are worried about this and I think we're starting to get those referrals come through. (FG 1 ICTG Manager, Phase 1)

⁹ This table only shows the number of children in each site divided by the number of ICTGs. As such, it cannot be seen as an accurate reflection of the specific caseloads for each ICTG.

¹⁰ No social worker data was available for Wales.

With the emergence of criminal exploitation as an increasingly visible issue, stakeholders perceived ICTGs to be filling a gap in the response:

...a lot of people are now referring in to the ICTA service, where 12 months' ago if you'd have mentioned county lines most people probably wouldn't have known what it meant.... And in the absence of nobody else delivering anything in that area really doing interventions that are different. So, I think it's been really helpful and people think the ICTA resources are a really good support mechanism for young people who have experienced that. (Strategic Stakeholder 1, Social Care, Phase 1)

In addition, ICTGs and primarily ICTG managers made proactive efforts to raise awareness of the Service as a resource available in each of the three early adopter sites. ICTG managers were fundamental in promoting the Service and raising awareness at a strategic level, ensuring the Service was integrated into local systems and processes.

For ICTGs in all sites, there were time costs to the ICTG service taking responsibility for raising awareness of child trafficking among stakeholders. It was time-intensive to keep raising awareness through the provision of training events for other professions, or in providing consultation, briefings, and attending team meetings. For some ICTGs, the hard work of having to keep the flag flying for the Service meant it encountered a number of difficulties. For instance, the localities where ICTGs operated sometimes needed reminding continuously in order to maintain visibility.

Despite all of the work we've done to promote the Service, almost every social worker I meet hasn't heard of us, doesn't know necessarily what an NRM is, it's quite frustrating, so it doesn't matter how much you bang the drum, we're working with professionals who are busy with a lot of things on their plate, so I think there's a bit of a losing battle around awareness raising because you cannot say that we've not been out there much, we've been out there and done it. (FG2 ICTG Managers, Phase 2)

As the flow of referrals developed, it became clear that raising awareness could result in a finite advocacy resource being quickly depleted. So, the rise in numbers became both a sign of success and a matter of concern.

It is clear that raising awareness of the ICTG service will continue to be an important part of the role going forward and will primarily remain the responsibility of ICTG managers. However, while ICTG managers will have the strategic lead on raising awareness, it is likely that raising awareness of the needs of children who will no longer receive one-to-one support will become, in part, the responsibility of the ICTG regional practice co-ordinator. The ICTG regional practice co-ordinator will be embedded in existing networks, allowing them to raise awareness of the ICTG service while encouraging a multi-agency approach supporting children who do have a figure with parental responsibility for them in the UK. This could alleviate some of the pressures on ICTG managers and ICTGs who, according to the qualitative evidence, have experienced difficulties due to the demands of awareness raising.

3.1.3. Profile of children referred

Key findings about the profile of children referred into the Service over its first two years are highlighted below. Data on the characteristics of all children referred into the NRM over the

same period has also been provided, so that the characteristics of children in the Service can be compared and contrasted with the national picture.

• Age¹¹ and Gender¹² – The ICTG service is for children under 18 years of age.

- Most children referred to the Service (54%) were aged 16 or 17, while only 12% of children were under 14.

- This is broadly similar to the age of children in the NRM,¹³ where 64% of NRM child referrals over the same period were for 16- or 17-year olds, and 8% were under 14.

Around 64% of the 445 referrals to the ICTG service were males, which also broadly aligns with the proportion of children referred to the NRM over the same period who were male (69%).

• **Nationality**¹⁴ – British children were the most common nationality referred to the Service, comprising of 43% of children referred over the two years,¹⁵ followed by Vietnamese children (15%) and Sudanese children (11%); similarly, British and Vietnamese were the first and second most common nationality of children referred to the NRM over the same period.

 It is worth noting that British children made up a larger proportion of ICTG cases, when compared to children referred into the NRM. In the ICTG service they represented 43% of cases, while only representing 25% of NRM referrals.

 Similarly, Sudanese children, while comprising 11% of ICTG cases, only made up 4% of NRM referrals, while 15% of children in the ICTG service were Vietnamese compared to only 7% over the same period.

A small proportion of children were from the EEA (6%, excluding British children), while a large proportion were from outside the EEA (41%).

Within the previous ICTG trial, which was between 2014 and 2015, most of the 158 children were from outside the EEA (70%), while a relatively low number were from the UK (18%).¹⁶

• **Primary exploitation type**¹⁷ – Criminal exploitation was the most common form of primary exploitation for those referred into the Service.

Of the 445 children in the ICTG service, 38% were categorised under criminal exploitation, followed by sexual exploitation (25% of children), and labour exploitation (18%).
 NRM child referrals over the same period are similarly proportioned.¹⁸

Primary exploitation types differed considerably by gender within the ICTG data, with
 79% of males categorised under either criminal or labour exploitation, compared to 17% of

¹¹ Six children referred to the ICTG service were 18 or older, while for 14 children, their age was not recorded.

¹² For 14 children, their gender was not recorded.

¹³ All NRM data provided within the 'Profile of children referred' section refers to national data, rather than data restricted to the ICTG sites. It covers the same two-year period (1 February 2017 to 31 January 2019) as the ICTG data. NRM data throughout the report is accurate as of 13 February 2019.

¹⁴ The top 10 nationalities in the ICTG service by number of referrals are: British, Vietnamese, Sudanese, Albanian, Iraqi, Romanian, Iranian, Pakistan, Afghan, Eritrean and Ethiopian (Eritrean and Ethiopian had an equal number of referrals).

¹⁵ While recorded as 'British', it is important to note that due to the locations of the three early adopter sites, it is likely that many of the British children referred to the ICTG service were English or Welsh, with limited numbers of Northern Irish or Scottish children.

¹⁶ EEA status was not recorded for 36 children.

¹⁷ Seventy children had an unknown primary exploitation type, 39 of which were males and 15 females. The remainder (14) also had no gender recorded.

¹⁸ 'Criminal exploitation' is not an exploitation type within the NRM. Children categorised under criminal exploitation are instead referred for 'labour exploitation'. However, the number of children referred for criminal exploitation can be determined by looking at the 'exploitation sub-type', which specifies criminality.

females, while the majority of females (66%) were categorised under sexual exploitation, compared to only 5% of males.

- There was also variation in primary exploitation type across nationalities. British children comprised the vast majority of criminal and sexual exploitation referrals (Figure 2); however, despite being the most common nationality referred into the Service, no British children were referred for labour exploitation. There is also a low proportion (1%)¹⁹ of British children categorised under labour exploitation in the NRM.

- The majority of labour exploitation cases were comprised of Vietnmaese and Sudanese children, while a high proporition of deomestic servitude cases were Albanian. Romanian children comprised the third highest percentage of children in criminal explotation cases.

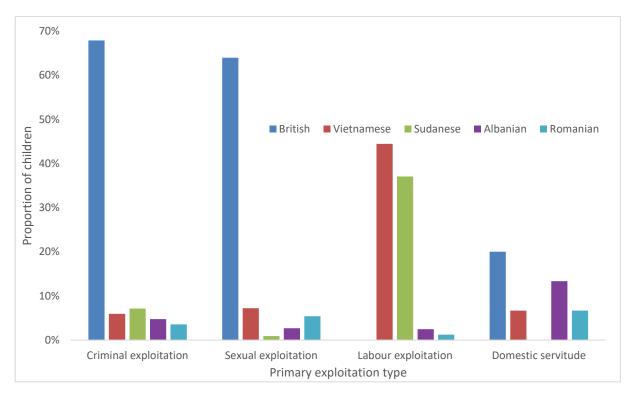


Figure 2: Most common nationalities of children in the ICTG service by primary exploitation type, February 2017 to January 2019²⁰

• **Parental responsibility**²¹ – There was a fairly even split between children with a figure of parental responsibility in the UK (53%) and without such a figure (47%) within the ICTG service.²²

- Around three-quarters (80%) of children with a figure of parental responsibility in the UK were British, while Vietnamese and Sudanese children combined comprised over half (56%) of children without a figure of parental responsibility in the UK.

- In keeping with this breakdown by nationality, in terms of primary exploitation type, over

¹⁹ Excluding criminal exploitation sub-types.

²⁰ This chart only includes the five most common nationalites in the ICTG service. As such, percentages do not add up to 100. One Sudanese child had an unknown primary exploitation type. There were no other children with an unknown exploitation type in the remaining nationalities in the chart.

²¹ Parental responsibility is defined as: 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property. Persons other than a parent can [also] acquire and exercise parental responsibility for a child through various types of court order, and more than one person may exercise parental responsibility concurrently.'

²² Three children were not recorded as either with or without a figure of parental responsibility in the UK due to them being misreferrals.

half (52%) of the children with a figure of parental responsibility in the UK were categorised under criminal exploitation, while the most common type of primary exploitation for children without such a figure was labour exploitation (38%).

3.1.4. Differences between sites

The characteristics of children referred to the Service differed between areas. It was important for the ICTGs to understand the local and regional characteristics of each of the sites, recognising the contrasting pattern of referrals, as well as the range of exploitation types covered. For example, in Wales the majority of children referred to the ICTG service were girls and the majority were British children who have been trafficked for sexual exploitation; whereas in Hampshire, males who were criminally exploited were most prevalent (Figure 3).

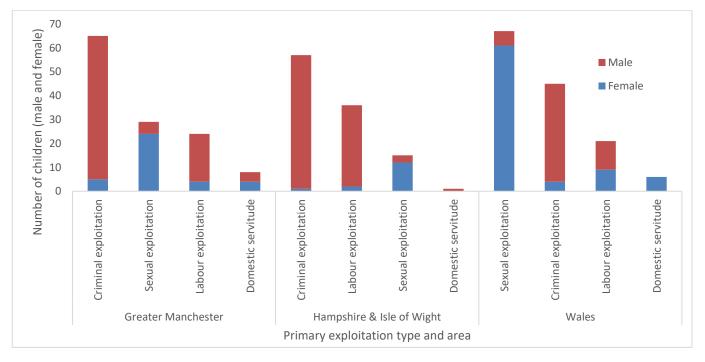


Figure 3: Gender by area and exploitation type, February 2017 to January 2019²³

The qualitative interviews highlighted that ICTGs were able to adapt to the characteristics of the children in their caseloads by being flexible and working with existing networks, providing support and filling gaps in understanding.

In Wales, ICTGs were able to integrate themselves within pre-existing relationships and expertise, establishing and sustaining new professional relationships.

There's a good partnership of people in Wales, so we were able to input into them and they almost spread out the message for us, it almost feels as if there's a collective [group] of peoplethat are kind of sharing the Service. (FG2 ICTG Managers, Phase 2)

Similar to Wales, Greater Manchester appeared to have a well-established safeguarding support network. However, the Service faced challenges across all local authorities in Greater Manchester, and in conveying the message of the different types of support the Service can offer.

The mixed demographics of trafficked children, existing provision for UK trafficked children and a high number of child criminal exploitation (CCE) cases were similar features across

²³ n=374 as 70 children had an unknown exploitation type and one child had an unknown area.

Hampshire and the Isle of Wight, and Greater Manchester. While there were challenges and opportunities across all sites, the ICTG service in Hampshire and the Isle of Wight appeared to be confronted with the biggest resistance from existing services and authorities. A potential reason for this is ICTGs not having enough time to do significant awareness raising in these areas and, as a result, encountered misperceptions of trafficking and instances where existing services and authorities were not aware of the ICTG service.

3.2. Delivering the Service

3.2.1. ICTGs' contact with children and different agencies

The ICTGs' role involves providing direct support to children as well as advocating on their behalf with other agencies. The quantitative data captures both aspects of the role.

