



CAUSEWAY  
FREE TO LIVE

Delivering Effective,  
Long-Term Support and  
Integration for People  
**with Lived Experience of**

# Modern Slavery

**Authors:** Alex Balch and Alexandra Williams-Woods,  
University of Liverpool

**With thanks to:** MD Mominul Hamid, Isher Ashes Pempho Katalama,  
Rozina Faheem and the rest of the consultation group.



# Contents

**3 Foreword** by Dame Sara Thornton Honorary

---

**4 Introduction** from Phill Clayton

---

**5 Overview**

---

**6 Aims/objectives of this research**

---

**7 The Causeway model of longer-term support  
7 LifeLine**

---

**9 Methods  
9 Summary**

---

**10 Results/Findings**

**11 Summary of survey findings**

**13 Indications of areas to strengthen**

---

**14 Insights into the operation of LifeLine**

**14 Evidence on value and benefits**

**17 Main challenges**

---

**19 Discussion and recommendations**

**19 1. Preventative: helping to navigate the cliff-edge**

**20 2. Proactive: actively fostering empowerment**

**20 3. Place-based: effective signposting**

---

**21 Conclusions**

---

**22 Methodological Annex**

**22 The research process**

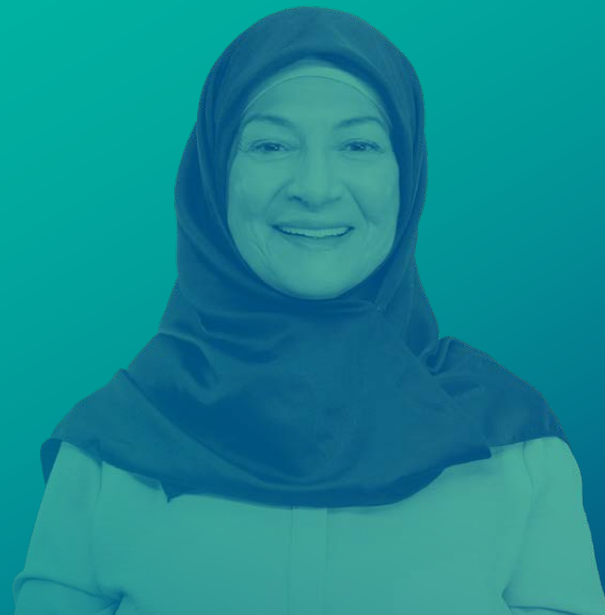
**23 Ethics and safeguarding**

**23 Survey**

**24 Inclusion of those with lived experience in the research**

**24 Limitations**

---



# Foreword

by **Dame Sara Thornton**, Honorary Professor in Modern Slavery at the University of Liverpool, Professor of Practice in Modern Slavery Policy, The Rights Lab, University of Nottingham



**It is my pleasure to write a foreword to this evaluation of LifeLine. I welcome both this important initiative to provide long term support for survivors and the fact that the University of Liverpool has undertaken an independent evaluation.**

During my three year term as the UK Independent Anti-Slavery Commissioner I frequently raised concerns about insufficient focus on the longer term outcomes for survivors. There often seemed to be a focus on rescue but less attention on the assistance needed to live a sustainably independent life. I therefore commissioned research on access to work, on the prevention of re-trafficking and the availability of training and education.

We should be supporting survivors with accommodation and accessing education and work because it is the right thing to do but also because it protects them from future harm. It is therefore powerful preventative work.

As I read through the report and the survey results which demonstrate the value of LifeLine I was struck by the important role that the voluntary sector is playing and filling gaps in statutory provision. While the government-run Reach In service was welcome it clearly does not meet the needs of all survivors and the safety net that LifeLine provides is clearly very much needed. The report makes a few recommendations for improvement which resonate with the work I undertook on this subject when Commissioner.

As a honorary professor at the University of Liverpool it is good to see evidence of what works being recorded and shared widely. It is even better to read that survivors were involved in the project so that their voices can be heard more clearly.



**LifeLine is an 'innovative and effective response' to the significant challenges faced by survivors**



# Introduction

from **Phill Clayton**, Head of Research and Development – Causeway



**LifeLine began in 2012, born from the frontline need for meaningful ongoing support for all survivors of modern slavery beyond the government's 45 days of support.**

I remember clearly when I was managing a safe house for male victims of slavery in 2011, working alongside five survivors of labour exploitation. After the government's 45 days of support came to an end we had to abruptly move them on before they had fully recovered. This was heart breaking. The same day they moved out we received five more survivors filling up the safe house. But the next day the men who had moved on came back, knocking on the door and window desperate for our help.

It was this situation that seeded the idea of ongoing support via a drop in model, allowing us to support more survivors with the limited resources we had. The philosophy was light touch, early intervention to nip in the bud issues before they escalated. The model has grown organically through co-design with survivors, we called it the Integration Support Programme (ISP).

Since 2012 the ISP has grown to be the largest support system for survivors outside of the National Referral Mechanism, with a 97% proven track record in safeguarding survivors from re-trafficking. Since its small beginnings we have helped over 500 survivors and currently actively support 200 in their journey to sustainable freedom.

City Hearts' ISP service is relaunching under Causeway as LifeLine with a fresh energy and focus on supporting survivors to find their voice, in a society that values their place.



**Since its small beginnings we have helped over 500 survivors**



We believe in an evidence based approach that is transparent and independently reviewed. Which is why we are very happy that the University of Liverpool has written this independent review of LifeLine with some clear recommendations for us and crucial insights from survivor voices for us all to listen to and act upon.

