Name of Transcription: Regional1Pb10.3.20

I = Interviewer, P = Participant

(Discussion on consenting, background of study etc.)

I: It’d be good to hear a bit about your role. Where you’ve worked, what your background is and who you work with.

P: Yep, sure. So, my name’s […]. My role is […] at [regional] Anti-Slavery Network. [gives detail of work history]

I: Yeah. So, and can you just describe to me what, from your perspective, what the setup of the Anti-Slavery Network is. So, how it’s structured and where you fit within that. You know, whether you’re core or at the edges

P: Yeah. So, [name] will probably explain this better than I will. But so, within – so, the network was set up quite a long time ago. About ten years ago now. And it played a much smaller part. Whereas now, we – although it’s a small team of people, we sit within strategic boards. So, where modern slavery sits, there’ll be the very top layer of board and [name] often sits in there and represents the NGO sector and the partnership working approach to dealing with modern slavery. We have [number] local authority areas in the [region] – each local authority area has its own partnership. We don’t attend those, but we run our own [regional] Anti-Slavery Network meeting every six to eight weeks, where representatives from all [number] local authority areas and their partners from the private, public and law enforcement sectors attend. So, we kind of pull together the efforts of all of those regions, identify where challenges are, look if there’s gaps and just generally try and get people to work together rather than within their own silos. So, we have people from immigration, the home office, NGOs, the homeless sector, public health, health, local authorities, adult social care, children’s social care. Cause every single sector along some way will touch modern slavery. So, we generally try to kind of upskill – make sure people are on the same wavelength, that they have the same knowledge levels across [the region]. And try, again, try and get past that spotting the signs level of “This is all we need to know” and actually start to look at “No, how do we as a region respond to modern slavery in a collective way?” Where my role fits within that is – so, I support [name] who’s the executive director of the network cause we’re a small team of people, but we have our fingers in a lot of pies, so we attend a lot of – so, for example, we might meet with the [regional] Strategic Migration Partnership and we’re looking at how we can get them to look at modern slavery within migration. We’ll attend meetings with homeless strategy to look at how we can get anti modern slavery represented there, so we try and infiltrate every sector to make sure that modern slavery is represented in some way or another. We get those conversations talking, and then obviously my role is obviously managing the projects – the [project]. So, that’s kind of like 75% of my time and 25% is assisting the network.

I: And how do you know that you’re effectively infiltrating into other networks?

P: Yeah. So, a practical example was a homeless strategy that was rolled across the [region] that didn’t feature modern slavery until we asked for it to be. And there’s been pieces of research done that didn’t intend to cover modern slavery as a vulnerability area or an exploitation area and then did as a result. Or we get modern slavery as an agenda item into meetings and we might come and give an update. And with the migration partnership they look at asylum seekers and vulnerable migrants – modern slavery isn’t specifically looked at. So, we’re trying to look at that as an additional vulnerability group

I: How have you done that with the migration partnership, for example?

P: How? I’m trying to think how it came about now – it’s quite recent that piece of work. I can’t quite remember how it came about. But we were looking at – cause I think what we’ve been looking at and focusing on quite a bit recently is the victims of modern slavery that are not in safehouses. And actually, a lot of organisations don’t know where they are. So, we’re looking at who is responsible for knowing that information. So, we linked it with [organisation] who hold the contract for asylum seeker accommodation. Basically, met with them after – I think it was part of a migration forum meeting that we got ourselves added onto the agenda for, and they were at that meeting introducing themselves as a new contractor. And we said “What are you doing about modern slavery? Cause you will have victims of modern slavery at your accommodation” Didn’t necessarily know what that answer was, so they’ll come to us and say, “How can we do something?” and it’s through that, I think. It’s an area that hasn’t really been looked at cause it’s a very specific subgroup.