Most children (71%) referred to the Service had some level of contact (which includes face-toface meetings, phone calls and texts) with their ICTG.²⁴ In comparison, 90% of children had some form of contact with their social workers²⁵. Of the 110 children who had no contact with their ICTG, 18% were missing on referral, 16% did not engage with the Service, 7% were either ageassessed to be 18 or older or turned 18 or older within a few weeks of joining the Service, and a further 6% could not be worked with as they were under police investigation (Table 3). For almost a quarter (24%) of the remaining children who had no contact with ICTGs, it was deemed most appropriate for the ICTGs to only work with other professionals in support of the child.

Of all children referred to the Service that had a figure of parental responsibility in the UK, 62% had contact with an ICTG, compared to 82% of children that had no such support²⁶. For almost half (49%) of the children with a figure of parental responsibility in the UK that did not have contact with an ICTG, it was either deemed most appropriate for the ICTG to work with other professionals, or the child did not engage with the Service (Table 3). The majority of children (65%) without a figure of parental responsibility in the UK that did not engage of parental responsibility in the UK that did not not engage of parental responsibility in the UK that did not engage.

Reason for no contact	No figure of parental responsibility in the UK	With figure of parental responsibility in the UK	Grand total
Working with other professionals	10%	29%	24%
Missing on referral	65%	0%	18%
No engagement with the Service	6%	20%	16%
Other ²⁷	3%	9%	8%
Turned 18+ / age-assessed 18+	3%	9%	7%
No trafficking indicators	0%	9%	6%

Table 3: Reasons for no contact with ICTGs, by parental responsibility status; February 2017 to January 2019

 $^{^{24}\,}$ n=379; this excludes children who have been in the ICTG service for less than a month.

²⁵ n=328 as 98 children had to be excluded due to a lack of data, and a further 19 because of data input errors. As such, social worker data is less reliable and may be skewed.

²⁶ n=379; this excludes children who have been in the ICTG service for less than a month.

²⁷ 'Other' contains a number of other reasons which only occurred for individual children and so could not be grouped.

Examples include 'insufficient information re: referral' and 'social worker did not engage with ICTG'.

Reason for no contact	No figure of parental responsibility in the UK	With figure of parental responsibility in the UK	Grand total
Under police investigation	0%	9%	6%
No direct contact deemed safest	3%	5%	5%
No trafficking concerns	3%	5%	5%
Unable to contact	0%	3%	2%
Outside ICTG area	3%	1%	2%
Grand total	100%	100%	100%

Over two-thirds (69%) of the children in the ICTG service had face-to-face meetings with their ICTGs,²⁸ compared to 89% of social workers working across the three early adopter sites²⁹. Almost all (97%) of the children that had some form of contact with an ICTG also had face-to-face contact. As a result, the reasons children had no face-to-face contact were generally similar to the reasons children had no contact in general. A higher proportion of children (82%) without a figure of parental responsibility in the UK had face-to-face meetings with ICTGs than children with this support (58%).

The average number of face-to-face meetings a child has with an ICTG varies over the length of their time in the Service. Figure 4³⁰ shows the average number of meetings is highest at the start of a child's time in the ICTG service and gradually falls over time. This is possibly a reflection that children may have greater needs when they first enter the Service, and so require more contact, while these needs lessens over time. It is also notable that children who are in the ICTG service for longer have a higher average number of meetings per month compared to those who leave the Service earlier. The same downwards trend in contact over time was evident for both those with and without a figure of parental responsibility in the UK.

²⁸ Excluding children that were in the ICTG service for less than one month.

²⁹ n=328 as 98 children had to be excluded due to a lack of data, and a further 19 because of data input errors. As such, social worker data is less reliable and may be skewed.

³⁰ The chart shows the average number of face-to-face meetings between ICTGs and children using the Service for cohorts of children that have been in the Service for a minimum number of months. A child can appear in multiple lines in the chart. For example, if a child has been in the Service for 15 months they will be included in all lines up to and including 'at least 15 months in the Service'. This is to ensure the number of children in each line remains constant, so each month can be compared to the previous month.

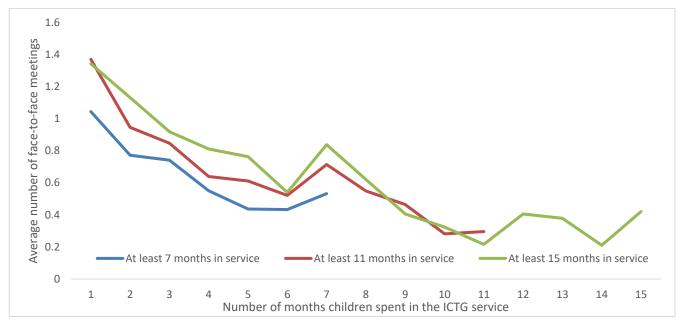


Figure 4: Average number of face-to-face meetings between ICTGs and children in the ICTG service, by no. of months spent in support, February 2017 to January 2019³¹

ICTGs met with children for a variety of reasons,³² the most common reason being for relationship building (Figure 5). This involved ICTGs building a relationship with the child, to find out what the child's needs were, and allowing ICTGs to provide tailored advice and guidance, assess risks and conduct safeguarding measures. ICTGs conducted activities based on these needs, such as community sessions, taking walks, learning language or cooking cultural food. This was followed by 'safety', in which ICTGs explained the safety plan to the child, increasing awareness of safety measures and highlighting any risks, including areas such as online safety and risks of living in the UK. The third main reason for meetings between ICTGs and children was 'social care', which may involve ICTGs explaining the different aspects of social work and the roles of other professionals that the child may come into contact with. Such meetings may also be used to help support children that are struggling to integrate with their social workers. At least one of these three meeting reasons was given in around half (52%) of all meetings that ICTGs had with children.

³¹ Due to data input issues, 11 children had face-to-face contact with an ICTG during their time in the ICTG service, but were incorrectly recorded as never having such contact. While such children have been identified, it cannot be determined when, or how frequently, they had contact with ICTGs. The data in this chart may be skewed as a result.

³² A meeting between an ICTG and a child / third party can have more than one 'reason' recorded within the data. For example, one meeting may be recorded as being for the purpose of both 'safety' and 'safeguarding'. Also, while the data records the main purposes of meetings between ICTGs and children, in reality a range of other topics may be covered.

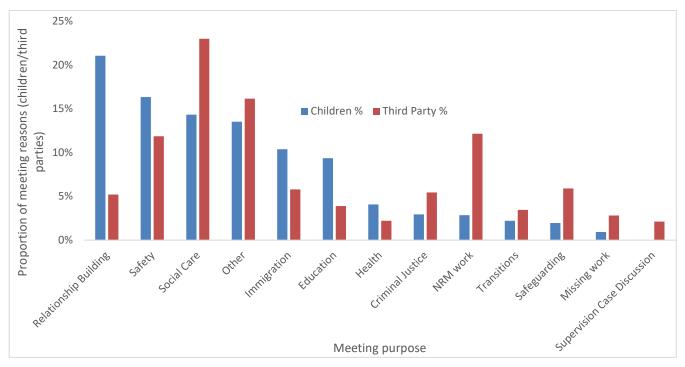


Figure 5: Purpose of meetings between ICTGs and children and ICTGs and third parties, February 2017 to January 2019

In general, the reasons ICTGs met with children with a figure of parental responsibility in the UK were similar to the reasons ICTGs met with children without such a figure. One notable area of difference was that only 2% of meetings between ICTGs and children with a figure of parental responsibility in the UK involved discussions of immigration, compared to 15% of meetings with children without such a figure. This likely reflects the fact that the majority of children without a figure of parental responsibility in the UK are foreign nationals. Of children with a figure of parental responsibility in the UK, 7% had meetings which involved discussions of criminal justice compared to only 1% of children without such a figure, likely reflecting the higher proportion of British children in the ICTG service that were involved with the CJS in comparison to foreign nationals.

ICTGs also met with a number of third parties in order to support the child. Similar to ICTGs' meetings with the children, safety (12%) and social care (23%) were two of the most common reasons given in meetings between ICTGs and third parties, while meetings which discussed the support of a child within the NRM process³³ (12%) were also common. After social worker meetings, the most common type of meeting ICTGs had with third parties was with multiple agencies at the same time, suggesting a collaborative approach to the ICTGs work. These included joint meetings with social workers, immigration solicitors, youth offending teams, police and the Home Office, covering areas such as safeguarding, work related to missing children, criminal justice procedures and work associated with a child's NRM referral. These were more common reasons for ICTGs to meet third parties, rather than for ICTGs to meet children.

3.2.2. Social care

The social care needs of the child are one of the key issues ICTGs discussed with children and third parties most frequently. Stakeholders in the social care sector provide the provision of

³³ This may involve such activities as helping the third party fill out the NRM referral, explaining the NRM process to them, and following up on whether NRM decisions have been made.

care, protection and support to children in need or at risk, and described working relationships between ICTGs and social workers as an effective partnership:

I definitely followed [the ICTG], I felt like we were partnership working with the young people, no doubt about it. (Operational Stakeholder 3, Social Care, Phase 1)

As the ICTG service's presence in the three early adopter sites matured and evolved, evidence emerged of the ICTG's inclusion in key aspects of everyday social work with trafficked children:

We do get invited to meetings. We get invited to strategy meetings, we get invited to Looked After Child reviews. Social workers will ring up and ask my opinion of things or ask for what I think. I get that quite a lot. I get invited to pretty much all meetings that are going on. (ICTG 3 Interview, Phase 2)

This demonstrates a shift in the perceptions of the ICTG service and contrasts with the findings presented in the initial evaluation of ICTGs published in 2015. Previously, in some areas where the ICTG service had been established, there was a concern that the Service was, in effect, a replacement social work service. In addition, a small minority of stakeholders expressed dissatisfaction with the advocacy service as they felt it overlapped with existing service provision and any additional resource would be better spent on social work services.

Now, many of the respondents were clear that the ICTG appeared to focus on the needs and perspectives of the child, whereas social workers tended to view the child from a lens of their statutory responsibilities and fit these around the child.

I would hope that any social worker wants to, in their practice, advocate on behalf of the child and their best interests but I think sometimes having that independent person whose role wholeheartedly is to be an advocate for that child, can be really useful because the social worker has to weigh up a number of different roles I guess for the child, they have to advocate on behalf of that child but also explore the holistic context of that child and work with an entire family and sometimes, those two things can be really difficult to manage. (Operational Stakeholder 2, Social Care, Phase 1)

This focus on the child was also recognised by ICTGs themselves as key to their role, and by young people too in delineating differences between social workers and ICTGs. In a focus group that had been conducted in Phase 1, an ICTG manager noted the following 'mission' for the Service, and the ways it contrasted with the more generic responsibilities carried by social workers in Children's Services across the three early adopter sites:

...we are solely there to support that young person, there's no other agenda that we're working to, it's purely to support that young person and get their views and voice and rights heard. (ICTG service manager, FG1, Phase 1)

In that context, it is worth noting the ways children talked about their ICTGs. Some trafficked young people recognised and commented on key differences between a social worker and an ICTG.

Yes, there's a clear difference; when the social worker comes they just want to make sure that their job is done, they ask official questions, while the advocate, they treat me like a human being, they want to know if I'm OK, is everything OK with my life, it's just being very concerned

about how I am and my wellbeing. So, yes, I could feel that there's a huge difference. (Young Person 7, aged 16, Phase 2)

Also, respondents attributed less knowledge to social workers around issues of child trafficking, and saw the ICTGs as providing specialist, deep knowledge and understanding about these issues and how they were relevant to specific children.

