MODERN SLAVERY & HUMAN RIGHTS | POLICY & EVIDENCE CENTRE

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# Prevention of adult sexual and labour exploitation in the UK: What does or could work?

## Research report

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## Overview

Preventing modern slavery[1] is a global goal, yet remains elusive. We know little about 'what works' for whom in different contexts and what prevention means in principle or practice. This project sought to address these challenges by exploring what does or could work in the prevention of two forms of modern slavery among adults in the UK: labour and sexual exploitation[2]. It examines what has been tried in prevention programmes, projects and initiatives, outside of policy intervention(s). The study draws on a participatory rapid evidence assessment that included the synthesis of 33 evaluative studies, 19 theoretical papers, 18 survey responses and six consultation panel discussions with people working in the counter-slavery sector and with people with lived experience of exploitation. It proposes a definition of prevention, sets out a typology of interventions and their functions and makes recommendations for a more comprehensive and effective system.

1. Modern slavery is used as an umbrella term. It includes a range of exploitative practices including human trafficking, sexual exploitation, forced labour, domestic servitude and forced criminal activity. It involves recruiting, through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

2. In the UK, modern slavery offences are defined in the Modern Slavery Act 2015, which covers England and Wales, the Human Trafficking and Exploitation Act (Scotland) 2015 and the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015.

# Key findings

- Previous research has found that there is appetite across the sector for a unifying definition of modern slavery prevention. Our proposed definition of modern slavery prevention is informed by people with lived experience and reflects the cyclical nature of prevention:
  - Prevention is an on-going process of avoiding and minimising exploitation and harm. This can be achieved by intervening before exploitation and harm occurs, by intervening early and by treating harms. It also includes action to prevent re-exploitation/ re-trafficking. Prevention includes enabling people to exercise choice, control over their lives and to thrive.
- Prevention can be understood as a BETR continuum (Before, Early, Treat and preventing Re-trafficking)
- Drawing on a rapid review of evidence, and discussions with people working in counter-slavery and with lived experience, we identified 25 different types of prevention interventions that have been delivered in the UK that act to prevent sexual and labour exploitation. The majority of literature focuses on two types of interventions: awareness and information campaigns and education and training initiatives. Other common interventions in published evaluations include partnership interventions, advocacy, holistic support and provision of safe spaces for those affected by exploitation.
- We grouped these 25 types of interventions into five pathways to prevention i.e. the mechanisms through which an intervention is expected prevent exploitation:
  - **Access.** Ensuring all people had access to the fundamental things in life e.g. financial resources, a secure and safe home, access to essential services, dignity and rights.
  - **Literacy.** Enabling the development of knowledge and consciousness of exploitation, harms and rights among different populations including victims, survivors, people at risk, statutory and non-statutory agencies and the general public, as well as the skills to take action at personal, community or organisational levels.
  - **Power & control.** Building individual and community control, power, resilience and opportunities to thrive, particularly among people and communities at risk and those who had already been exploited.
  - **Deterrence & disruption.** Impeding, disrupting and deterring perpetration.
  - **Partnership.** Building partnerships that, through coordination and the pooling of resources, enhanced the preventative response.
- In line with previous research, our study found a small evaluative evidence base on prevention. Most interventions subject to evaluation are those which focus on giving people who have already been exploited access to wider determinants of wellbeing (the Access pathway), with especially limited evaluation of those interventions focused on preventing harm in the first place.

- Based on our assessment of the available evidence, and informed by discussions with those with lived experience, we suggest the following lessons can be learned about what looks promising:
  - Ensuring commissioning, design and delivery of prevention interventions are guided by a clear set of **principles**. Our research identified 12 such principles, including the need to focus on harm avoidance and reduction, cultural competence and a clear theory of change.
  - Prioritising **community-based and survivor-led initiatives**. This could include, for example, creating space for community members, including survivors, to share lived experiences amongst peers.
  - Promoting **deep literacy** rather than 'surface knowledge' of exploitation, its causes, consequences and the ways and means of intervention. This interacts with pathways of power and control: deeper understanding may open up pathways to change for affected people and communities
  - **Coordinated systems responses** mean 'the sum is greater than its parts' in prevention. This could mean, for example, that anti-slavery partnerships in local areas or regions could strategically develop systems-level action plans for prevention, given the right resource.
- While this research focused specifically on programme-based prevention interventions, the evidence base suggested that law and policy are likely to be the most powerful levers for prevention (for example, labour regulation and immigration policies). This demonstrates the importance of situating prevention interventions within a 'whole system' understanding of exploitation prevention

# Methods

This study explored UK-based non-policy interventions intended to prevent sexual or labour exploitation among adults in the UK. Although the broad remit of the study was the prevention of modern slavery, these parameters were defined in the context of the need for a rapid (time-limited) exploration of the evidence in a broad field of study and practice. We used Rapid Evidence Assessment[1] methods for the research. There were three main components: 1) A systematic review of the literature, including evaluations not published in peer-reviewed journals (the 'grey' literature), 2) A survey of prevention interventions across the UK, and 3) A series of Consultation Panel (CP) discussions with survivors and organisations working in counter-slavery. The study was approved by ScHARR Research Ethics Committee (reference 043361). A protocol for the systematic review is published on PROSPERO (reference CRD42021281966). A full description of the background, rationale and methods adopted for the study are available as a methodological Annex , which can be accessed on the Modern Slavery PEC website at modernslaverypec.org/resources/prevention-what-works.