I: Okay, so it’s more like opportunistic

P: Yeah, so trying to put it on their radar and then add that into business as usual. Cause sometimes it’s not enough in terms of numbers for it to be something standalone on its own. But getting them to look at it as an additional vulnerable group within their accommodation

I: and how do you describe it to people? And say [organisation] might not have come across the term, or the idea. Might have some sort of vague knowledge or something, but how do you approach it with those partners?

P: It’s quite helpful that there’s laws around what protections are in place for victims of modern slavery. So, obviously we’ve got the Modern Slavery Act and the European convention against trafficking of human beings. And the Palermo protocol, which puts into law and guidance specific actions that the UK government has to take, and services have to take. So we can kind of say it as a “You have a duty to protect these people within your remit” And then when they say “Oh, we’re not currently” Our approach is “We can help you look at it”

I: So, you use the legislative framework as the lever? (Yeah) Are there any sort of narrative approaches you take? So, when you’re telling the story of what modern slavery or human trafficking, what it looks like in their area or in [the region]? How do you sort of approach that?

P: I think it generally comes up as a challenge area for somebody else. So, somebody else has probably raised it as “We’ve got a challenge, we’re not able to access these services” or “We keep trying to access this area but they don’t understand what modern slavery is” and actually there’s just some education that’s just needed for their understanding. And then when they get it, it makes that partnership working a bit easier. So, we try and do it like a – quite often when we go into a room we’ll say “So, what do you know about this?” to start with and then they might just say – and we’ll say “It’s okay if you don’t know anything” and can find out where their base level of knowledge is, then “Okay, this is what you need to do. This is what you can do, best practice” at a minimum. So, for example with [organisation], we were talking about their accommodation within the local authority and under the modern slavery act, I think it’s section 55 or something, around transparency in supply chains. So, when they’re getting accommodation for their victims, they need to know that their landlords are not traffickers or have modern slavery in their supply chains. So, we’ll find a way that suits their business or operating structure where modern slavery needs to come in.

I: Do you use specific hooks with certain partners? Do you think “Oh, well if it’s [organisation] then I need to think about…”

P: Yeah, so if it’s a construction company then we’ll look at if they fit the remit for transparency in supply chains bill. We’ll go in with that. Or if it comes under CSR – corporate social responsibility - it’ll come under that. Or if you try and find what would be relevant for their organisation to make it important for them. Cause we understand that, generally, they wear 50 different hats and do a million different things, so they have to see its value, or they need to see where their legal duty is, if they’ve got one.

I: Yeah. And in terms of other partners – just thinking in the health sector. How would you, or how have you approached partners in the health sector?

P: So, with the project, within the European convention there’s a part under article 12 around healthcare for victims of trafficking – what they’re entitled to. So, within the remit of our service, they would need to access health within 10 days. And we’re aware of how difficult it is to get a GP appointment for anybody within that time period to see a GP. So, I put together a proposal for public health, via [name], of kind of what their entitlement are. And what the convention says they need to provide for a victim. And said “How can we make sure that people in [?? ] field” cause it’s gonna get rolled out nationally anyway, so we’re saying “We’re doing it now, but it’s gonna get rolled out nationally next year” How can we make sure that this area of vulnerable people get access to health? So, I put together statistics and common ailments that they’ll have, what generally they might need to go to the GP for, so contacted other agencies that do something similar in different parts of the country and they’ve said these are the most common ailments that they get, this is how soon they need to see the GP, what they generally need to do. And [name] put us in touch with a public health – I think it was CCG potentially – and they contacted all the local GPs in our area and we met with partners at one of them, one of the groups, and said “This is what we want to do. How can we make it happen?”

I: How do you think they then translate that into action at their end?

P: I think it was more complicated than I understood it to be, because I was privy to some of the conversations in the room around funding, the impact on the local community and their appointments, the cost of translators, the worry around clinical negligence if they have an appointment and they don’t have all the information that they need cause a lot of our client groups would not have any ID or previous medical records. So I think it was a very complex area that they had to navigate between themselves, between Public Health and the GP clinic, but they agreed to do it on a pilot basis and then just see how it goes and review it as they go along.