... [the ICTG's] ...knowledge around trafficking and child exploitation is the critical thing. Because that's something I don't think all social workers have knowledge around yet, and they certainly don't understand the legal processes around it either. (Strategic Stakeholder 1, Social Care, Phase 1)

Importantly, respondents also reflected on the ICTGs offering stability and continuity around a child in contrast to the high turnover and larger caseloads of social workers. A solicitor working on behalf of a young man in criminal justice proceedings observed:

... his social worker has chopped and changed numerous times, his ICTA has been one of the most consistent things throughout. (Operational Stakeholder 8, Criminal Justice, Phase 1)

ICTGs' stability in post became a relatively constant theme. Continuity mattered not just for a child (see below) but also for professions around that child:

For Social Services, it's a difficult relationship that we have [with trafficked children] because of the high turnover of Social Services staff. What has been a benefit of the ICTAs ... is that it's been the same people... it's more easy to develop a working relationship... it's a very busy region for them and a huge area and I believe there is a high turnover of staff, so the consistency with the ICTAs has been a real benefit in the relationship. (Operational Stakeholder 5, Border Force, Phase 1)

Individual children also commented on being able to spend more time with the ICTG, which was seen as positive.

Because my social worker, she don't [sic] spend time as much time as we thought she'd actually spend with us but with [the ICTG], she's there for us so if we need her, we just give her a phone call and she'll talk to us... (Young Person 6 aged 14, Phase 2)

Investing time in trafficked children's lives by a single trusted, well-informed, reliable adult became a distinctive early feature of the ways ICTGs stood out from other professions.

[The ICTG] she's so amazing, ... I don't know if they're all like that but for me it was different because I told [the ICTG] things that I haven't told my social worker and that was beneficial, I think that's because of her personality, ... she seems really open, I can talk to her about anything. (Young Person 3, UK, aged 17, Phase 2)

Despite this, as numbers of referrals increased, the amount of time spent in direct contact with a child lessened. In such circumstances children adjusted their expectations, tailoring them to an ICTG's availability in the contexts of high workloads:

I do appreciate that these advocates are not only looking after me, but he has many other children to look after, to visit, and there may be other children who are in more need than I have [sic], so I wouldn't want to take his time away from other children. I still would very much like the advocate to come and see me once a month. (Young Person 7, aged 16, Phase 2)

Sometimes the ICTGs did not work directly with the child. Instead, the Service was able to step back and offer consultation to other agencies as necessary, both in terms of case conferencing for a single child, and also more strategically in relation to child trafficking and the law more generally. One reason an ICTG gave for doing this was where they felt there was no additional added value from the ICTG being involved in a particular case:

With one case that I had of a young woman referred [to the ICTG service] there was complete professional overload... She had no interest in working with anybody else. She had a relationship with the complex safeguarding social worker which was very good, they met regularly, and I couldn't identify the value of another worker being involved, and she wasn't particularly interested in working with anyone else either. (ICTG 5, interview, Phase 2)

Importantly, this will be a key feature of the ICTG revised model, where the ICTG regional coordinators working with children who do have a figure with parental responsibility for them in the UK will adopt a multi-agency approach, formulating a different way of working beyond direct engagement with the child.

3.2.3. Immigration

ICTGs were often involved in immigration issues for non-British children. The vast majority of non-British children referred to the Service were UASC (85% of foreign national cases). EEA nationals comprised a further 13% of foreign national cases.³⁴

The importance of the ICTG in the immigration process was recognised by the children themselves, with the ICTG being viewed as someone who informed them about the process and was therefore able to provide reassurance.

I didn't know anything about it at all [immigration process] so it was great that they explained to me ... how many times I would go and see my solicitor and they assisted me with getting an appointment to see the solicitor and they told me when at the solicitor what I will have to go through and then after that, what will happen to the asylum application and how many interviews I will have in very, very detail [sic], so it's great. And not only that, they also explained to me if my application is rejected, what the next stage I have to go through, the appeal stage, so I feel as if I've got everything in my mind and I'm not worried anymore. (Young Person 7, aged 16, Phase 2)

ICTGs also recognised reassurance as part of their role.

He's struggled a lot with this uncertainty. It's a common theme unfortunately. Really struggled. Became really anxious, and became really, really down. The fact that he didn't know if he was going to be returned home to Vietnam, that he would be at risk of being re-trafficked, or if he could start a life here. Part of that role as well with the immigration side is helping to manage those expectations and reassurance, things like that. (ICTG Interview 3, Phase 2)

³⁴ The remaining foreign national cases were refugees (2%). For 39 children, it was unknown whether they were EEA, UASC, British etc. This means that more children may have fallen under the above categories than was recorded.

The children also recognised that the ICTGs helped them communicate their views; one young participant noted that:

I find that she is my voice and because I have got that trust in her... (Young Person 5 aged 17, Phase 2)

By building trusted relationships with the young people, ICTGs could elicit relevant information from them that could be passed on to other professionals to aid in the immigration process.

I definitely think having an ICTA enables children to articulate themselves and to put forward a much more thorough, stronger claim much earlier than we would otherwise, essentially... Having a team [that] actually truly understands the nature of trafficking, the implications, means that they're far better placed to ... emphasise a child's particular risks both here and potentially on return. (Operational Stakeholder 4, Immigration solicitor, Phase 2)

As well as opening up and disclosing information to the ICTGs directly, the trust and reassurance provided by ICTGs could also allow young people to feel more comfortable to talk about their experiences at more formal interviews in the immigration process. The support that ICTGs provided around formal interviews as part of the immigration process also extended to making sure practical arrangements suited the children, which also had the effect of encouraging openness and better information gathering. The ICTGs noted that, in their region, some UASC could travel long distances to Home Office locations in order to attend interviews. This was reported to often reinforce their deep sense of being involuntarily on the move:

...cooped up in a car for several hours potentially without really understanding where they're going. (ICTG3, interview, Phase 2).

ICTGs worked with the Home Office to try and ensure interviews were conducted in their locality, in a suitable place that ensured privacy and could satisfy the Home Office interviewer about safety:

So, for instance, even when we take children for the... interviews, we're asking for them to be going to a waiting area where there's not the general public. So, lots of all of the little additional things that they wouldn't know to ask for but you're constantly looking for this, for their safety and welfare. So again, making sure that they feel comfortable. (ICTG Interview 6, Phase 2)

This movement towards a collaborative practice by ICTGs became a feature over time. It led, in some instances, to better evidence gathering in relation to the asylum claim.

At other times, rather than encouraging young people to be more open and provide relevant information, ICTGs could provide the information more directly. There were examples where this was perceived to have made a difference, suggesting that the ICTGs views were taken on board and given 'due regard'.

He had his asylum claim refused and [they] said he could be returned. There were several things wrong with it, things like the reasoning ...that ...he had shown considerable personal fortitude in relocating to the UK, whereas actually he'd been trafficked to the UK. In that sense I rallied the professionals who'd worked with him, education, health, social worker etc, and they provided letters of support... I attended the appeal with the young person. I was asked to give evidence at the tribunal, and I did. Fortunately, as a result, not just as a result of me

obviously, but ... yeah. The decision then went in his favour and he's been granted five years *leave*. (ICTG Interview 4, Phase 2)

3.2.4. National Referral Mechanism

The NRM is the system that identifies victims of modern slavery in the UK.

During the period in which the early adopter sites were in operation, in order to be referred to the NRM, potential victims of trafficking or modern slavery were referred by designated 'first responders' to one of the UK's two competent authorities (CAs): (i) The NCA Modern Slavery Human Trafficking Unit (MSHTU); and (ii) The Home Office's UK Visas and Immigration (UKVI). The CAs then made an initial decision about whether there are 'reasonable grounds' to believe the individual is a potential victim of human trafficking or modern slavery. If the decision is positive, the individual is granted a reflection and recovery period of at least 45 calendar days. The CAs then have further time to investigate the case and conclude whether, based on available information, the individual is a victim of modern slavery (and receive a positive conclusive grounds) or not (and receive a negative conclusive grounds).³⁵

ICTGs were seen as key people in making NRM referrals as this immigration solicitor highlights:

If I have a kid that doesn't have a social worker, and I think they have been trafficked, I'm more likely to contact an ICTA that I have their contact details and ask for their support in making that referral. (Operational Stakeholder 1, Immigration Solicitor – Phase 2)

ICTGs acted as a bridge between different agencies and the child, ensuring relevant information was gathered and shared between different parties. They held relevant knowledge and expertise and used this purposefully in assisting other safeguarding professionals to work together.

They form a kind of bridge between a child and all the necessary departments. They make sure that through them everyone is well informed. They make sure that they're looking after the best interests of the child in the immediate sense, also the long term in making sure that they can get as much as information as possible to the relevant departments. I think it's that consistency in terms of having a relationship with the stakeholders and the child, and also the consistency in terms of being able to share information. (Operational Stakeholder 4, NRM caseworker, Phase 1)

ICTGs were clearly aware of relevant information that could be useful for NRM caseworkers to make their decisions and provided it.

It's really good. It's really helpful to me that [the ICTGs] almost like my pair of eyes, if you know what I mean...and can think, well this is what needs to go in, we need to give these updates to the NRM, so I find that very useful. (Operational Stakeholder 9, NRM caseworker – Phase 2)

As ICTGs helped to provide relevant and timely information to assist in NRM decisions, there is a possible link between ICTGs and the decision by the NRM caseworker on a child's case based on the information available. **Error! Reference source not found.** shows the proportion

³⁵ The former CAs within the NCA and Home Office have now ceased operating and have been replaced by the new Single Competent Authority (SCA) which launched in full on 29 April 2019. The SCA is a unified body making decisions on NRM referrals for all potential victims of modern slavery, regardless of their nationality.

of NRM decisions made in ICTG sites compared to non-ICTG sites.³⁶ This is shown for the two years that the ICTG service has operated, as well as the two years before this period of time, for comparison.³⁷

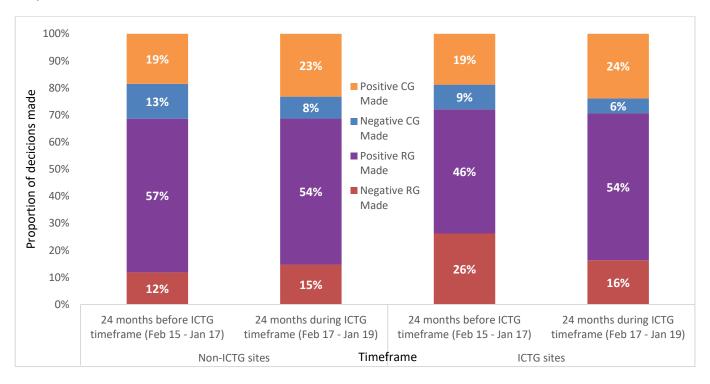


Figure 6: Proportion of NRM decisions made – ICTG sites compared to non-ICTG sites, February 2017 to January 2019

While the changes in positive and negative conclusive grounds decisions were similar in ICTG sites as in non-ICTG sites, there was a notable difference in reasonable grounds decisions. The proportion of negative reasonable grounds decisions decreased by around 10 percentage points within ICTG sites while it increased in non-ICTG sites. Moreover, the proportion of positive reasonable grounds decisions increased by around 8 percentage point in ICTG sites, while decreasing in non-ICTG sites. Together with the qualitative evidence on the ICTGs providing more relevant information, this highlights that ICTGs may have helped to improve the proportion of positive reasonable grounds decisions. However, there may be other factors that influence this change, and so it cannot be determined whether the increase in positive reasonable grounds decisions is a reflection of the work of ICTGs.

It was clear that ICTGs did not always agree with the decisions made by the CAs and reported that "due regard" was not always paid to their roles and functions by the CA:

We are a trafficking organisation so when we are asking for reconsiderations on NRMs and we're submitting additional information and we may be continuing to get negative reasonable grounds, is that there's very little negotiation at the moment with the Home Office because you're automatically stuck within the Competent Authority Procedures. (ICTG 6, interview, Phase 2)

³⁶ The NRM data could not be isolated solely to children within the ICTG service. As such, a proxy was used, with NRM data being isolated to child referrals within ICTG areas. For various reasons, children referred to the NRM within ICTG sites are not necessarily referred on to the ICTG service. As a result, the number of children referred into the NRM is higher than the number referred into the ICTG service in the early adopter sites. This may slightly skew results.