# Overview

**This report outlines the findings of research by the University of Liverpool on Causeway's LifeLine service, which provides long-term support for people in the UK who have experienced modern slavery. New evidence about the longest-running and largest initiative of its type shows how it works in practice from the perspective of both those providing, and those receiving, services. The research improves our understanding of what is effective for delivery of long-term support for people with lived experience of modern slavery, a challenge regularly highlighted by academics and NGOs working in this sector.<sup>1</sup>**

The number of individuals in the UK identified each year as potential victims of modern slavery through the National Referral Mechanism (NRM) and supported through the Victim Care Contract (VCC) has grown significantly in the last 10 years.<sup>2</sup> The system was originally set up to provide access to advice, accommodation and other relevant support for 45 days, but in practice this is longer (often more than a year) due to delays

in decisions about whether an individual is conclusively identified as a victim of modern slavery. Following a (positive or negative) decision the individual must exit the NRM and stop receiving this specialised support.

Since January 2021 a new service called 'Reach-In' was included in the MSVCC for people post-NRM with a positive decision, but it is limited in terms of eligibility and design (see Box 1).<sup>3</sup> Dame Sara Thornton, the UK's Independent Anti-Slavery Commissioner (in her final report before stepping down in April 2022) highlighted the barriers that many survivors face in accessing employment, education, and accommodation, adding:



**The lack of progress is disappointing. If we ensure that survivors are socially included, economically empowered and have access to the employment market, the risk of re-trafficking reduces.<sup>4</sup>**

**Dame Sara Thornton**, the UK's Independent Anti-Slavery Commissioner

## Aims/objectives of this research

The aim of this research study was to examine the operation of Causeway's LifeLine service in the context of the long-term challenges facing those who experience modern slavery in the UK. The objectives were:

1. to assess the functioning of LifeLine, paying attention to key benefits and challenges
2. incorporate a wide range of perspectives, particularly those who are the intended beneficiaries and those who run the service
3. generate useful evidence and recommendations to enable Causeway to continue its development of the service and others to learn from this model of long-term support

During the project all efforts were made to make the research inclusive and equitable.

<sup>1</sup> See, e.g. Centre for Social Justice (2020) 'It Still Happens Here.' <https://www.centreforsocialjustice.org.uk/wp-content/uploads/2020/07/It-Still-Happens-Here.pdf>. Murphy, Carole (2018) A Game of Chance? Long-term Support for Survivors of Modern Slavery. Centre for the Study of Modern Slavery, London.

<sup>2</sup> According to the official statistical bulletin, 12,727 potential victims of modern slavery were referred to the Home Office in 2021, representing a 20% increase compared to the preceding year (10,601)

<sup>3</sup> Salvation Army (2021) 'New 2021 Victim Care Contract' <https://www.salvationarmy.org.uk/modern-slavery/new-victim-care-contract>

<sup>4</sup> IASC Annual Report 2021-2022, p17

<sup>5</sup> IASC (2021) 'Re-trafficking: The Current State of Play', [https://www.antislaverycommissioner.co.uk/media/1705/iasc-and-rights-lab-re-trafficking-report\\_november-2021.pdf](https://www.antislaverycommissioner.co.uk/media/1705/iasc-and-rights-lab-re-trafficking-report_november-2021.pdf).

<sup>6</sup> Williams-Woods and Schwarz (2022)

<sup>7</sup> UK Parliament (2017)



**It's an emotional thing: emotional support, knowing someone is there**

— LifeLine Staff Member



# The Causeway model of longer-term support

## LifeLine

How is Causeway's LifeLine service designed to fill gaps and prevent harm relating to the 'cliff-edge'<sup>8</sup> in support after leaving the NRM? Causeway is one of the subcontractors providing support to victims of modern slavery through the NRM which is funded via the modern slavery Victim Care Contract (VCC), run by the Salvation Army. It was recognition of the challenges faced by those exiting this service that led to the creation of LifeLine. Its goals are to foster independence, resilience, and signpost to other services, effectively providing:

There are several interlinking components of LifeLine: a needs assessment, regular check-in calls and LifeLink Group sessions (through Causeway's LifeLink service). This has developed over time, and is also linked to other networks and systems of support, such as local charities and national provision (e.g. Reach In). The aim is to provide a person centred, trauma informed tailored approach that can be agile reacting to changing levels or types of need.<sup>10</sup> LifeLine sits alongside other initiatives such as Bright Future Cooperative Ltd, a project co-founded by Causeway that is now

a standalone entity, creating employment opportunities through partnership with third and private sectors.<sup>11,12</sup>

Those who receive support within the LifeLine service consist of individuals who were previously supported by Causeway through the NRM, and others who are referred in from external organisations. A process<sup>13</sup> has been created to enable these referrals which includes sharing of some relevant information to assist in providing support. There can be requests for further information, or if the person had high needs or other complications, there can be a pre-meeting between the support organisations as part of the referral process to discuss key issues.

Once referred into LifeLine, there is an initial call where the programme is explained to the individual who has been referred. It is important to note that Causeway can also refer individuals who have exited the NRM into the Home Office supported 'Reach In' (RI) service (see Box 1)



**A safety net for all survivors who fall through the net of support nationally. It aims to prevent vulnerable survivors of trafficking from falling into re-trafficking or homelessness. It means no survivor is left involuntarily without support. This is achieved through regular phone contact and tailored advocacy support. The service includes drop in sessions which enable survivors to make friends and integrate into their communities.<sup>9</sup>**

## Box 1: Reach-In (RI): description

From 4th January 2021, the modern slavery victim care contract (MSVCC) included the 'Reach-In' service, available to those with a conclusive grounds decision. According to the Salvation Army, which is the prime contractor with the government to provide support through the MSVCC, Reach-In is "designed to keep a survivor's transition to independence on track if they have any emerging or reactive requirements for support or advice. It can include links to activities and places where they can get help including finding a job, counselling and other therapies, ESOL classes and translation services"<sup>8</sup>

Although at time of writing this service has only been running for just over 1 year, the Reach-In service does not appear to address the core issues of post-NRM support. The system is reactive and only available for those with positive CG decisions made either on or after 4th January 2021. This excludes all survivors with a negative CG and all those with a positive CG whose decision was made before this time period. Individuals cannot independently refer themselves, the form must be completed by the service user with their service provider, demonstrating the reliance on continuing and proactive support post-NRM by sub-contractors in order to support, monitor and identify when the service would be appropriate, and to connect the individual to the service.