I: Have you had any feedback on that yet?

P: So, we have used the service, I think three times so far. And it was really helpful, actually, cause we had a service user that needed a GP appointment and one of the things that I mentioned to them was sometimes they might make appointments and they might not come, cause they just, their mood and vulnerabilities and things. And that happened. But because we’d met with them, they knew who we were, we were very apologetic cause we’d wasted appointment time. But they still rebooked it for us the next day, so that relationship there was really helpful.

I: Quite interesting how that’s a model which you think at scale wouldn’t really work, would it? Cause it requires lots of one-to-one contact. So, yeah. There’s been quite a lot of work around how health systems can make it easier for people with complex backgrounds or migrant backgrounds.

P: Yeah, I think I looked at the homeless approach. Particularly around no ID and no fixed address. So, I think we dipped into – there are asylum seeker clinics and homeless clinics and looked at how they worked

I: I was gonna ask about learning from experience of other sectors. When you’re working with the public health professionals, so someone like [name], in what way does it make sense to you to be connected to Public Health network as a network partnership?

P: Could you repeat the question, sorry? What’s the benefit?

I: Two tangents. Yeah, so, if you like, what do you think are the benefits of working of working across the public health sector? So, what value does that add to what you do?

P: I think, for our sector, health is a very major player for victims of modern slavery. So, in terms of that connection it makes a lot of sense. And I know – cause we, I think the strategy for modern slavery in the [region] has recently moved and we now fit under the violence reduction unit. Very recently. And the violence reduction unit is taking a public health approach and I know that modern slavery in some American states, they’ve taken a public health approach. So, it’s kind of like where things are leaning towards. So, the fact that we’ve already got that connection there – cause we, me and [name of leader], didn’t really know what public health England do until [name] told us. In your day-to-day life you don’t know what that is

I: Apart from maybe controlling coronavirus

P: Exactly. So, I think they needed to explain to us what that connection is from their perspective, and then we’re like “Oh yeah, okay!” So, [name] sends us lots of articles. I think it opened our eyes to how much research goes on and I know [name of Chair] – before I came to the organisation – they partnered with Public Health England to do a piece of research around specific vulnerabilities for Albanian that are trafficked. So that’s when those partnerships are really helpful.

I: So, what does a public health approach mean to you, given these recent changes?

P: I think – simply put – it’s putting the health of a person as the centre point of their recovery. With us, having a crime focus is not helpful. Having an immigration focus is counterproductive. So, all the other lenses that you can put on it are generally not victim focused and it’s not about their needs and their wants and their recovery. Whereas a public health focus – it looks as them as a person and their needs, rather than their surrounding circumstances. So, I think it pinpoints that in a bit more

I: And what sort of health collaborations beyond [name] do you have in the network?

P: I think that it’s much more extensive than I have my eyes open to, just through [the Chair]. But, for example, we’ve linked in with – there’s a department within the hospitals in the [region] – trying to think what it’s called. Basically, when homeless people get discharged from hospital - and our victims generally fall under that category of being homeless. And they had some troubles with knowing what to do with that, our service user group, when they’re discharged. Due to their additional vulnerabilities. So, met with them and linked them into the network. So, for example, this lady, she was one person running a whole department over about four hospitals and we told her all of this is here, there’s a network of people that are willing to support and link through to agencies that she can refer people to. So, sometimes that’s as – it’s quite simple, how we link In, it’s just making people aware that we exist, and all these services exist that they could tap into.

I: And these sort of one or two connections – how do they fit into the network? Is it cohesive or is it partial?

P: I guess they just dip in and out when they need it. Cause I think in terms of the numbers that people come across, it’s quite a low number of people compared to other crime types and other vulnerabilities. So, some people are in it on a daily basis cause it’s their bread and butter. And all they do is deal with this victim group. Others will come across it once a month, or once every six months. So, they dip in and out when they need to.