³⁷ From September 2014 to September 2015, ICTGs operated in Greater Manchester as part of the initial ICTG trial. This may affect results by reducing the noticeable difference between the 'before ICTG timeframe' and 'during ICTG timeframe'.

ICTGs acknowledged that in many instances, NRM decision-making was extensively prolonged. However, they also recognised the benefits for some children of having additional time to build relationships and gather information. One of the ICTGs noted the advantage of using time and opportunity to further understand the stories told by trafficked children in order to ensure robust and complete information was provided to the CA for an NRM decision to be taken:

I personally haven't [chased up the NRMs] at the moment, we're still in that process of unpicking their journey, so I haven't wanted to push any because there's more information that I think may come out that would be relevant to their NRM and that decision. So, that's where this delay can sometimes be advantageous. (ICTG 2 Interview – Phase 2)

In other instances, the ICTGs were able to put pressure on the CA to speed up or slow down decisions in the best interests of children, particularly when linked with criminal justice outcomes:

We were able to work with the Youth Offending Service and they were great, got all the information straight to the NRM. We were able to let the NRM know that there was a court case, and can they expedite it. They agreed, and they did it, they made a decision really quite quickly once they had all the information. (ICTG Interview 5 – Phase 2)

It was noted by an NRM caseworker that ICTGs had limited impact on decision-making timescales owing to the volume of referrals being made to the CA at the current time. However, they acknowledged that when the CA has been ready to make information requests, ICTGs were invaluable in reducing the time the CA would usually spend on gathering this additional information.

Data on NRM timeliness shows that decision-making times increased in both ICTG early adopter sites and other sites during the period in which ICTGs were in operation. This increase is likely due in large part to the 74% increase in NRM referrals made between the two periods – from 7,165 referrals made between February 2015 and January 2017, to 12,498 between February 2017 and January 2019. Prior to the ICTG service, the average number of days between referral to the NRM and a conclusive grounds decision was higher in non-ICTG sites (148) than in ICTG sites (124). This average increased to a greater extent in ICTG sites than in non-ICTG sites, although non-ICTG sites continued to have a larger number of days between referral and a conclusive grounds decision on average (Figure 7).

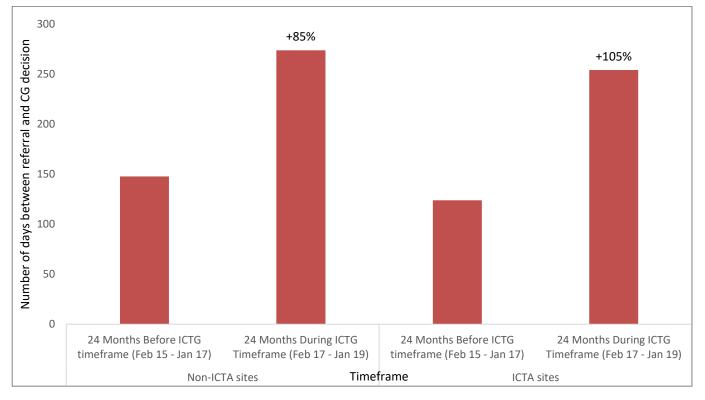


Figure 7: NRM decision timeliness (days between referral and CG) - ICTG sites and non-ICTG sites, February 2017 to January 2019

As the following ICTG describes, no matter how long NRM decisions took, the ICTGs supported children to understand the NRM process and kept them updated about decisions and progress with their case:

And then I just keep in contact with them [children] via text or phone in between visits as and when they need me and ensuring that they're in the NRM, chasing up the outcomes for that. If anything comes out from our sessions, submitting information into the NRM and then just liaising with any other professionals that are around them. (ICTG 2 Interview – Phase 2)

Overall, the ICTG's role within the NRM was viewed by the majority of stakeholders as an important one. The ICTGs supported NRM processes in a number of ways, particularly in:

- increasing awareness of the NRM amongst public authorities who are designated first responder organisations and able to make NRM referrals
 - ensuring that NRM referrals made by other professionals were of a high standard
 - making high-quality, information-rich NRM referrals
 - gathering and submitting additional information to the NRM in individual cases
 - reducing the time the CA would usually spend on information gathering by acting as a bridge between different agencies and the child, ensuring relevant information was gathered and shared between different parties

3.2.5. Criminal justice system

There is limited quantitative data on CJS involvement of ICTGs. The majority of this analysis is therefore based on the qualitative results; nevertheless, there are some key patterns in the quantitative data that are useful to highlight.

Of the total cases,126 children (28%) were involved in the CJS on referral.³⁸ Of those 126 children, the majority had been accused of a crime (61%), while 32% were involved as a victim and 7% as a witness. Most of those accused of a crime had been arrested but had not yet been charged.

Only 16% of foreign nationals had any involvement in the CJS, compared to 45% of British children.³⁹ Of those involved in the CJS, a high proportion of British children (66%) were accused of a crime, while 10% were involved as a witness. A lower proportion of foreign nationals (49%) were accused of a crime and none were involved as a witness. However, many children may enter into the CJS as the accused but later be identified as a victim through Section 45 of the Modern Slavery Act 2015.⁴⁰ While a higher proportion of British children were accused of a crime than foreign nationals, a high proportion of British children were also categorised under criminal exploitation. As such, children's involvement in the CJS is likely more complex than the data demonstrates.

The qualitative interviews with ICTGs and stakeholders both highlighted the role of the ICTG in raising awareness of the potential use of section 45 defence. Section 45 of the Modern Slavery Act 2015 provides the statutory defence for victims of human trafficking and modern slavery who have been accused of committing an offence as part of their exploitation.

The involvement from the ICTA service has been really useful to help, we've always known that there's an issue with young people who are criminally exploited but the ICTA service has helped us to really hone that in and to be able to find evidence to our key partners to be able to say "We shouldn't be treating them as an offender, we need to be looking at other ways to support them and address these concerns". (Operational Stakeholder 5, Youth Justice, Phase 2)

Yet there was also evidence of tensions around the use of this defence, with concerns amongst some law enforcement stakeholders that the power could be abused.

A lot of our internally trafficked children are going out and robbing people and they're not enslaved, they might be considered to be enslaved because they are running drugs from A to B...They're not committing robberies because of that enslaved position, they're committing robberies because they've got kudos within their drug-running...Now they are still, that defence is being used, I think misused, under the Slavery Act to get them off of those robberies. (Operational Stakeholder 7, Law Enforcement, Phase 1)

... we've got ... a couple of police officers who will do the wink across the table and go, 'Oh, here she comes, it's Section 45 again'. ...But we've had a lad that came in from [Country X] and he was referred in, crown court dates are set because he was part of a group of others

³⁸ For 25 children it was unknown whether or not they were involved in the CJS.

³⁹ Three children involved in the CJS had an unknown nationality.

⁴⁰ Section 45 of the Modern Slavery Act 2015 provides the statutory defence for victims of human trafficking and modern slavery who have been accused of committing an offence. It states:

[&]quot;A person is not guilty of an offence if—

⁽a) the person is under the age of 18 when the person does the act which constitutes the offence,

⁽b) the person does that act as a direct consequence of the person being, or having been, a victim of slavery or a victim of relevant exploitation, and

⁽c) a reasonable person in the same situation as the person and having the person's relevant characteristics would do that act." Available at: <u>http://www.legislation.gov.uk/ukpga/2015/30/section/45/enacted</u>

that are identified high-value crimes, and a Section 45 was applied for and used, and charges were dropped. (ICTG Interview 6, Phase 2)

None of the ICTGs, in either focus groups or individual interviews, considered the perception that the s.45 statutory defence was being repeatedly abused as credible or sustainable. Nor did they advocate for each child's innocence, irrespective of the circumstances. Rather they saw their role as raising awareness of the potential use of the statutory defence, although ultimately it was up to others in the CJS to make a decision on whether it was appropriate.

I do think that we have a duty that when we've got a child open to a trafficking service, that we're making their legal representatives aware that within the Modern Slavery Act there is Section 45, we are not making the decision over whether Section 45 should be used or not, what we're saying is it's there, you may want to consider it in this particular young person's set of circumstances. (ICTG Interview 6, Phase 2)

ICTGs recognised the complexity of these cases and understood that the lines between victims and perpetrators were sometimes blurred and, as a result, it was natural that ICTGs and other professionals would have differing opinions on some of the issues raised. In this respect, ICTGs appeared to work well with a range of stakeholders involved in the child's case, who could hold differing points of view.

In some cases, [ICTGs] worked well with solicitors who initially were quite reluctant [to engage with ICTAs]. But then once we were able to get them to see how we can bring [added value] and you can work hand in hand, even if you've got very different views and thoughts about the outcome. (ICTG Interview 6, Phase 2)

In addition to raising awareness of the s.45 defence, ICTGs also supported children through the CJS process in other ways. ICTGs ensured that they themselves were present when court proceedings were underway, so that their physical attendance and willingness to network with others could offer some benefit, whether to a child directly or to those responsible for that child. Additionally, the ICTGs were seen by other professions to help reduce waiting times, and to ensure that decisions were taken without undue delay when focusing on trafficked children subject to criminal justice proceedings:

I would say in this case [a specific young person], without the support of the ICTA, I think ...we got there quicker because we were supported in doing so. And I think we were able to evidence quickly what we needed to evidence. (Operational Stakeholder 5, Youth Offending, Phase 2)

Stakeholders also gave examples of good practice related to protecting children during court proceedings, where the child's experiences were considered in advance of those proceedings. In one example, a young person was due to appear in court with the adults she was being tried with. The ICTG and Youth Offending Team Worker did not want this to happen as they did not consider it was suitable.

The solution we came up with, and again this was from conversations with the ICTA and ourselves, was we asked for the young person to be heard separately. So, all the adults were dealt with as one, but the young person was dealt with on their own, so they didn't have to come into court with their co-accused, it was very much about as child friendly as

we could possibly get it and it wasn't child friendly, but it was the best that we could do in that situation. (Operational Stakeholder 5, Youth Offending, Phase 2)

Overall, ICTGs were contacted by criminal justice professions for advice about cases, or for consultations more generally about the nature and extent of child trafficking. Many criminal justice stakeholders valued their regular contact with the ICTG service and came to think of the Service as a part of the safeguarding response to children.

3.3. Outcomes

This section explores outcomes of the ICTG service on children. It presents findings on missing children, transitions out of the Service, and the value ICTGs have added to children and professionals.

3.3.1. Missing

The issue of trafficked children going missing from protective formal networks has been a perpetual policy and practice worry, particularly when aligned to a greater fear that children may be exposed to further trafficking while being invisible to public authorities.

Overall, 104 (23%) children referred to the ICTG service went missing at least once over their period of support. Around 34% of these children never had any form of contact with an ICTG prior to going missing.

- Males were more likely to go missing than females, with 27% of males going missing at least once in the ICTG service compared to 18% of females.
- A similar proportion of children whose primary exploitation type was labour exploitation (28%) went missing as children categorised under criminal exploitation (26%), while 21% of children categorised under sexual exploitation went missing. None of the 15 children categorised under domestic servitude went missing in the Service.⁴¹
- Of the most prominent nationalities in the Service, Vietnamese children are the most likely to go missing. They are the second most common nationality in the Service and 44% of all Vietnamese children go missing at least once in the Service. Similarly, 39% of Albanian children, the fourth most common nationality, go missing at least once. The first and third most common nationalities, British and Sudanese, are far less likely to go missing (at 20% and 19%, respectively).

Children that went missing in the ICTG service can be grouped according to when, and for how long, they went missing. The most common group of children that went missing were those who were missing for short periods (14% of children referred).⁴² Children who were missing upon referral to the Service accounted for 8% of children referred to the Service and overlapped considerably with children who went missing in the long term.⁴³ In fact, 59% of the children that went missing on referral also went missing in the long term. There were some different

⁴¹ Fourteen children had an unknown primary exploitation type, while a further two were marked as 'other'.