Needs are initially established via the 'Freedom Assessment' which is completed on entry to LifeLine and then repeated every six months. This is split into key components: meaningful community, stable income, support threads and trigger points. It is designed to understand how people are managing in different areas such as community, wellbeing and finances. The Freedom Assessment measures the key indicators of integration that track the individual's stage of recovery and their support needs.<sup>15</sup>

<sup>8</sup> Balch, A. (2017) 'Fresh Start: Integrating Survivors of Modern Slavery' University of Liverpool

<sup>9</sup> See: <https://cityhearts.global/integration-support-programme>

<sup>10</sup> City Hearts (2019) 'No One Left Behind: A Post-NRM Support Analysis', <https://cityhearts.global/wp-content/uploads/2019/06/NRM-Report-INTERACTIVE-2.pdf>

<sup>11</sup> Balch, A., Craig, G., Williams-Woods, A., Roberts, K. (2017) 'The Co-op's Bright Future programme: An independent Interim Review' <https://livrepository.liverpool.ac.uk/3013296/>

<sup>12</sup> Balch, A., Williams-Woods, A., Williams, A., Roberts, K., Craig, G. (2019) (2019) 'Bright Future: Independent Review'

<sup>13</sup> For a description, see: <https://cityhearts.global/lspreferral>

<sup>14</sup> <https://www.salvationarmy.org.uk/modern-slavery/new-victim-care-contract>

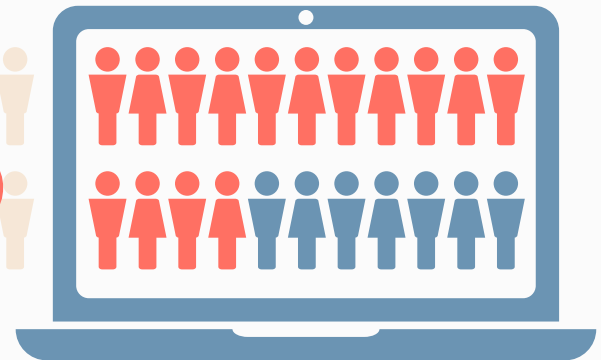
<sup>15</sup> City Hearts (2019) 'No One Left Behind: A Post-NRM Support Analysis'



# Methods

## Summary

- The research included a mix of methods consisting of a desk-based review, semi-structured interviews and a short survey.
  - The desk-based review of existing research on long-term support was carried out to **inform discussions and co-development** of the research instruments.
  - Interviews were carried out with staff (LifeLine Advocates) and service-users to **gather insights into the operation** and results of the support programme.
  - A short, **10-question survey was sent to 54 Causeway service users** in LifeLine who had previously indicated their willingness to participate in the research.
  - This was **available in English and the 3 other most used languages according to records** (Albanian, Vietnamese, Twi). 36/54 (67%) completed the survey which included a consent process.
- The project was **co-developed in collaboration with experts by lived experience** through a consultation group. This enabled feedback on aims/objectives and discussion of the design of instruments. **People with lived experience were also participants in the research**, and were compensated for their time and any additional costs such as travel. **See methodological annex for further information.**



## Results/findings

At time of writing, LifeLine the ISP supports 337 individuals and is thought to be the largest and most established post-NRM long term support service in the UK. The regular calls are central to the service. If during a call a particular need is identified, a 'task' is raised on the internal logging system and picked up by one of the advocates. Between 30th June 2020 and 31st May 2021 a total of 2,035 tasks were raised. This increased to 2,781 tasks the following year (2021-2022), but it is difficult to compare the two periods due to the dynamic impacts of pandemic-related restrictions and lockdown in the 2 years.

The rise in the number of tasks recorded took place in the context of a higher number of individuals receiving support: 133 survivors with tasks raised in 2020-2021 (averaging at 15.3 tasks per individual) and 337 survivors with tasks raised in 2021-2022 (averaging 8.25 tasks per individual). When categorised by the subject of the task, the most common issues related to housing, employment, immigration, and finance and benefits (see figure 1). This reflects the issues most frequently raised by support organisations within the sector and by campaigners seeking to improve conditions for those who have experienced modern slavery.

### LifeLine tasks raised 2020-2022 (selected categories)

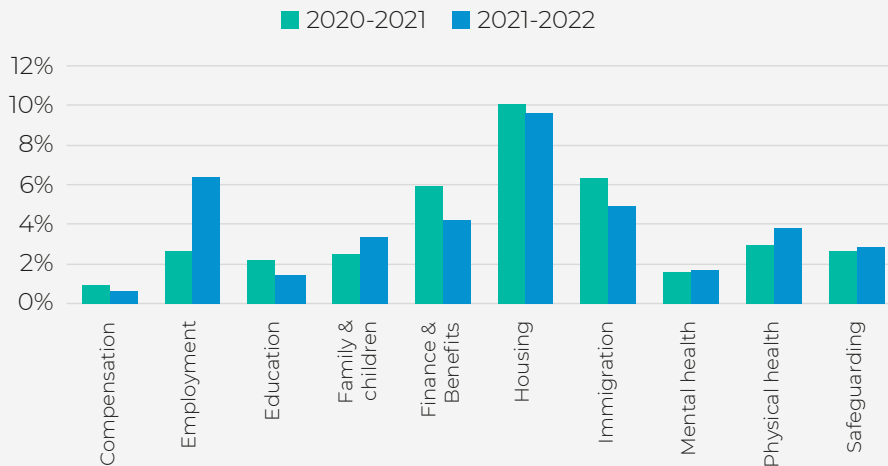
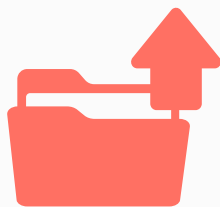