I: And does that include people working in the health sector?

P: Yeah. I think certain departments come into contact with it more than others.

I: in your experience, who are they?

P: So, we did a training session as part of the national TB nurse conference. At first, we were like “Why would we go there?” but then I remembered that when I worked with victims, a very high proportion of them had latent TB but didn’t know where it’d come from. So, we were like “Actually, this is really important” And the majority of them haven’t heard of modern slavery before. Or knew all the extensive amount of resources the NHS had. So even though they would probably come into contact with it quite often, and I think some of the feedback from victims of modern slavery at the moment has been around “I want my GP to know. I want them to be able to know the indicators of modern slavery. I would have been found sooner if they’d known” or when they’ve gone to A&E, when they’ve accessed services, there’s intervention points. So yeah, like A&Es, midwives, TB nurses and clinics. The common ailments that a victim of modern slavery will get as a result of their exploitation. They’re quite key. I wouldn’t say the engagement with us with those areas is huge. Again, they have so many other hats to wear and other vulnerability groups. In terms of numbers, modern slavery is quite low. But it’s getting there.

I: Yeah, yeah. So, just thinking about the health sector generally, it’s very kind of data and evidence driven. So, what kind of data or evidence might be useful to you when you’re talking to partners from the health sector to demonstrate why it’s important to them?

P: I think it would need to be more qualitative than quantitative. Cause the numbers might not quite be there to look significant, but when you look at the difference an intervention within health has made, versus when it wasn’t seen, it can be like the difference between somebody being rescued from modern slavery or they remain in it for six years. And everything that comes with that. Or somebody that ends up terminating a pregnancy or not as a result of a conversation. So, I think the weight of decisions and the weight of impact is probably more significant than – so I think when we’re passionate about it, it’s cause we’ve heard stories where the GP has blown them off or they’re displaying a lot of trauma symptoms but they’re told to man up. Because of the lack of awareness of what that crime type is and what the impact has on that person. So, it’s more like an emotive story, but that can lead to years of trauma where actually the intervention could have been there, it could have turned that situation around

I: Do you have those examples to draw from? Or those narratives

P: Usually anecdotal or feedback from survivors themselves. But I’m sure if there was a national ask for input – I think there actually is at the moment.

I: That was, yeah, there was something recently.

P: Yeah, so I think there is a national ask for input around it at the moment. And I imagine that the findings from that will be quite interesting

I: Yeah and might lead to those are helpful kind of tools that you can use as a way of engaging with sectors.

P: Yeah, cause I think it’s a survivor narrative and quite often they don’t get asked for it. So, where the health professions might not realise how important their role is in it. It’s more they’re now going to say “No, you were the only person I was in contact with that wasn’t my exploiter” so it might just help them realise where they fit.

I: Yeah, you’ve made me think of victim impact statements. You know, there’s [??] court system for victims and I’m wondering whether that kind of idea is transferable to this kind of engagement process with partners

P: Yeah, I imagine so

I: Worth thinking about. Mental note. So, as you’re part of this collaborative and you’ve got other experiences, you know, in [place] and so on of collaborating across different agencies. In your experience, what really works well to make a collaboration or a network function effectively?

P: I think it’s generally the relationship between the agencies. I think we work with a very complicated service user group that can, on the outside, look difficult and challenging and cost money and cost time. And if you look at that on a piece of paper it’s not an attractive area to work in or engage with. But I think when you get people who are passionate about it and they understand the crime type and the impact it has on people, and they understand the passion that we have at the other side, I think when you have passionate people within health and outside of it, it’s almost. It’s awful. If you know the right people, or you engaged in the right way and they like you it just works well. It’s just a personable sector, I think, cause we’re working with people. If you look at facts on a piece of paper, it’s generally not easy.

I: Are there any other components that you can think of in your experience that have stood out as “Okay, that was important for this collaboration and that worked really well” and why they worked well, really?