⁴² 'Short periods' and 'temporarily missing' are defined as a period of less than six months. This excludes children who were missing on referral.

⁴³ When a child has been missing from the ICTG service for six months with no indication of returning, they are deemed 'long-term missing' and their case is closed.

characteristics between those who went missing temporarily and those missing on referral or long term.

- Males were more likely than females to go missing across all types.
- Those trafficked without a figure of parental responsibility in the UK were more likely to go
 missing on referral and long term. No child who had the support of an adult with parental
 responsibility in the UK went long-term missing within the ICTG service, but this group
 represented the majority (56%) of those who went missing temporarily.
- Vietnamese children were far more likely to be missing on referral and long term than any other nationality, with 27% of all Vietnamese children missing on referral. A third of all the Vietnamese children in the ICTG service went long-term missing. British children were far more likely to go temporarily missing than any other missing type, with 16% of British children going missing in the short term.
- A high proportion of children (14%) categorised under labour exploitation were missing on referral. The same proportion of this group went missing long term. Those categorised under criminal exploitation were more likely than other exploitation types to go temporarily missing (18% went temporarily missing). A comparable proportion (16%) of those categorised under sexual exploitation also went missing temporarily, followed by those categorised under labour exploitation (12%).

ICTGs' response to missing children

Almost 70%⁴⁴ of children that were missing on referral never had contact with an ICTG. Nevertheless, on behalf of children that were missing on referral, ICTGs' main priority was to connect networks of relevant agencies, ensuring that protocols for missing children were followed, and that any relevant information about the child was shared between agencies.

The ICTGs tended to filter relevant information, creating a stockpile of facts that could be used in the future, depending on whether, when and where a child was re-discovered.

I've gone to many [multi-agency meetings] where the child is missing [at the point of referral] ...We've looked at who's done what actions, if it's suitable to go to press or social media, what the risks are and always initially we ask for that to be reviewed within four weeks. So, it's just keeping professionals together, talking, monitoring and definitely ask them to share with other police forces because often children who go missing, if they're [non-EEA], they tend to pop up in another area. (ICTG 1 Interview, Phase 2)

This allowed the ICTGs to search for patterns within missing incidents, not just seeing missing incidents in isolation.

Two-thirds (67%)⁴⁵ of the children that went long-term missing never had contact with an ICTG. With long-term missing children, there was a strong sense from the ICTGs that the attention given to these cases lessened over time, both for ICTGs and other professionals around them. As numbers of referrals grew, the Service had to make decisions about how to manage workloads. This impacted on the management of missing cases. In individual interviews and in

⁴⁴ Nineteen out of 28; this excludes six children who have spent less than one month in the Service.

focus groups, ICTGs confirmed the practice of the Service closing cases of missing children after about six months. This was a matter of necessity and regret for some.

I know for the ICTAs when they have really high caseloads, there's that cohort of children who are long-term missing, so obviously we're making sure they've being spoken about in multi-agency meetings ... but there's very little we can do outside of those multi-agency meetings...It is absolutely so disheartening for the ICTAs because there's no update and you're just kind of repeating what's been known previously. (ICTG 6 Interview, Phase 2)

ICTGs appear to have made an impact in stopping missing children from becoming invisible to public authorities, at least in the immediate aftermath of the disappearance, particularly when other services are under pressure to deal with other priorities and a child that is off their radar does not get the attention that is required. As one respondent noted, particularly in relation to foreign national children:

I think this is a danger and ... an acceptance amongst professionals, ...that once a ... non-UK trafficked child goes missing it feels like there is professional acceptance that they've gone missing and they're never going to be found again. (Operational Stakeholder 7, Criminal Justice, Phase 1)

In these types of instances, ICTGs felt it was an important part of their role to continually remind authorities of the missing child and their needs.

For instance, ICTGs often needed to inform NRM decision-makers of children going missing, or alerting them to children being found, meaning cases could be paused and restarted, based on fresh information about a child's circumstances.

So, the good practice of notifying when persons are missing or when they've come back to attention after being missing, that occurs sometimes that we get an email from the ICTA first of all to say that the person has come back to the attention of the local authority, so that means that we can, if we've suspended the case then we can reopen the case. (Operation Stakeholder 10, NRM, Phase 2)

Safety plans

A distinctive feature of the ICTG service is the provision of a tailored safety plan for each trafficked child. The safety plan provides guidance to professionals and caregivers who are supporting and looking after a trafficked child. It uses a safeguarding framework that specifies what should be done to reduce the risk of a trafficked child going missing and/or being re-trafficked. It is also designed to enable children's participation in their own ways of controlling and managing potential risks. The plan is there to help caregivers focus on relationship building as a key feature of safeguarding the child.

It's a huge element of safeguarding in our role. The knowledge base. When we have a young person it's almost twofold: you've got your young person, you've got your safety plan and you're safeguarding them; at the same time, you're often having to upskill their own social worker. (FG 1 ICTG, Phase 1)

The ICTG service regularly reviews and adapts the safety plan as risks change over time. This is particularly important when we consider anecdotal evidence from Barnardo's that suggested 34

traffickers are becoming increasingly aware of the provisions of the Service and are adapting their approach to influence children once their safety plans have been stepped down.

For ICTGs, it appeared to be routine to use safety plans to have structured and systematic dialogue with other professions in reference to risk of going missing:

I've just come from a meeting this morning where one of my young people is coming out of a secure training centre, a female who's been criminally and sexually exploited, and she's going into a placement in the community, so the safety plan has got lots of triggers in there around missing, what can be a trigger for her, what happens in those situations. (ICTG 1, interview, Phase 2)

These trigger points, and the basic shared understanding framed within a bespoke safety plan for the child, were used to manage risk of further missing episodes, and to initiate conversations with the child and those around the child about how risk reduction was necessary.

For the ICTG service and many operational and strategic stakeholders, there was an understanding that dealing with the complexities of missing children was never the responsibility of a single agency but formed part of a harmonised multi-agency approach. Each agency had its particular contribution to make and responsibilities to carry. The ICTGs made sure that they made and contributed to the flow of relevant information between agencies. They made sure that all services are connected, focussed on individual children who are missing, and coordinated information in purposeful ways. This type of linking and bridging activity was shown in one example of the ICTG service coordinating between two of the early adopter sites. A child had frequently gone missing within the geographical boundaries of one site. She then reappeared in another site. She was quickly allocated a new ICTG with whom she bonded over time. There was no further instance of the child going missing. This type of coordinated approach is a benefit of the ICTG service being delivered by a single supplier.

Moreover, ICTGs showed a capacity to work with children to prevent incidents of missing where possible. They constructed and coordinated safety plans, and invested time in doing so. They thought actively about children's autonomy and risk in relation to going missing. When other priorities allowed, they kept a missing child visible through attending relevant agency meetings. They identified patterns in missing behaviour and tried to connect the dots between missing incidents for individual children. There is also evidence that as pressure on the ICTG service grew, the decision to close cases of missing children whether they had been missing for about six months was made in order to allocate time to other tasks. This decision may need to be reviewed, as resources and risks for children are better understood over time.

Children going missing during their time in the ICTG service

Figure 8 shows the relationship between the length of time children spent in the Service and the proportion that go missing from the Service. In the first few months, there is a steady fall in the proportion of children going missing, which then increases from month 6 onwards. This pattern is similar for both children with, and without, the support of a figure with parental responsibility in the UK.

It is not possible to identify a definitive reason for this trend; however, there are a few potential reasons. As shown earlier in the report, ICTGs had more face-to-face contact with children at the beginning of their time in the Service, and this level of contact gradually declined over time.

It may be that, when contact between ICTGs and children is high in the first few months, ICTGs have some level of influence over the falling rate of missing children. However, as the frequency of contact falls, missing rates begin to rise. Anecdotal evidence from Barnardo's (the service provider) suggests another potential explanation. They suggest traffickers are becoming more aware of the provision of the Service, resulting in traffickers deliberately stopping contact with a child and then re-engaging once the child's safety plan has been reduced. It is also a possibility that the trend highlighted is not related to ICTGs as they are one of multiple professionals that engage with trafficked children. Children using the ICTG service are supported through a multiagency approach, working with other professionals. As such, the input (or declining input) of other professionals could also have been an influencing factor.

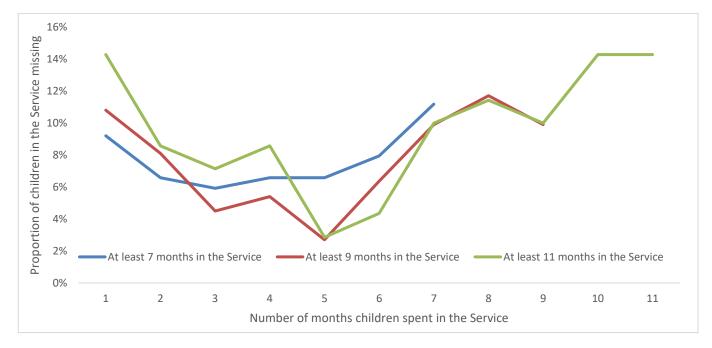


Figure 8: Proportion of children in the Service missing, by no. of months spent in support, February 2017 to January 2019^{46,47}

3.3.2. Other outcomes

There were a number of other outcomes collected in the quantitative data including contact with trafficker and school/training.

Contact with trafficker

The relationship an ICTG built with a child could potentially prevent further contact with their trafficker. However, it is difficult to determine the potential impact of ICTGs on the trafficked child's contact with their trafficker from the quantitative data. For nearly half (48%)⁴⁸ of children, contact with a trafficker was recorded as 'unknown' on point of referral, while only 17% had

⁴⁶ The chart shows the proportion of children who've gone missing at least once in the month, excluding those who were missing on referral. This is for cohorts of children that have been in the Service for a minimum number of months. A child can appear in multiple lines in the chart; e.g. if a child has been in the Service for 9 months they'll be included in all lines up to and including 'at least 9 months in the Service'. This is to ensure the number of children in each line remains constant, so each month can be compared to the previous month. Children who have gone missing long term have been excluded.

⁴⁷ For 'at least 7 months in the Service', n=152, for 'at least 9 months in the Service' n=111, and for 'at least 11 months' n=70. Due to a data issue, one child who was in all three lines did not have their month 6 recorded, resulting in n=151, n=110 and n=69 in the three lines, respectively. This may slightly skew results for month 6. 48

Who have been in the ICTG service for at least nine months.

known or suspected contact with traffickers.⁴⁹ On the children's last entry,⁵⁰ there was a lower proportion of unknowns (18%) and a higher proportion of children with suspected or confirmed (29%) contact with traffickers. This is not to say that the situation got worse, but potentially illustrates that the ICTG did not know whether a child had any contact with traffickers on referral to the Service but upon finding out more about the child's circumstances, having built a trusted relationship, subsequently found out that they did.

The level of contact with a trafficker for children with a figure of parental responsibility in the UK was largely similar to those without such a figure. One notable difference was that, for children with a figure of parental responsibility in the UK, a quarter still had unknown contact with their trafficker on last entry, compared to only 12% for children without such a figure. This could be due to children with a figure of parental responsibility in the UK having lower levels of engagement with the Service and, as a result, ICTGs had little or no understanding of the role of trafficker in the child's life.

School/training

One of the reasons that ICTGs met with children and third parties was to discuss education. Only 21%⁵¹ of children in the ICTG service were in any regular form of education or training on referral to the ICTG service, while by last entry, most children (57%) were in regular education or training (Figure 9)⁵². This shows that as children go through the Service, their likelihood of becoming involved in regular education or training increases.

It cannot be determined, however, how much ICTGs influenced this positive trend. Only 5% of meetings that ICTGs had either with children or other professionals were to discuss education. By comparison, social workers had meetings about education over twice as often (13%). This suggests that social workers focus on education more than ICTGs and are potentially more likely to affect a child's education status.