Figure 1: Source: aggregated data on LifeLine tasks collected by Causeway



# 36.66% increase

in tasks raised during the period June 2021-May 2022, in comparison to the previous year

## Summary of survey findings

The survey results show a good correlation between the support needs identified by respondents, and the the LifeLine service. When asked 'what were the main needs you were facing' the most common answer was:

**64%** needed help with their immigration status

**50%** experienced poor health and wellbeing

**47%** didn't know or understand what help to ask for

**44%** needed help with basic needs (food, housing)

**22%** experienced poor physical health

**11%** experienced other issues

When asked, 'what services you have used or been involved in?' Nearly all referred to the regular phone calls

**91%** were involved with regular phone calls

**40%** were involved with drop-in sessions

**14%** mentioned help/training to get a job

**14%** attended a health and wellbeing session



When asked 'what are the main ways Causeway has helped you?' (see Figure 3), the most common was:

**64%** improved their mental health and wellbeing

**61%** found legal support or advice

**56%** recovered from their experiences

**53%** had general guidance to help understand how things work

When asked an open question about what needs had not been met, only 10/36 provided information, but the most common issues these respondents cited were more access to legal advice, counselling and housing. The answers to these two questions and the open responses confirm the findings from previous work assessing about problems faced by individuals exiting the NRM16 but also suggests that LifeLine is effectively addressing the key issues that this group needs help with.

### What are the main ways Causeway have helped you?

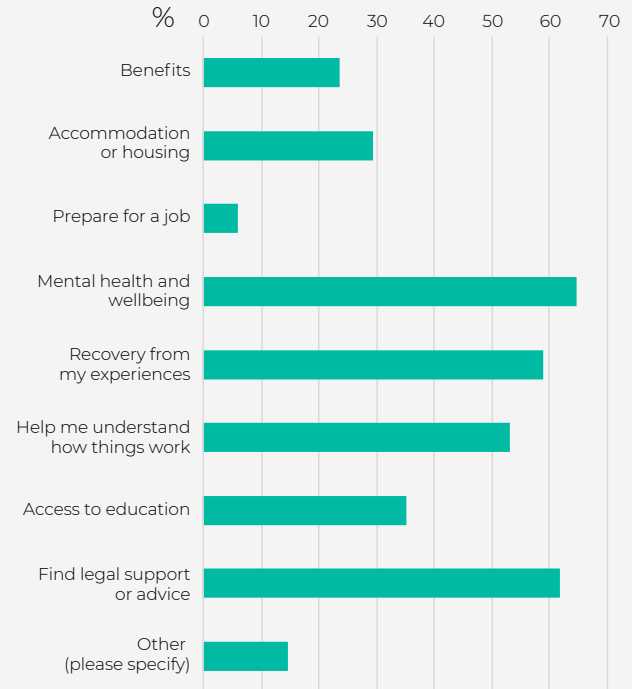


Figure 3: Source: survey of LifeLine service-users (n=36)

<sup>16</sup> See, e.g. Balch (2017); British Red Cross (2019) 'Hope for the future: Support for survivors of trafficking after the National Referral Mechanism' (UK integration pilot - evaluation and policy report); IASC Annual Report 2021-2022

When asked how this support had been provided by Causeway, the responses underline the key design features of LifeLine: signposting to other services, fostering independence and resilience. The majority number of service users reported that their needs were met by signposting (26/35 or 74%), and by helping them to find their independence (22/35 or 63%), although a significant number said that the help was through directly giving what was needed (money, meeting basic needs) (20/35 or 60%) (see figure 4).

## How did Causeway support you in a meeting those needs?

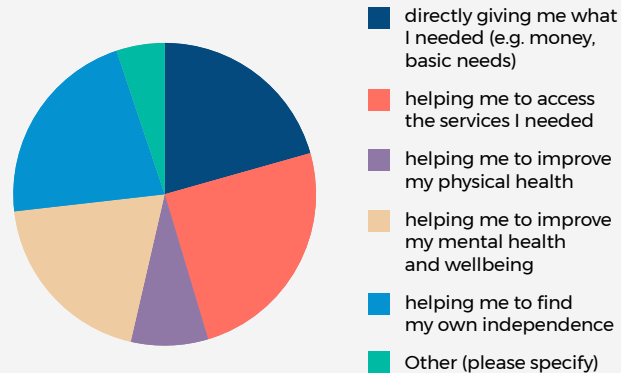


Figure 4: Source: survey of LifeLine service-users (n=36)

## Indications of areas to strengthen

A closer look at the connections between those needs identified by respondents and relevant types of help provided by Causeway, reveals a good match. For example, 77% of those who said that they needed help with immigration status reported that they had been helped to find 'access to the services I needed', 72% of those who said they were experience poor health and wellbeing said that they had been helped 'to improve my mental health and wellbeing', and 69% of those who said they needed help with 'basic needs' reported that Causeway had directly helped with in this way.

While the limitations of drawing conclusions from a single, relatively small sample survey should be borne in mind (see section above on 'limitations), the results are positive but suggest there is room to strengthen an already effective system. The responses provide a good indication of areas where more help appears to be needed. These were in particular around timely access to mental health services, good quality legal advice and appropriate accommodation. In the 'Discussion and Recommendations' section, a series of suggestions are made to help Causeway enhance LifeLine, putting forward options to strengthen how it can be preventative, proactive and place-based.