P: I think if I look at Public Health England helping us support, get linked up with the GP clinic for our house. That was very much done through the reputation of the organisations. So, I think because we’d had links with [name] and had an extensive working background. I think if we were any other agency that had asked for that, I don’t necessarily think we would have got it. But I think because the network had worked closely with Public Health England before and they could see where our intentions were and the evidence base for what we were asking for and I imagine [name] was often like “How’s this going?” or “If you need me to chase something, let me know”. Sometimes terminology would be used that I didn’t understand. Or I don’t understand how things work in the background and she would intervene. So, having people that know how the language of each sector is helpful.

I: So, I was gonna ask you a few questions about the collaboration, so the network itself. So, what, in your view, is the model of how the network works? So, you’ve obviously got [name] as leader, or chair, and then what sort of – are there different layers? Or is it a very flat structure?

P: I think it’s quite flat. I think we’ve done that purposefully so that it’s not just [name of Chair] pulling everybody together. I think maybe it was different a few years ago, but now it’s very much – we say that the network is made up of its partners. And the day that none of them turn up any more is cause we’re not needed. Or if people start to drop out it’s like “Okay, what’s not working?” So, everybody is very much as responsible for the network running as each other. So, everything is action led that’s not always done by [the chair] or by us. It’ll be “Okay, this is a challenge someone has raised. Okay, Police, you can take this one” or “Public Health England, can you look into this?” so it’s very much like everybody’s responsible, but we just chair it and lead it and it goes in the direction it goes in

I: And you’ve got all of the partnerships in the region represented? (Yeah) Who else is there? So, you’ve got Police, PHE

P: Local authorities from the [number] areas

I: You’ve got every local authority in there?

P: They’re generally supposed to be (laughs). We do it on a bit of a rotation, so at each meeting a different local authority has to present on what they’ve been up to as well. So, we know at least one of them will be there

I: And so, who would – is it safeguarding in local authorities?

P: It depends where they’ve put the partnership. So, [??] if it’s under community safety within the local authority. Yeah. I don’t think it really fits under safeguarding in this region. So, yeah, we’ll have – and then from local authorities generally we want adult safeguarding there or adult social care, child social care. We have quite a wide range of NGO partners that attend, so people that run modern slavery services or would have foodbanks there before, or homeless services. So, ones that get touched by it in some way. Immigration enforcement, home office. Recruitment agencies who find modern slavery in their workplace. What else is there?

I: Just out of interest – for recruitment agencies, what areas of business and industry are most common?

P: Factory packing, warehouses. Meat farming - labour exploitation. And then the Gangmasters licensing association come. Some businesses come

I: Which businesses?

P: So, one of our board members is like a director of [name of business] and they oversee farming and manufacturing and things. I think business engagement is quite low, cause it’s not really what we focus on, so they’ve got their own statutory duty to do things and the home office lead on that. But we have had some more business engagement than usual cause it’s been in the public eye. Generally something comes into the public eye, somebody will contact us about it and they’re like “Can we come to your network?”

I: Any of the classics? So, you know, all the spot the signs stuff is about car washes, nail bars. I guess there’s no kind of industry representative of those? Or maybe there is, I don’t know

P: No. I think cause our focus is more the people that intervene as a result of them being found there. Cause I think what we’ve found is that all the spot the sign stuff is out there, but then the agencies that are then responsible for safeguarding are not there. So, it’s almost like the spot the signs – it hasn’t levelled up with “Okay, what do you do if you find a victim? Who safeguards them? Where do they go?” So, our focus is more on that part.

I: Is there anyone that you think should be there that isn’t there?

P: I think we don’t get as much engagement from the adult social care and safeguarding departments as we should, but I think that could just be more capacity. They get notes and they get the minutes and things, but the actual being there is unusual. But that could also be because they attend the partnerships in the local authority areas.

I: Thinking about the national level, so you’ve got home office there, but the independent anti-slavery commissioners office that has the oversight, do you have much contact with them?