⁴⁹ For four children, their level of contact with trafficker was left blank at referral.

⁵⁰ 'Last entry' is simply the last monthly entry for each child during their time in the ICTG service. As such, it includes both open and closed cases.

⁵¹ Of children who have been in the Service for at least nine months.

⁵² For 14 children, their education status was either unknown or not recorded.

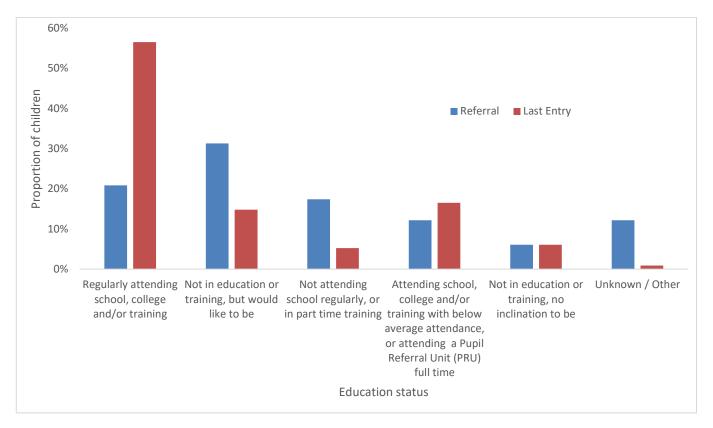


Figure 9: Education status of children at referral and last entry (all children), February 2017 to January 2019

3.3.3. Children exiting the Service

The interim guidance for the three early adopter sites specifies that ICTGs are expected to work with children for up to 18 months after referral, or up to the time a child reaches 18 years of age (whichever is sooner). The most common reason for children exiting the Service was a child turning 18 (21% of closed cases) (**Figure 10.**). As mentioned earlier in the report, the ICTG service is only for children under 18, which is also reflected in the small number of people who exited the Service when it was identified that they were 19 years old.

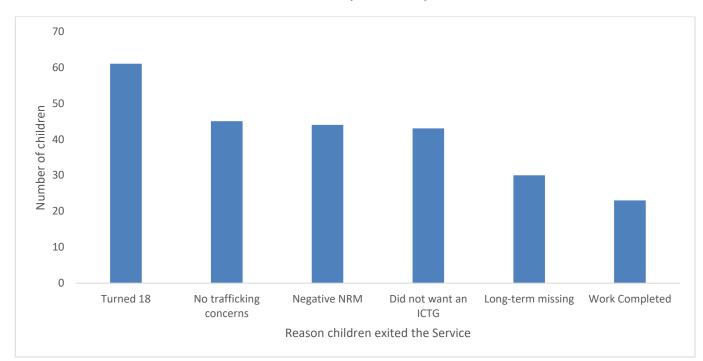


Figure 10: Main reasons children exited the Service, February 2017 to January 2019

Considering that the majority of children in the Service are 16 or 17 years old, the 18-year cutoff provided a narrow time frame for ICTGs to work with the children before having to close their case. While ICTGs can work with a child for up to 18 months, the average length of time a child spent in the ICTG service was only six months,⁵³ a possible reflection of the narrow time frame the 18-year cut-off allows. Some ICTGs and stakeholders remained frustrated because the pace of asylum and trafficking decisions did not fit the shorter timescales an ICTG is allowed to work with a child, as specified in the interim guidance.

There's a couple of cases where there's been some challenge where the child's turned 18. I know it's been a request for the ICTG to continue working with that young person and we've been told obviously that they can't do so. I think that's really difficult, because many young people are still very vulnerable at 18, and they're transitioning to a point where they might not have any other support. And when the ICTG is the only person they may have engaged with, that's kind of the support you want to continue. (Strategic Stakeholder 1, Social Care, Phase 1)

Apart from an occasional example of post-18 transitions going to plan (normally through an ICTG being very robust in making sure that good planning led to organised transitions for a child), the majority of stakeholders worried about how the children would fare in adult services. In the focus groups, the ICTGs and their managers provided some examples of seeking to work effectively within transitions, albeit in some instance sounding as if they had to carefully put together a package of further care in somewhat threadbare circumstances:

I have used on a couple of occasions local children's rights services, because children's rights services can support young people to have their voices heard up to 21 or 25. I've referred young people as well to housing, to Barnardo's services... I referred one young person to a housing advocacy service because he turned 18...I find it's a case of looking at what's needed and looking round to try and find something, speaking to other partners in the area, NGOs [non-governmental organisations], small charities, to identify things for young people. (ICTG 5 Interview, Phase 2)

The ICTG service was particularly concerned with the absence of dedicated trafficking provisions for young people moving into adult services and how the young people's needs would be met in the longer term.

You've got the NRM and the NRM for an adult means they get support, accommodation, 45-day reflective period, they're set up for adults, but we can't transition our children when they turn 18, into an adult service that isn't quite setup for that, it's like they're completely separate, they're a stream within themselves and they end up getting lost. (Focus Group, ICTG Managers, Phase 1)

I think the adult trafficking services are very different and there isn't a natural fit – they don't dovetail. (Focus Group, ICTG Managers, Phase 1)

A high proportion of children exited the Service either through a negative NRM decision (15% of closed cases) or when ICTGs themselves were confident that there were no further trafficking concerns with the child (16%).⁵⁴ There is also a high number of cases which were closed due to

⁵³ This data is for closed cases only.

⁵⁴ If a child receives a negative reasonable grounds or conclusive grounds decision within the NRM, they are taken out of the 39

the child being long-term missing, as discussed previously. Children with a figure of parental responsibility for them in the UK were much more likely to exit the Service because they did not want an ICTG. Of the 43 children that did not want an ICTG, 86% of them already had a figure of parental responsibility in the UK, compared to 14% who were without such a figure.

Eight per cent of cases were closed due to all work being completed (Figure 10). Generally, the ICTG service closed cases when the child's needs had been fully met, or if they had not, when referrals to other services had been safely made so that remaining needs could be met in longer-term engagements. The ICTG service said that the category 'all work completed' normally meant that a child was settled – for example in a reliable placement, within safe formal networks of protection, the NRM referral had been submitted (even if the outcome was not known), the asylum determination process was underway, and the child had an increased awareness of risks and ways of increasing safety. In other words, when it was deemed by professionals around the child and the child themselves, that they could move safely into mainstream services.

In individual interviews, ICTGs acknowledged that each child's experience had its own distinctive profile and trajectory, and so the reasons for 'all work completed' were varied. Over time ICTGs observed that when needs lessened, or risk diminished, or when a child demonstrated an awareness of staying safe, then it was time to close a case.

...we are always aware of some of the issues that the child might need assistance with; your basic ones such as immigration and social services, they're always there and there are always lots and lots and lots of needs. As you work your way through it, your needs do become less. but I would say there are two cases I've had where, genuinely, that child is doing amazing, all their needs have been met in terms of trafficking and risks. But, you know what? ... you have got to draw a line [when] all actions have been completed. (ICTG 1, interview, Phase 2)

However, ICTGs were also clear that 'all work completed' did not necessarily mean that asylum and immigration processes had ceased, or that NRM conclusive grounds decisions had been made.

The problem is that the decisions are taking so long. What could in fact happen is we could end up with lots and lots of cases where we've got open cases on our system where we're simply waiting for asylum and NRM decisions. (ICTG 5, interview, Phase 2)

The tendency appeared to be to close cases in such instances. In long periods of waiting, ICTGs noted that the frequency and type of contact with a child diminished.

It would stay open but then the type of contact may be reviewed...There may be times where it picks up because of a particular [issue], whether that's immigration or the criminal justice or something is happening, but generally it quite consistently then peters out to a level that the child and everybody else is quite happy with. (ICTG 6, interview, Phase 2)

ICTG service. Additionally, ICTGs may make their own assessment on a child's involvement in exploitation and close a case. This can be done either if a referred child shows no indicators of exploitation on referral, or when an ICTG feels there are no longer any trafficking concerns with a child at some point during their time in the Service.

Some of the observations by ICTGs about the 'all work completed' rule showed a young person's sadness, but also a capacity by the ICTG to set boundaries of contact, and not let cases drift if there was no clear purpose to continuing to work together.

Sometimes young people say I just want you to keep visiting because I like being visited, which is fine. But that would be my idea of settled. And that their social worker is proactive, and all their needs are being met, and they are at a stage where there is no identified specific piece of direct support needed. (ICTG 5, interview, Phase 2)

When work was complete, ICTGs closed cases. Once their job was done, the ICTGs focus shifted towards the young person's independence. One ICTG observed that:

...we are very much about what is the role that we're bringing, how can that add value to what everybody is contributing, how can we be reviewing our work with multi-agencies and the child and acknowledging when they feel that the support has been achieved and they no longer require, and that we're not creating that sense of dependency. (ICTG 6, interview, Phase 2)

4. Conclusions

The main aim of the evaluation was to establish the 'added value' of the ICTG service. The interim report identified three main areas of added value: (i) building trust with trafficked children, (ii) providing important advocacy work, and (iii) providing specialist knowledge to professionals involved.

For the Service to be effective in adding value, it was important for the ICTG to recognise the distinct features of the site they worked in, understanding local and regional characteristics, and recognising the contrasting pattern of referrals and range of exploitation types. In Wales, the majority of those referred were British children who had been sexually exploited, while Hampshire and the Isle of Wight provided a similar context to Greater Manchester, with mixed demographics of trafficked children and a high number of CCE cases.

The quantitative data collected for the evaluation shows that a key focus of ICTGs' face-to-face contact with children referred to the Service was 'relationship building'. The quantitative data showed that social workers contacted a greater number of children than ICTGs, although the proportion of children that had face-to-face contact with ICTG was the same as with social workers. Often, a lack of contact between the ICTG and the child was a result of the child not engaging with the Service, or where the ICTG working only with other professionals was deemed the best way of supporting the child. The qualitative findings suggested children and other operational stakeholders recognised the different nature of the ICTGs' contact with the child compared to social workers. ICTGs focused on the child's need and perspectives; in contrast to the wider range of statutory responsibilities for social workers. ICTGs were also perceived by stakeholders as providing a more consistent presence for children, in contrast to higher levels of turnover amongst social workers.

The consistent presence of the ICTG allowed a trusted relationship to be built up with the children that led to greater disclosure of information, with children recognising that ICTGs ensured their voice was heard, and their best interests were represented, when feeding in to the various processes (immigration, CJS and NRM) that the children were involved in. This was evident with NRM decisions, where ICTGs provided timely and relevant information which, together with the quantitative data on NRM decisions, indicates that ICTGs may help to improve the NRM decision-making process through better quality information. The NRM data shows an increase in the proportion of positive reasonable grounds decisions given to children in ICTG sites, while there was a decrease in other areas.

Children valued the ICTGs' role in keeping them informed of progress of their case through various systems, which provided reassurance. While ICTGs expressed frustration at the long timescales of immigration and NRM decision-making, the qualitative findings suggest that they had success in reducing waiting times within CJS processes. For example, other professions highlighted how ICTGs ensured decisions were taken without undue delay, when focusing on trafficked children subject to criminal justice proceedings.

The long timescales of these processes contrasted with the shorter timescales that ICTGs were able to work with children. ICTGs are able to work with children until they turn 18, and reaching this age was the most common reason for children exiting the Service. Most (54%) of the children referred to the Service were aged 16 or 17, and so ICTGs had limited opportunity to work with children – the average length of time spent in the Service for those who left was only six months. ICTGs and other stakeholders expressed frustration about this, especially as they did not perceive the support services for trafficked adults as appropriate for young people aged 18.