Finally, regarding the overall assessment of Causeway's support by service users, a significant majority were very happy: most were 'very' positive (28/36 or 78%) or 'somewhat' positive (5/46 or 14%), with one respondent adding: "Staff has been really supportive both emotionally, financially and mentally". However, two of the respondents were negative about the LifeLine service, and while they did not explain in detail precisely why this was, in the open text fields a small number of respondents expressed frustration about their ability to access legal advice, and appropriate housing.

# Insights into the operation of LifeLine

In our conversations with Causeway staff and service users, we were able to gather insights into the ways in which LifeLine works, the key issues and challenges and the perceived value of the programme. This section was developed through thematic analysis of transcribed semi-structured interviews.

## Evidence on value and benefits

### Providing essential support

Our interviewees gave rich detail on the ways in which LifeLine provides support, helping with the small and the big things, but most importantly, as an important source of hope, friendship and essential human contact for people who may be extremely vulnerable:



It is helpful to meet people who have gone through the same thing. I was even thinking of dying, but the drop-ins were very helpful. That was my darkest moment and they [Causeway] were there. [Int07]

— LifeLine Service User



### Developing trust, building confidence

A number of more specific benefits associated with the LifeLine were highlighted by staff and service-users. Perhaps the most commonly cited were the building of a meaningful relationship over time, leading to development of trust, confidence and an emotional connection. As one service-user described:



It's good to know that we are in safe hands, competent hands. They are professional, but very compassionate... they see something in us. [Int10]

— LifeLine Service User



Staff echoed the importance of building these connections:

**“The connection we have with them through our monthly phone-calls means that they feel able to speak more freely to us about issues. We have a good understanding of human trafficking/modern slavery so that means they don’t have to justify some of the issues or difficulties they are facing. Because we are trained, we can also offer that extra level of sensitivity which may be needed in relation to traumatic experiences.”** [Int05]

– LifeLine Advocate

**“It’s an emotional thing: emotional support, knowing someone is there”** [Int01]

– LifeLine Advocate

**“At the start it’s hard to get them to open up, then eventually they can start having a little joke with you and that’s really nice.”** [Int03]

– LifeLine Advocate

### **Advocating for service users**

When a need or task is raised by an individual this is passed on to advocates by flagging and adding notes to a database where interactions are recorded. This allows for a large number of individuals to be supported, and for advocates to prioritise, working in the best interests of those who need varied types of support. There were many examples of how this works in practice:

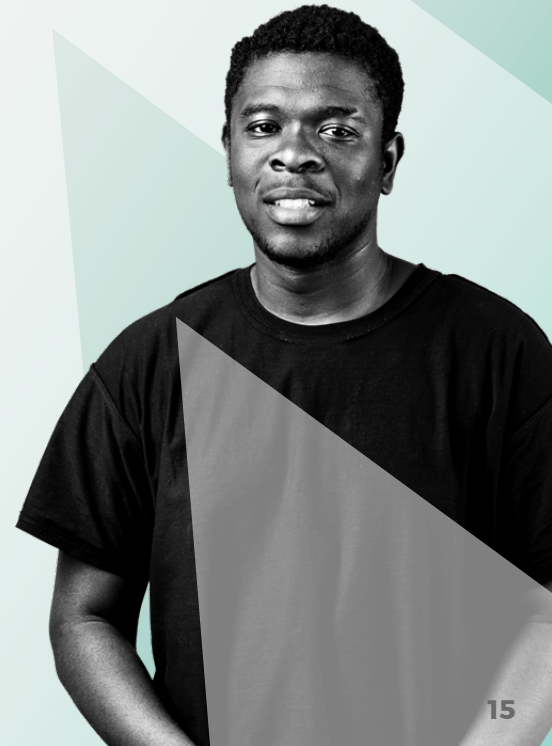
**“We find service users can end up in debt because they didn’t know that they had to pay council tax. That is where advocacy is so important because they need someone to get involved and fight for them – explain that this is the situation but there needs to be understanding or allowances because they’re a survivor and vulnerable - that can make all the difference.”** [Int03]

– LifeLine Advocate

As one service-user commented:

**“No one will tell you what you’re entitled to – Causeway bring together all these bits of information”** [Int08]

– LifeLine Service User



## Flexibility of support

Another point which was emphasised was the value of flexibility in the system, and the ability for LifeLine to shift to a more proactive mode, to step in and fill gaps:

**“Some people need quite intensive support, others just a familiar voice. Sometimes you might think that a service user is stable, but then issues will flare up and we can be dealing with a number of things over a few weeks.”** [Int04]

— LifeLine Advocate

Service-users gave many examples of the wide range of issues where they need practical help and a phone call with Causeway can move things along:

**“If I have any problem, I can easily call Causeway. When my boiler wasn't working, I called... the landlord was not doing anything and I was not getting anywhere. Causeway contacted them and then the next day they sent someone out... They also helped me access child benefit... If there's anything I can't do Causeway are able to help.”** [Int1]

— LifeLine Service User

## Fostering empowerment and independence

Two key aims were highlighted by those we spoke to: empowerment and independence. For those who work to provide this service, they understand it as about supporting and encouraging independence rather than the traditional individual 'casework' approach. From this perspective, LifeLine is still about meeting needs, but there is an emphasis on seeking to empower people to meet their own needs, and providing them with tools to do that. This also illustrates how Reach In may not be effective, as it creates an additional process to apply for support when needs are dynamic, may be long-term and can sometimes be unpredictable.