P: So, they’re coming to our meeting in November. So, they’re wanting to visit all the partnerships up and down the country, so they are scheduled to attend us. And we kind of interlink in different meetings. Cause we cover – a lot of modern slavery meetings are in [place], so we find ourselves there quite often. So, we overlap there as well

I: And in your view, what kind of leadership does that independent commissioner’s office offer?

P: I think she listens to us, listens to the challenges that happen in real life. And she’s in a position where she can escalate that at a national level. So, I think, in really simplified terms, she listens to what’s going on, observes, and then finds a strategic way to take it forward. So, it gives things the attention that they need. So instead of NGOs being the ones saying “This is a problem, please help us” it’s somebody that’s linked into the government that can represent it

I: And is there something that you’d like to see from those layers of hierarchy at the highest strategic level? Is there something that you’d like to see that you’re not seeing right now, or some support that you would like to happen?

P: Yeah, so, there’s an agency – I can’t remember what it’s called – basically, they’re doing quite an urgent report on what the government response should be to where modern slavery is at the moment, because of the changes in government and the worries around where we’re at and where we might not continue going. Trying to get modern slavery back onto the government agenda. Cause obviously Theresa May was the one who was pushing this forward quite a lot. And one of the things that’s been brought up there quite often – and a lot of the departments and agencies that we work with – is that it’s a really big piece of work to work with the victims of modern slavery and they’re not appropriately funded or supported to do so. So, all of the first responders, for example, none of them are given any additional funding to do that role and it’s a very significant role that requires a lot of training and input and time and resource. So, I think a bit more – what we want, ideally, to see is that there’s more support given to the agencies that need to respond to modern slavery. Financially and just backing. So, we just need a bit more accountability for what the UK’s response is.

I: Yeah. And so why is that important to you?

P: Cause we see the impact of lack of funding. So, we see stretched adult social care that can’t – the threshold for getting a care assessment is so high that none of our service users will ever meet it because they can’t afford to take on new cases. And because a lot of our service users are from migrant groups, they’ve got no recourse to public funds. We’re asking for access to services that don’t get to reclaim for what we’re asking for. So, we see them get turned away. And we see their entitlements diminish because of the lack of funding. So, we might spot the signs and rescue them, which is amazing, but then they just have nowhere to go. So, they just fall back into it.

I: Yeah. Do you see cases of re-trafficking or re-exploitation?

P: In the homeless sector, massively. I think there’s been research done around – I think particularly for men, which is the area we work in – like 50% plus have been homeless at some point, after or before or during exploitation. And you can see it. They get no money from anywhere else, so if somebody offers them £3 an hour. So, whether it’s modern slavery or exploitative work, they’ve got no option but to take it. And our economy then thrives on that happening.

I: So, the health in all policies sphere, one of the things that’s been shown as being most affected is when you have a policy idea which is a win win. So, maybe sometimes connecting those things, the sort of trafficking modern slavery agenda with a homeless. That might be one avenue for a win win. It’s hard to see without the resource, isn’t it?

P: Yeah, cause homelessness is already quite under resourced

I: How important do you see, in general, this is within the modern slavery human trafficking sector, where health sits within that, how important do you think health is seen now and kind of in the past? Has it changed? Cause you’ve got quite a lot of experience around this

P: I think it’s always been vital because the main impact of being in modern slavery and exploitation is a health impact. Whether that’s physical or mental health. And being able to access - the whole point of the government strategy for modern slavery around victims is their recovery. And therefore, to recover from psychological and physical damage you need to access health. And I think that’s always going to be a continued issue. I don’t think it’s gonna change, really. I think as we see exploitation types change, we’re seeing, if anything, it’s getting more severe. We’re seeing more injuries. People are in exploitation for longer, so their health is impacted more. So if anything the need for health is increased

I: Are there any ways that you’d like to see that framed? So, we talked a bit about hooks, about finding your way into those discussions. Is there a way that you like to see health framed?