There were some mixed outcomes for children who entered the Service. Around a quarter (23%) of children in the ICTG service went missing at some point, with Vietnamese children most likely to go missing. Most Vietnamese children who went missing were already missing on referral so there were limitations to what ICTGs could do to prevent this happening. For those that remained in the Service for six months or more, the frequency of missing episodes initially declined over the first six months before rising again. This may be related to the pattern of face-to-face contact between ICTGs and children, which gradually declines in frequency over time in the Service, and raises the question of whether continued high levels of contact may better protect trafficked children from going missing. However, anecdotal evidence from Barnardo's suggests traffickers are becoming more aware of the provision of the Service, resulting in traffickers deliberately stopping contact with a child and then re-engaging once the child's safety plan has been reduced.

The model of the ICTG service has now changed from the one evaluated in this report. One-toone support is continuing for those that have no figure of parental responsibility in the UK, while a regional co-ordinator ICTG role will be created to provide advice and support to professionals working with children who do have a figure with parental responsibility in the UK. In the early adopter sites, those with no figure of parental responsibility in the UK were mainly Vietnamese or Sudanese nationals who were most commonly victims of labour exploitation, while those with a figure of parental responsibility in the UK were predominantly British nationals subject to criminal exploitation. Differences in the engagement with ICTGs between these two groups were already evident in early adopter sites. Those without a figure of parental responsibility in the UK were more likely to have face-to-face contact with ICTGs, while those with a figure of parental responsibility in the UK were less likely to want to engage with an ICTG on a one-to-one basis.

The regional role is intended to be important in meeting the needs of the group of children who have a figure of parental responsibility in the UK by raising awareness of relevant issues with professionals, such as use of the statutory defence for trafficked children in the CJS, which was clearly already an important part of the ICTG role in early adopter sites.

4.1. Recommendations

1. The evaluation supports the findings from the interim report and the decision to revise the ICTG model. The findings show that children with a figure of parental responsibility in the UK were less likely to engage with the Service, compared to those children without a figure of parental responsibility in the UK. This is potentially due to the amount of support they already receive from other public services, and from figures of parental responsibility. The findings also show that ICTGs were valued by other professionals and helped to improve the support that such professionals were able to provide to child victims of

trafficking. We recommend that further research is conducted in order to understand how the regional practice co-ordinator role is operating in the existing sites.

- 2. The evaluation highlights stakeholder concerns with transitioning young people into adult services without dedicated trafficking support. This should be considered further prior to national rollout.
- 3. This report recommends that the practice of closing cases of missing children after six months should be reconsidered prior to the national rollout, particularly as resource and risks to children are better understood over time.
- 4. The quantitative evidence suggests that missing incidents increase after a child has spent six months in the Service. Prior to national rollout there should be further consideration given to how ICTGs might be able to reduce the risk of children that spend six months or longer in the Service going missing.

5. References

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Annexes

Interview Guides – Phase 1

Annex A: ICTG Interview Guide: Practitioner stakeholders

TOPICS	Questions and prompts
	The interview is primarily about your views of the ICTA service. Please remember, there are no
	wrong or right answers. You are free to give your honest views in confidence. In order to set
	that discussion in context, we will begin with two quick questions about your role and work in
	responding to the needs of children who are trafficked.
Role brief	1. Please describe your role in working with trafficked children
response	
In your work co	
Time brief	 2. How much (%) time do you think you spend in: Direct contact with trafficked children
response	 Direct contact with trafficked children Working with other professionals in relation to trafficked children
	Prompt: social care, criminal justice, immigration, something else (seek specifics)
Independent C	hild Trafficking Advocacy
Knowing the	3. How much and what type of contact have you had in your role with the ICTA
ICTA service	service?
	Prompt: Daily, weekly, monthly, sporadic/regular contact. Direct/indirect, referral,
	advice/guidance, ICTA supporting a child, ICTA advocating on behalf of a child, professional's
	meetings, legal meetings
	4. What do you see as the key differences, if any, between what a social worker does and what an ICTA does?
	Prompt:
	Professionals: taking pressure off other service providers – does this happen? – impact on
	decision-making for trafficked children, reducing/increasing delay in decision-making
	processes, 'expertise' of advocates – does this exist? – is this helpful/unhelpful, sharing
	knowledge and information – does this happen? – pulling professionals together, instructing
	solicitors on behalf of children, linking with IROs/IAs/IVs (if known), use of Barnardo's 24 hour
	helpline, added value
	Children: keeping children safely visible, speaking up on behalf of children, supporting children
	to understand systems and processes, enabling children to have a voice, reducing incidents of
	trafficked children going missing, another adult in the life of a child – is this helpful? – added
	value
Referrals	5. What are your observations of referrals to the ICTA service in terms of speed, accuracy, and efficiency of response to your referral?
	Prompt: completing/sending in online form, delays in speed of referral, speed of response,
	keeping informed, partial/complete information, allocation to an ICTA first seeing a child

Work of the ICTA service	6. Please describe any aspects of the ICTA service that you think of as 'good practice' with trafficked children, or of working with you as a service provider.
	Prompt: building levels of awareness and trust, issues of credibility, assessment, safeguarding measures, systemic approach, reducing incidence of trafficked children going missing, quality of decision-making, reducing delay responsiveness, 24/7 support, knowledge/expertise, enabling children to have a voice, children understanding and acting on their rights, best interests, added value
	7. In terms of your own work with ICTAs, what are your opinions on their prevention of children going missing, and what they do if a child has already done so?
	8. During the course of contact with the ICTA service, when do you think the child experiences peak benefits of having an ICTA?
	Prompt: beginning, transitions, during prominent times in immigration process (welfare and substantive interviews), court appearances, crisis situations, pre and post missing episodes, throughout relationship with child, added value
Organisational challenges	9. Briefly describe the types of challenges you face in this work with the ICTA service
chanenges	10. In what ways do you think the Service could be improved?
	Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity, territorialism, pre-existing like-minded services in same area, number of professionals working with a child
Outcomes	11. What do you see as the ICTA service's overall effect on outcomes <u>in social</u> <u>care/immigration/criminal justice</u> for children who are trafficked?
	12. How does the ICTA service manage transitions for children out of the Service and into other mainstream services? What makes you say that?
	Prompt: indicators of what 'success' looks like for trafficked children, how does the advocacy scheme help children achieve 'successful' outcomes, living safely in a stable placement/home environment, safe/healthy networks, achieving potential (education, leisure, activities, talents and skills), understanding systems and processes, playing an active part in decision-making, having a voice, understanding and acting on their rights, skills to live safely and effectively in independence, can be independent and remain safe after transitioning from ICTA service
Anything else	
	13. Is there anything else you wish to say or add that would help us to understand your experiences of the ICTA service?
	Prompt: summarise with re-visiting added value and how service can be improved
	Thank you for your time.

Annex A2: ICTG Interview Guide: Strategic stakeholders

TOPICS	Questions and prompts	
The interview is primarily about your views of the ICTA service. Please remember, t		
	wrong or right answers. You are free to give your honest views in confidence. In order to set	
	that discussion in context, we will begin by asking you to summarise your work role and	
	responsibilities, and your contact with the ICTA service.	
Your role	1. Please could you describe your professional role and responsibilities	
	2. Here much and what time of contest have very had in your role with the ICTA	
	How much and what type of contact have you had in your role with the ICTA service?	
	Service?	
	Prompt: social care, criminal justice, immigration, something else (seek specifics)	
	Prompt: daily, weekly, monthly, sporadic/regular contact, with ICTA managers/ICTAs,	
	direct/indirect, referral, advice/guidance, ICTA supporting a child, ICTA advocating on behalf of	
	a child, professional's meetings, legal meetings, ICTA board meetings	
Independent Ch	ild Trafficking Advocacy	
-		
Work of the ICTA service	3. How are you finding the structure and requirements of the current service? How easy or difficult is it to meet these requirements?	
	Prompt: memorandum of understanding (MoU) / info sharing protocol, responsiveness,	
	identification and referral into the Service, referral route/pathway, 24/7 helpline, immediate	
	allocation of an ICTA, meeting young person within 24 hours post referral, referring into the	
	NRM, requirements as set out in the interim guidance	
	Tartin, requirements as set out in the interim guidance	
	4. What do you see as the key differences, if any, between what a social worker does and what an ICTA does in your field?	
	Professionals: taking pressure off other service providers – does this happen? – impact on	
	decision-making for trafficked children, reducing/increasing delay in decision-making	
	processes, 'expertise' of advocates – does this exist? – is this helpful/unhelpful, sharing	
	knowledge and information – does this happen? – pulling professionals together, instructing	
	solicitors on behalf of children, linking with IROs/IAs/IVs (if known), use of Barnardo's 24 hour	
	helpline, added value	
	<u>Children:</u> keeping children safely visible, speaking up on behalf of children, supporting children	
	to understand systems and processes, enabling children to have a voice, reducing incidents of	
	trafficked children going missing, another adult in the life of a child – is this helpful? – added	
	value	
	5. Please describe any aspects of the ICTA service that you think of as 'good	
	practice' with trafficked children, or of working with you as a service provider.	
	Prompt: building levels of awareness and trust, issues of credibility, assessment, safeguarding	
	measures, systemic approach, reducing incidence of trafficked children going missing, quality	
	of decision-making, reducing delay responsiveness, 24/7 support, knowledge/expertise,	
	enabling children to have a voice, children understanding and acting on their rights, best	
	interests, added value	
	6. In terms of your own work with ICTAs, what are your opinions on their prevention	
	of children going missing, and what they do if a child has already done so?	

	7. During the course of contact with the ICTA service, when do you think the child experiences peak benefits of having an ICTA?
	Prompt: beginning, transitions, during prominent times in immigration process (welfare and substantive interviews), court appearances, crisis situations, pre and post missing episodes, throughout relationship with child, added value
Organisational challenges	8. Briefly describe the types of challenges you face in your work with the ICTA service
	9. In what ways do you think the Service could be improved?
	Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity, territorialism, pre-existing like-minded services in same area, number of professionals working with a child
Outcomes	 10. What do you see as the ICTA service's overall effect on outcomes in social care/immigration/criminal justice for children who are trafficked? 11. How does the ICTA service manage transitions for children out of the Service and into other mainstream services? What makes you say that?
	Prompt: indicators of what 'success' looks like for trafficked children, how does the advocacy scheme help children achieve 'successful' outcomes, living safely in a stable placement/home environment, safe/healthy networks, achieving potential (education, leisure, activities, talents and skills), understanding systems and processes, playing an active part in decision-making, having a voice, understanding and acting on rights, skills to live safely and effectively in independence, can be independent and remain safe after transitioning from ICTA service
Anything else	
	12. Is there anything else you wish to say or add that would help us to understand your experiences of the ICTA service?
	Prompt: summarise with re-visiting added value and how service can be improved
	Thank you for your time.

Annex B1: Interview Guide: Individual interviews with ICTAs

TOPICS	Questions and prompts	
TOPICS		
0 E minutes	This individual interview with you will focus on your understanding related to some of the	
2.5 minutes	emergent quantitative findings in Phase 1 of the project. We will ask you to think about specific	
	issues, and to give your views about those issues. We want you to be honest and precise.	
	Please remember, there are no wrong or right answers. You are free to give your views in	
	confidence. You should have already signed the consent form before starting this interview. We	
	appreciate you giving us your time.	
Role		
Kole	Firstly, just some quick information about you and your work:	
5 minutes	1. Please state how long you have been working as an ICTA within the ICTA service	
	2. Which of the three sites are you allocated to?	
	3. How many hours, including travel, do you spend doing work in an average week?	
In your work co	ntext, how do you respond to the following issues?	
Missing	The quantitative data shows that UK children tend to go missing episodically, while non-EEA	
15 minutes	children tend to go long-term missing more:	
	4. Why do you think that happens in these different ways?	
	Prompts: social media/Facebook, peers/friends of similar age, other relationships/gangs/	
	organised crime groups/work opportunities	
	5. What is your role, and what do you do in cases where children are missing?	
	At the point of referral	
	> Episodically	
	Long term	
	Can you give an example of each of these scenarios from your practice?	
	What do you do/have you done to prevent children going missing? Please give an example of a case.	
Outcomes for	In the quantitative data returned to the Home Office is a category called 'all work completed'	
children		
10 minutes?	7. Can you say something about what 'all work' and 'completed' means for you when	
	you have done those returns?	
	8. In your experience, how well are children transitioning to other services?	
	8. In your experience, how well are children transitioning to other services?	
	9. What challenges arise in transitions work? How do you meet those challenges?	
	Prompts: differences between non-EEA/UK children in terms of moving on	
Working in	We are interested in the practical work you do within criminal justice and immigration systems.	
criminal	We want to hear of things going well as well as any constraints that you come across:	
justice, NRM		
and	10. Could you give examples of your work in cases where you have dealt with CJ	
immigration	issues. What did you do?	
	11. Were there any appear when the statistical defense was used to What was a second to 'm	
	11. Were there any cases when the statutory defence was used? What was your role in	
	this case/how did you impact on this case?	