**“I've seen service users grow in their confidence and independence. Encouraging them to take little steps themselves”** [Int01]

— LifeLine Advocate

**“It's often not knowing how to do things and having the confidence to just walk into the GP practice – because they could have the best level of English, but may still doubt that they can do things.”** [Int14]

— LifeLine Advocate

**“It is about giving them time and space to explore, understand the issue – it could be a problem with language that is quite easily fixed. We try to remind them to believe in themselves. We are saying if you give it a go, and if it doesn't work out we'll be here to help you work through it. We really pay attention to how we frame things, language is very important.”** [Int05]

— LifeLine Advocate



## Main challenges

### Covid-19

The impact of the pandemic was mentioned by many interviewees. For example, Health and Wellbeing (delivered through drop-in sessions) was severely disrupted. Staff explained that it was difficult to maintain or replace this important component of the service, but re-affirmed the importance of regular contact and helping with needs as the restrictions changed:

**“It [the Covid-19 pandemic] was really difficult because our service users have experienced so much trauma, so to be locked down again... just talking to them about things is good. One wanted a bike, another wanted to join a gym, we were able to help them do this. Just to have a conversation and be constant, to have a conversation. It is not just talking about issues with a case-worker, but it is more like talking to them as a friend.” [Int02]**

— LifeLine Advocate

### Dependence on other services, decisions

With the importance of the LifeLine operating as a ‘signposting service’ referring clients to, and helping them access, local support services, there are risks if those services that are being signposted are difficult to navigate:

**“A lot of services don’t provide interpreters and service users don’t have a good level of English that allows them to navigate services. We have to step in a lot there.” [Int03]**

— LifeLine Advocate

Other services can also become reduced or unavailable, as occurred during the pandemic. LifeLine has no separate resource for needs such as counselling and other mental health services – so accessing these relies on the availability and quality of that support which is being signposted and available, e.g. through the NHS. Waiting for a decision can become frustrating:

**“There’s not much we can do when service users are waiting for decisions, just try to empower them with volunteering/training opportunities so that when you do get your decision you’re ready to go... just to show them that they are authentically loved and cared for, they aren’t just a number. That is why the drop in works so well, you can just sit down and have a cup of tea. When they are ready to talk we can take it from there.” [Int02]**

— LifeLine Advocate

This relates to broader challenges of operating within a complex environment and where multiple services (LifeLine, RI, Health and Wellbeing services) are working concurrently operate differently and change over time. For example, the recently introduced RI is covered through the MSVCC by hourly billing for caseworker time, which is different from LifeLine where there is less need to consider how much time is being spent.

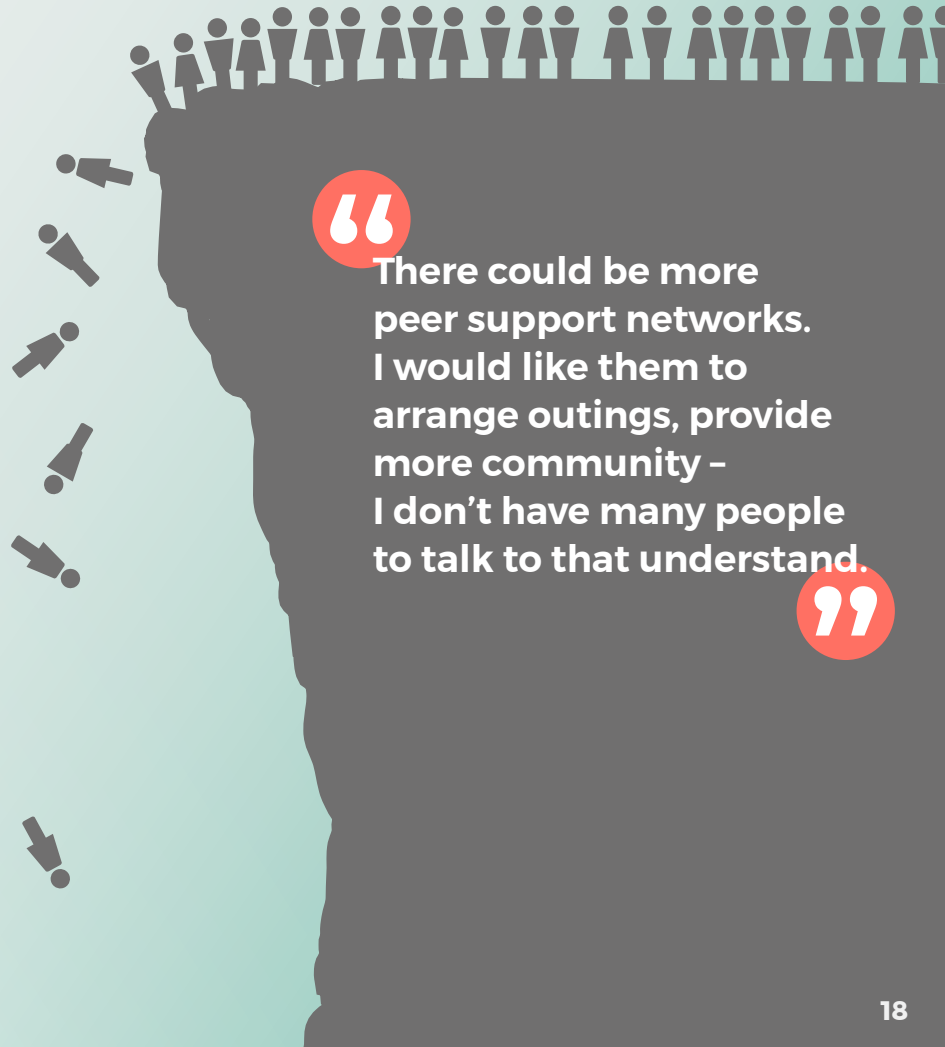
### Mitigating, but not eliminating, the cliff-edge

Although the purpose of LifeLine is to address the 'cliff edge' of support ending when exiting the NRM, a number of service users expressed that the move from NRM to LifeLine still represented a significant reduction in support, which caused them difficulties.