P: Well, I guess within the legislative structure, there is quite a lot of talk on what health should be accessible. Also, it says that they need emergency help, then it says, I think it says something about “any other healthcare needs.” And I don’t know if that ever really got translated into supporting the healthcare system in the country to respond to modern slavery. Cause it’s very cost intensive. But within legislation it says that we should aid them with recovery. And recovery is to return to a normal state of function. And actually, that could take 15 years. And I don’t think we ever really saw the healthcare sector get targeted for support within that. So, when victims of trafficking – and I saw it myself. We’d get victims of trafficking in safehouses, we’d take them to the doctors and they’d just be like “What are we supposed to do with this? We’ve got 10 minutes” and you need them to be referred to about three different departments and you can’t get the referrals, cause they don’t have the money, or they can’t understand what you need them to do.

I: Part of the re-framing is being more explicit about what those health needs might look like – the full range

P: Yeah. So, understanding what the physical health needs are and then assisting the healthcare sector to respond, because the current structures and ways you get referred for things just doesn’t work. Being on a waiting list for six months to get counselling when the NRM is 45 days. It just doesn’t correlate.

I: Yeah, okay. I’m interested in also not just how modern slavery is approached, but where the power sits. So, you mentioned the criminal justice approach. There are others – human rights approaches or focusing on the sustainable development and so on. Within this world of addressing modern slavery and human trafficking, where do you think the power really sits about making decisions and change?

P: That’s a good question. I don’t know if it should sit in one place because there’s so many different parts to it. Like you can’t rescue victims without the criminal side. You can’t support them without health. You can’t get their buy in without the law. You can’t prioritise them without the human rights. It’s almost like – is there one that should sit above at the very top? I don’t know

I: Do you think there is one at the moment? In a UK context

P: Probably either immigration or law enforcement. Or a combination of the two. I think the whole NRM response to modern slavery was set up around immigration. Because back then, ten years ago, they thought human trafficking was a cross-border issue. So, the whole system was set up around assuming that none of them would be British citizens. And now that that’s changed significantly over ten years and actually British citizens are the highest stat. We see the impact of that now. The support has not been created effectively and the systems don’t work as well

I: So, in response to that, the partnerships and the network. How do you turn that into - you’re still working in the same constraints with functions. So how do you turn that into things you can action or do something about?

P: So, I think because we have been able to now sit on – there’s a group called the Modern Slavery Strategy Implementation Group that the home office commissioned as part of their modern slavery strategy. So, they’ve got one for victim care and support, one for crime, one for all these different areas that make up a modern slavery strategy. We sit in the victims one now, so we’re able to give our feedback on policy and strategy and give our views of real-life experiences into those settings. So, that’s like a practical way of how we do. I don’t know.

I: How do you sustain the network? Or how do you think it is sustained? Because obviously you’ve got a lot of people involved, how do you keep it going?

P: We aim to just be the ones that keep everybody up to date. Cause we release bulletins and newsletters and information, and we remain in contact with a lot of partners in between those meetings. So, it’s not just a meeting every 6-8 weeks – we have a lot of correspondence and actions and meetings and workshops and training that we offer people between those times. And we’ve always said – when people don’t come anymore, it’s cause we’re not needed. So we try to do a challenge board, people will escalate things to us and we’ll see what we can do with it and ask people what they want to see and why they’re here, and so far they keep turning up. Yeah. So, we try to make sure that we are keeping up with what happens nationally. Cause more often than not we’ll say “This has happened” and they’ll say “Oh, we didn’t know” or “This happened last year”, “Oh, we didn’t know”. Because we keep up to date with it on a daily basis, we help people stay afloat in the midst of 15 newsletters a day.

I: And do you use any data to engage people across the network? Do you have that function?

P: Not really. It’s very much kind of – we don’t capture that. We’ll capture the odd quote and things, but just seems to run itself almost. We put the meeting on, and they turn up.