20 minutes?	
	Prompt: see definition of 'statutory defence' and 'non-prosecution' if required
	12. Could you give similar examples of your work in cases when responding to immigration and asylum issues. How did you manage this?
	13. (And NRM examples)
	14. How do you help children to manage their CJ/NRM/immigration issues if processes are lengthy and go beyond their 18 th birthdays?
	Prompts : timely interventions, maintaining momentum, meetings, network connections, look for examples that show complexity of work
'Due regard'	Under s.51(e) of the Modern Slavery Act 2015, we are interested in the ways your role and
5 minutes?	tasks are taken seriously by public authorities in relation to a child's life and circumstances.
	15. What do you understand by the term 'due regard'?
	16. How does 'due regard' show itself in your interactions with public authorities?
Anything else	17. Is there anything else you wish to say or add that would help us to understand your experiences of the ICTA service?
2.5 minutes?	Thank you for your time.

Annex B2: Interview Guide: children and young people

Торіс	Questions
Independent Child Trafficking Advocates	In this meeting, I will ask you about your experience of your advocate. I will not ask you about anything else. Remember, there are no right and wrong answers. You do not have to tell us anything you do not want to.
	1. What an advocate is and what they do:
	Quick joint activity with the child will be undertaken with paper and coloured pens to map what it is from the child's perspective what an advocate is and does.
	2. What do you think is the most important part of an advocate's job? What makes you say that?
	 How often do you see your advocate? (or saw each other if the child has been discharged from the Service)
	4. What have been the best things that your advocate has done for you?
	5. When were the most important times when you needed an advocate?
	6. What could the advocate do more of to be better at their job? What are the things that they need to get right?
	7. Is there is anything else you would like to say about what it is like to have an advocate?
	Debrief

Annex B3: ICTG Interview Guide: Practitioner stakeholders

TOPICS	Questions and prompts	
	The interview is primarily about your views of the ICTA service. Please remember, there are	
	no wrong or right answers. You are free to give your honest views in confidence. In order to	
	set that discussion in context, we will begin with two questions about your role and work in	
	responding to the needs of children who are trafficked.	
Role	1. Please describe your role in working with children who have been trafficked	
5 mins		
In your work co		
Time	2. How much (%) time do you spend and what do you do in relation to:	
	Direct work with trafficked children	
5 mins	 Working with other professionals in respect of trafficked children 	
	Prompt: criminal justice, immigration, NRM, something else (please specify)	
Independent Ch	ild Trafficking Advocacy	
Knowing the	3. How much and what type of contact have you had with the ICTA service?	
ICTA service		
	Prompt: daily, weekly, monthly, sporadic/regular contact, direct/indirect, referral,	
15 mins	advice/guidance, ICTA supporting a child, ICTA advocating on behalf of a child, legal	
	meetings	
	A In what wave do you think ICTAe compart different processes on a criminal	
	 In what ways do you think ICTAs support different processes e.g. criminal justice, immigration, NRM? 	
	Prompt:	
	Professionals: ensuring professionals invite ICTAs to meetings and take account of their	
	views ('due regard'), taking pressure off other service providers, quality of decision-making	
	for trafficked children, reducing delay in decision-making processes, 'expertise' of advocates	
	- providing advice/guidance, sharing knowledge and information, pulling professionals	
	together, instructing solicitors on behalf of children, linking with IROs/IAs/IVs (if known)	
	Children: keeping children safely visible, speaking up on behalf of children, supporting	
	children through criminal justice proceedings / promoting non-prosecution of trafficked	
	children who have been forced into criminality (s.45 statutory defence), supporting children	
	to understand a range of systems and processes, enabling children to have a voice	
Work of the	Please describe any aspects of the ICTA service that you think of as 'good practice' with trafficked children and/or in their work with you	
ICTA service	practice with tranicked children and/or in their work with you	
10 mins	Prompt: building levels of awareness and trust, issues of credibility, assessment,	
10 111115	safeguarding measures, systemic approach, reducing incidence of trafficked children going	
	missing, quality of decision-making, reducing delay responsiveness, 24/7 support,	
	knowledge/expertise, enabling children to have a voice, children understanding and acting on	
	their rights, best interests	
Outcomes	Tailor question below to each participant's background.	
10 mins	6. How do ICTAs impact on criminal justice outcomes for children? Explore	
10 111113		
	7. How do ICTAs impact on immigration outcomes for children? Explore	
	8. How do ICTAs impact on NRM outcomes for children? Explore	

	Prompt: indicators of what 'success' looks like for trafficked children, how does the Service
	help children achieve 'successful' outcomes. Living safely in a stable placement/home
	environment, safe/healthy networks, achieving potential (education, leisure, activities, talents
	and skills), understanding systems and processes, playing an active part in decision-making
	('due regard' and 's.45 statutory defence' – if these terms used, explore participants
	understanding), having a voice, understanding and acting on their rights
	Due regard – set out in s.48 of the Modern Slavery Act 2015; relates to professionals
	recognising the role of the ICTA and ensuring that ICTAs working alongside children are part
	of decision-making processes and have access to relevant information about children (as
	appropriate) to enable them to carry out their role
	Statutory Defence – set out in s.45 of the Modern Slavery Act 2015; relates to the non-
	prosecution of adults and children who have been compelled to commit an offence as a
	direct consequence of them being enslaved or exploited through human trafficking
Organisational	9. Briefly describe any challenges you have faced in your work with the ICTA
-	
challenges	9. Briefly describe any challenges you have faced in your work with the ICTA service
-	
challenges	service 10. In what ways do you think the Service could be improved?
challenges	service 10. In what ways do you think the Service could be improved? Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity,
challenges	service 10. In what ways do you think the Service could be improved?
challenges	service 10. In what ways do you think the Service could be improved? Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity,
challenges	service 10. In what ways do you think the Service could be improved? Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity, territorialism, pre-existing like-minded services in same area, number of professionals
challenges 5 mins	service 10. In what ways do you think the Service could be improved? Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity, territorialism, pre-existing like-minded services in same area, number of professionals working with a child 11. How far do you feel the ICTA service 'adds value' to children and/or
challenges 5 mins Added value	service 10. In what ways do you think the Service could be improved? Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity, territorialism, pre-existing like-minded services in same area, number of professionals working with a child 11. How far do you feel the ICTA service 'adds value' to children and/or
challenges 5 mins Added value	service 10. In what ways do you think the Service could be improved? Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity, territorialism, pre-existing like-minded services in same area, number of professionals working with a child 11. How far do you feel the ICTA service 'adds value' to children and/or professionals? Explore
challenges 5 mins Added value 5 mins	service 10. In what ways do you think the Service could be improved? Prompt: referral pathways, delay in allocation/seeing a child, distances to travel, capacity, lack of clarity of ICTA role/responsibilities, miscommunications, competition, complexity, territorialism, pre-existing like-minded services in same area, number of professionals working with a child 11. How far do you feel the ICTA service 'adds value' to children and/or professionals? Explore 12. Is there anything else you wish to say or add that would help us to understand

Focus Group Topic Guides – Phase 1

Annex C1: Focus Group – ICTG managers

Topics	Questions
Independent Child Trafficking Advocates	
Process	 How far the number of referrals represents success/room for improvement in terms of raising awareness of scheme? What further types of training might an ICTA need? In what ways do you think the Service could be improved?
Working with children	 How do the characteristics of the children in your caseload compare with expectations? What are the particular challenges in terms of addressing specific needs within with particular groups of children? Briefly describe the types of barriers, tensions or challenges you face in this work with other services, esp. criminal justice and immigration What do you think the ICTA service offers that 'adds value' to existing provisions?
Outcomes for children	 8. What do you see as the ICTA service's overall effect on outcomes for children who are trafficked? 9. Thinking of children transitioning from your service, how do you ensure that transitions are effectively managed?

Annex C2: Focus group – ICTG practitioners

Topics	Questions
Independent Child Trafficking Advocates	
Process	1. Key issues in receiving and responding to referrals with speed, accuracy, and efficiency
	2. How useful have you found your training related to the ICTA role and tasks?
	3. What further types of training might an ICTA need?
Working with children	4. What are the particular challenges in terms of addressing specific needs within with particular groups of children?
	5. What works well/less well with different groups of children? – Prompt 'good practice'
	6. Briefly describe the types of barriers, tensions or challenges you face in this work with other services, esp. criminal justice and immigration.
	7. At what stage of dealing with a child do you feel like you are making the biggest difference / adding the most value?
Outcomes for children	8. What do you feel are the main causes of children going missing after being referred into your service?
	9. Thinking of children transitioning from your service, how do you ensure that transitions are effectively managed?

Focus Group Topic Guides – Phase 2

Annex D – ICTA managers and ICTG practitioners

Topics	The focus group is about your experiences working in the ICTA service. Please
	remember, you are free to give your honest views in confidence.
Independent Child	
Trafficking Advocacy	In this second focus group, we would like to explore how various differences between
	the three sites shape the ICTA service. We are particularly interested in the variations
FOCUS ON	that impact on the ways the ICTA service is delivered or could be delivered nationally
VARIATIONS	
In the types of	1. Key variations in the types of children that the ICTA service work with
children that the ICTA	across the three sites.
service works with:	
	2. Impact of these variation on ICTA service as a whole?
Brief response only	Descent and so the second second state to second
	Prompt: nationality, type of exploitation, gender, age etc
In children's networks	3. How networks vary depending on the child's nationality/ type of
	exploitation
	4. How the ICTA service works with and becomes part of the child's
	networks: opportunities and challenges
	Prompts: empty/full networks, network building/filling/disrupting,
	similarities/differences across the three sites
In geographical	5. Working in contrasting geographical contexts.
locations across the	
three sites	6. Fitting in and making it work within those contrast: problems and
	resolutions.
	Promote Rural valuebon, parts of antry, geographical provimity/distance, provimal and
	Prompt: Rural vs urban, ports of entry, geographical proximity/distance, proximal and
	distant relationships between stakeholders, travel times and impact on caseloads,
	impact on direct work time with children
In legislation between	7. Key differences in law between England and Wales that impact on the work of the ICTA service.
England and Wales	
	Prompt: experience or observation in practice
In policies and	8. Key ways that local and regional policies and resources shape (and are
resources in the care	shaped by) the work of the ICTA service – focus on problems arising and
and protection of	resolutions found.
trafficked children	
damoned officient	Prompts : Fitting in with the 'Complex Safeguarding' initiative in Manchester or the
	WILLOW team in Hampshire, Barnardo's own specialist services in Manchester,
	Police Services coordinating in Wales, the 'missing' service in Gwent
In ICTA services for	9. Given the variations, what are the 'lessons learnt' for future national rollout
the future	of the ICTA service?
	Prompt : ICTA service mapping local specialist provisions, e.g. CSE, CCE, working
	with statutory services, or with other NGOs, future impact on regulations, key 'must
	have' resources/protocols/blueprints for a new service
AOB	10. Check for anything not covered by the above topic discussions. Seek
	further vignettes and case examples

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