**"When I was in the NRM I saw a caseworker every week or every other week. Since I've been in LifeLine, I don't get any caseworker support. That's the number one aspect I miss from them. I was also getting income from the NRM which was useful."** [Int1]

— LifeLine Service User

There were suggestions from service-users about enhancing the service. These ranged from asking if more drop-in sessions could be made available, whether Causeway could provide counselling to avoid waiting lists, more training courses, and more community-building opportunities:



**There could be more peer support networks. I would like them to arrange outings, provide more community – I don't have many people to talk to that understand.**



# Discussions and recommendations

The results of this research into the LifeLine provides essential evidence about the ways in which longer-term support can be provided for those affected by modern slavery, how this works in practice, the benefits for service-users, and what more is needed to further improve the system, and the outcomes it helps to generate.

Analysis of the actions, interventions and techniques described by staff, coupled with the experiences and impacts told to us by service-users, point to three areas, or attributes, of the LifeLine, which should form the basis for its future development.

## 1. Preventative: helping to navigate the cliff-edge

LifeLine service has a very strong preventative value and focus; the way it operates can help inform others, including policymakers, who are seeking to reduce the harms for survivors of modern slavery as they exit the NRM. We heard of examples where it had prevented serious risks connected to mental health issues, and it clearly provides a LifeLine for its service users. There is a good correlation

between this focus on prevention with the latest research on the value of a public health approach, which emphasises the importance of a whole-system approach, intervening early, using more than one 'pathway' to prevention, along with prevention that is more community-engaged.<sup>17</sup>

LifeLine has generated important knowledge of how to help mitigate the harms that can happen post-NRM, it has also built a network of connections with other initiatives, and is involving those with lived experience in the ongoing development of the service. This provides the ideal basis for championing and strengthening the more effective preventative approach which LifeLine represents: exploring the potential of multiple pathways to prevention, raising awareness

and collaborating with others to identify 'what works', and using this to improve prevention through partnerships and by working alongside other service-providers. Increasing the range and depth of these partnerships should be a priority for LifeLine, including with other NRM sub-contractors to expand the reach of LifeLine to other regions and UK wide.



**Gives you hope that there are still people around [Int06]**

– LifeLine Service User



<sup>17</sup> Such, E. et al (2022) "Prevention of adult sexual and labour exploitation in the UK: What does or could work?" Modern Slavery PEC, <https://modernslaverypec.org/resources/prevention-what-works>

## 2. Proactive: actively fostering empowerment

A strong theme throughout this research has been the, sometimes challenging, balance which LifeLine strikes between providing help and support, and enabling individuals to take the requisite steps they need to increase their independence, and thereby reduce the need for such support. The insights section above provided examples of how this works in practice, and the benefits of fostering empowerment.

Service-users recognise the importance of becoming more independent, and emphasised the importance of opportunities to both learn (e.g. through the provision of training programmes which focus on life skills and personal development) and demonstrate this (e.g. by managing better, getting into employment or education). One excellent example is this research, which allowed a number of people with lived experience of modern slavery to become actively involved in a project, learn about things like research design and ethics. The consultation group could be expanded to provide more opportunities for personal development and more active involvement in Causeway as an organisation.

A key question which emerges as service users move from a 'high needs' service to longer-term rehabilitation, is how best to support people to move forward and build the next stage of their lives. Some of the service users

“  
They supported me very nicely  
– like a family, so much passion  
and care towards me... Then I  
started doing some meetings and  
volunteer work [Int10]

– LifeLine Service User

we interviewed who had been in the service for a long time appeared to struggle with a lack of direction or feeling a loss of identity, unsure what personal development and career options could be available to them. Causeway may want to consider engaging with other organisations that work in this field, and encourage discussion of longer-term aspirations as part of check-ins to further empower service users to move forward in a direction of their choosing.

## 3. Place-based: effective signposting

Core to LifeLine is the way in which phone calls and advocates can link up people with the right services at the right time. The better informed and appropriate that signposting is, the more effective it will be at supporting integration in the wider system of services and organisations. We found lots of evidence that this is happening, but the nature of

these services is complex and dynamic, made more challenging by the context during and post-Covid-19, particularly around accommodation, health, legal advice and employment rights.

Further development in this area could be around information given to those exiting the NRM, databases to support LifeLine Advocates, investment in training, and exploring other initiatives such as knowledge/staff exchange with other key service-providers. As one staff-member commented: “You have to be resourceful to work here: you have to get the relationships and priorities right. You also need area awareness throughout the country” [Int04].

Mental health, and the lack of timely access to trauma counselling was an issue that was raised by a number of service users. This is not an issue related to their circumstances, but a national issue of a deficit in provision of mental healthcare via the NHS, resulting in long waiting lists. It may not be appropriate to build in counselling or a therapeutic aspect to LifeLine, considering the way it signposts to other services. However, there may be space for innovation in partnering with other organisations to enable service users to access such services as early as possible, where this is necessary.

# Conclusions

**As the number of survivors who have exited the NRM grows, and looks set to increase in future years, it is urgent that policymakers address longer-term outcomes for those that engage with support services. The impacts of the NRM and the transition to the post-NRM support environment for people with lived experience of modern slavery<sup>18</sup> need to be better understood through research, in order to enhance outcomes.**

The evidence presented here shows that, based on our research, Causeway's LifeLine service has developed and responded to significant challenges (including the pandemic) in an innovative and effective way because of how it is designed and delivered.

There are areas where services could be further strengthened, or expanded, and it is important to note the ongoing and significant issues faced by people leaving the NRM, particularly around access to mental health services, legal advice and appropriate accommodation, but LifeLine has become an essential service for this growing group of individuals.

The context in which LifeLine operates is a challenging one, with a lack of a statutory system of longer-term support connected to other issues that have been raised around the adequacy of support and the UK government's overall response to modern slavery. A new government strategy (due to be published in spring of 2022, but significantly delayed) did include input of those with lived experience as part of its development. While designed to generate insights for Causeway to strengthen and develop LifeLine, the research described in this report also has important implications for UK policymakers seeking to develop an evidence-informed strategy to improve the effectiveness of support for those with lived experience of modern slavery.