I: And how do you know it’s successful?

P: They keep coming back. I put sticky notes at the back of the room, and we said “Can you write why you come?” cause we were like if somebody puts “My manager tells me to”. And we got quite a good thing of feedback and it was to stay in touch, to keep up to date with what’s going on, to actually meet with other agencies, to help us break our silos. I think they appreciate being in a room with all those different agencies, cause normally they wouldn’t have the opportunity to do that and it just breaks down those meet-and-greet barriers, I think. “Excuse me, can you help me with this?” and they’re like “Yeah, okay.” There’s no getting through organisational politics and things. It helps break those walls down a bit.

I: And do you think the network has an impact on population outcomes? So, say, the sort of ultimate goal, really, of reducing or ameliorating the effects of modern slavery and human trafficking?

P: I think so, because we see evidence of people working together that wouldn’t have worked together before to get a better outcome than if they’d done it alone. So, a really practical example would be that we might get an example saying “We’ve come across a victim. This is the situation and we don’t know what to do” and then we’ll be like “Okay, Red Cross, Police, health. Let’s talk about it and get people together” and because we see that happen quite a lot, we’ve put some funding in for a victim care coordinator role so that those unofficial conversations where we’re getting really positive outcomes that don’t get measured in any way, shape or form, can be a bit more of an orchestrated department that records the outcomes and keeps those people accountable “Oh, you know that conversation we had. What happened? Where are they now?” to try and quantify what we’re doing a bit better.

I: Yeah. And sometimes it’s just the process of documentation that is the kind of evidence that you need. Cause you’ll draw on these experiences cause they’re there and the person after you will be able to

P: Yeah, cause we do a lot of things where it’s just a phone call, or it’s just an email, but the impact of that is quite significant and we don’t record that anywhere. We don’t quantify it. We don’t evaluate it. It’s just what we do

I: Yeah. So, in some ways it’s potentially a useful exercise to have a few examples of models of what your inputs were, what the mechanisms of change were and what the outcomes were as well as demonstrating value.

P: There’ll be lots of outcomes that we just never know

I: So, just one last question about how you think, from your experiences here and previous experiences, how the good things that you’ve described, we haven’t really talked much about pitfalls, but how can it be best shared? So your knowledge of the network and the partnerships you work with and previous work in [place], how can those things be best shared so other people can look at that work and think “Yeah, I can draw that into my own practice”?

P: That’s a very good question. It’s hard, isn’t it, cause it’s like all of these millions of things happen all the time - how do people know about it? I think we – so, within our network there is a national network coordinators forum. [Name] chairs that as well. We attend that and within that we talk about outcomes and challenges that we’ve had and see if it’s a national issue. So, whether it’s just a regional thing. More often than not that’s not the case and it’s represented nationally. And then as a room full of national network coordinators look at national solutions, how you can take things forward or some of the coordinators for [region] might speak to the person who coordinates [our region] and say “How did you coordinate that and how would you do that?” Does that answer your question?

I: So, thinking about mechanisms of sharing

P: I think we’re trying to look into that a little bit, cause we’re like “This is really helpful but we only meet once a quarter and we never talk outside of this” and everybody’s like “Oh, we have 50,000 emails a day and three different information sharing systems” that it’s just too much to have another. So, it’s almost like we don’t have the solution for that and it’s quite sporadic and each region will just deal with what works best for them. You obviously can’t put a blanket approach on cause everybody uses different data systems and prefers to communicate in different ways.

I: And sometimes just waiting for the right moment

P: Yeah, they might not realise it’s an issue until one day and then they need an answer the same day. Yeah, the nature of it is just so sporadic and fast paced. You need to evidence build over a long period of time

I: Do you ever do any of that kind of horizon scanning to sort of flag things that might be emergent?

P: Yeah. I’d say we probably wouldn’t know that was a term. It’s just something that we do.