<sup>18</sup> Craig, Balch, Lewis, Waite (Eds) (2019) *The Modern Slavery Agenda: Policy, Politics and Practice*. Bristol: Policy Press



# Methodological Annex

The research included a mix of methods consisting of a desk-based review, semi-structured interviews and a short survey.

- The desk-based review of existing research on long-term support was carried out to inform discussions and co-development of the research instruments.
- A short survey to ask general questions about services received and how these met individuals' needs
- Semi-structured interviews were carried out with staff and service users to gather insights into the operation and results of the support programme.
- The project was co-developed in collaboration with experts by lived experience through a consultation group
- This enabled feedback on aims/objectives and discussion of the design of instruments
- People with lived experience were also participants in the research, and were compensated for their time and any additional costs such as travel.

## The research process

- An invitation to participate in the survey and interviews was circulated to all those receiving support through LifeLine who had consented to being contacted about research.
- Due to constraints on funding the semi-structured interviews were undertaken with English speaking service users only. In order to mitigate the potential bias this may have caused, the survey was translated into the most commonly spoken non-English languages (Albanian, Vietnamese, Twi) thus enabling a higher proportion of service users to access the survey.
- To further increase participation, Causeway provided access to digital devices for interviews when the service users did not have their own, surveys were also posted in paper form to those service users that indicated they could not use digital devices, or conducted over the phone.

## Ethics and safeguarding

- Processes to gain informed consent, carry out the research, and the research instruments (interview and survey questions, information sheet and consent forms), were all discussed with the survivor consultation group and subsequently approved by the University of Liverpool's

ethics procedure. The application was considered by the full ethics committee at the University of Liverpool, due to participants being classed as vulnerable.

- To reduce risks, and in line with the project aims and objectives, the interview and survey were focused on engagement with the LifeLine service. They did not require disclosure of identifying information, previous experiences or trauma. Advocates were asked questions only relating to their knowledge and perspectives on the operation of LifeLine.
- Risk of distress was considered low to medium, and a protocol was developed to address this: participants were informed of their right to stop, take a break, or withdraw from the research. If there were any incidents these would have been reported to Causeway's Safeguarding Lead. Support in relation to this research was made available by Causeway for both LifeLine service users and advocates, including access to mental health support services.

## Survey

A short, 10-question survey was sent to 54 Causeway service users supported by LifeLine who had previously indicated their willingness to participate in the research.

- The survey was available in English and the 3 other most used languages according to records (Albanian, Vietnamese, Twi)
- Once invited, 36/54 (67%) completed the survey which included a consent process
- Participants were allowed to tick multiple answers for many questions and also to skip questions meaning not all questions had responses from all 36 (the number of responses is indicated for all results)
- The respondents were mainly those who had been supported for more than 2 years (27/34 or 79%) with 5 people supported for 1-2 years, and only 2 people supported for under 1 year.
- The vast majority of the survey respondents remain in regular contact with Causeway (34/36 or 94%)



## Analysis of the data

- The results of the survey and interviews were analysed to establish key benefits and challenges relating to long-term support through LifeLine. The semi-structured interviews were transcribed and content analysis was carried out to identify key themes and particular experiences of advocates and service users (positive or negative) in relation to the LifeLine service.
- Inclusion of those with lived experience in the research
- As a research project concerned with support for survivors of modern slavery it was imperative that those with lived experience were as fully involved as possible, and in a more meaningful way than merely as participants or sources of data.
- A consultation group consisting of service users was brought together regularly well in advance of the research commencing, and remained available throughout and following the research.
- The group fed into the development of the research, discussing with the research team all aspects of aims/objectives, design, and inputting into all stages of the work, including feedback on instruments and process for gaining consent.
- Members of the group included those who Causeway have previously supported, who now act in advocacy roles within the sector and work with Causeway to include survivor voice in their work.

## Limitations

This research has several limitations which should be noted.

- First, it is modest in scale, limiting the number of interviews that could be conducted due to the fact that it was not supported by major funding, although the team is grateful for the financial support received via University of Liverpool under the Faculty Flexible Fund impact-related activities, and for the compensation provided by Causeway to all those who took part in the research.
- While there was a good response to the survey, and we were able to translate into several languages to increase up-take, we only contacted those who had previously indicated their willingness to participate in the research project, and there are well known issues of survey fatigue in the sector.
- As part of mitigation for this, the decision was made, in collaboration with the project consultation group, that the survey should be short, quick and easy to complete, responding to the issue of saturation amongst service users who had recently been asked to fill in lengthy surveys/questionnaires, which in turn limited the amount of information that was collected.
- Finally, another limitation was a potential blurring of perceptions regarding which service/programme the survey and interviews were addressing. While some service users were aware of the specific service they were currently engaged with, others were not aware of the different models, and their labels. Therefore it is possible in the data collected that some service users could be referring to NRM or other support, rather than LifeLine, when describing the help received or their perceptions of Causeway generally.





**CAUSEWAY**  
FREE TO LIVE

**Authors:** Alex Balch and Alex Williams-Woods, **University of Liverpool**

This work has been supported by a Knowledge Exchange voucher and additional impact funding from the University of Liverpool, awarded to Alex Balch.

**Professor Alex Balch**

abalch@liv.ac.uk  
0151 794 2653

**Department of Politics**

University of Liverpool  
8-11 Abercromby Square  
Liverpool  
L69 7WZ  
United Kingdom

**Phillip Clayton**

phill.clayton@wearecauseway.org.uk  
03333 055 336

**Causeway**

1st Floor, Furnival House,  
Furnival Gate,  
Sheffield,  
S1 4QP,  
United Kingdom