## Systematic literature review

There were three phases to the systematic review. First, the research team analysed several foundational prevention publications released in the past four years[2–7]. These were used to identify the state of the global evidence base, to gather search terms for the review, to identify UK-based interventions and to uncover any intervention typologies and theories of change relating to prevention. The second phase was a full systematic review of the published literature using PRISMA guidelines[8]. In addition to database searching using a comprehensive list of terms (which you can find in the Annex), we hand-searched references in three trafficking-specific journals. Finally, we conducted a grey literature search, examining the websites of 63 organisations connected to modern slavery prevention. We supplemented our analysis of the literature base with descriptions of interventions that had not been evaluated to establish a picture (albeit partial) of what further interventions were being tried across the UK. We employed inclusion and exclusion criteria in the selection of evaluative studies (see Annex).

## Survey

We distributed a short on-line survey across the counter-slavery sector in the UK. The survey asked organisations to provide examples of their prevention activity. A small number of survey respondents were followed-up by email and phone to provide more details about their action in this area. Survey responses and any additional outputs that came from them (e.g. evaluation reports) were judged using the same inclusion/exclusion criteria as the literature (n=18 useable responses).

## Consultation panels

Consultation panel input cut across the research programme. Panellists were survivors, members of community organisations or anti-slavery partnerships linked to the Black and ethnic minority Anti-Slavery Network (BASNET) or the West Midlands Anti-Slavery Network (WMASN). We conducted six panel meetings each lasting between 1.5-2 hours throughout the lifetime of the project (n=21 participants).

## Analytical framework

Analysis was guided by a public health perspective on exploitation and prevention[9–11] and realist-informed principles[12]. We employed the public health concepts of primary, secondary and tertiary prevention in our analysis. Primary prevention means preventing a problem before it happens, secondary prevention means early intervention when a problem starts to emerge and tertiary prevention means treating the problem once harm has occurred.[13]

# Findings

## A summary of the state of the evidence base

The review of literature identified 33 evaluative papers and 19 studies with relevant theoretical insights into how sexual and labour exploitation could be prevented in the UK (see Annex for PRISMA diagram). Only seven of the 33 evaluations were from the peer-reviewed literature, indicating limited scientific inquiry in this field. Almost all of the 33 studies employed a mix of methods. Twenty of the total included a qualitative component, 11 included analysis of secondary data (usually administrative data), eight used a before and after design but with no comparison, seven included a review of literature (two were stand-alone systematic reviews), six included documentary analysis and five were process evaluations of interventions. The dominance of qualitative methods reflects the findings of other assessments of the evaluative evidence base in the anti-trafficking field[2,3,5]. While this is not a problem in itself, particularly as qualitative research builds in rather than 'controls out' context, there is considerable scope for a broader range of approaches and methods to be employed. Complex-intervention development and testing and complexity-informed designs such as those in other areas of research (e.g. health) should inform future counter-slavery research and development[14,15].

Fifteen out of the 33 evaluations offered some theoretical insight into the programmes being studied. These included theories of how interventions were expected to work in their local context (theories of change), others provided mid-range or grander theories that sought to explain interventional processes and outcomes in the context of broader social and economic relations. Seventeen of the 33 offered no theoretical insight. Twenty one of the 33 papers identified some sort of outcome and/or output measures of interventions. These ranged from outcomes measured by formal assessment tools such as the Assessment of Survivor Outcomes tool,[16] to process outputs such as referrals to programmes converted to jobs such as in the case of employment initiatives.[17] Measuring individual or population-level outcomes with a baseline or other form of comparison was rare and some output measures were combined to give an overall indication of intervention effect (e.g. numbers of calls to helplines, increased discussion of the issue of modern slavery among at-risk groups). Promising measures included the adoption of 'distance travelled' tools that measured how people living in difficult circumstances made progress in reducing their chances of being exploited.[18] In addition, one service that supported homeless people recorded 'near miss' events where service users were supported to turn down job offers that were likely to be illegitimate.[19] Such measures are likely to be important in the development of future prevention research and evaluation. Additional measures to consider include those within the wider environment that may allow people the chance to thrive. Factors like improving community resilience, reducing barriers to services and measurable change in institutional practices (e.g. cultural competence) all sit along the pathway to prevention.

All but seven studies reported some sort of intervention 'effect'. Twenty-one reported qualitative effects. These included reporting individual cases of how initiatives affected life trajectories, for example, support programmes resulting in slow and gradual progress towards employment.[20] Other reported qualitative effects included the feelings and perceptions of staff delivering interventions and the reports of survivors. These were often triangulated with additional process evidence such as the retention of people on programmes, referrals to the NRM or the qualities of implementation that were identified as supportive of recovery.[17,21]

Fourteen studies reported some sort of quantitative effect with measures varying considerably between studies. Some were based on recovery measures (e.g. life stability and confidence[16]), others related to partnership effects (e.g. sharing intelligence[22]) and effects of training and learning on knowledge.[23,24] In all, measures of effectiveness were developed as an overall picture using a mix of evidence and inference rather than single measures of 'effect'. This is both a strength and limitation of the current evidence base on the prevention of sexual and labour exploitation of adults in the UK.

We identified 17 further interventions across the UK that had a preventative component. These were, to the best of our knowledge, unevaluated. This is a very partial picture of labour and sexual exploitation preventative effort and is a product of the time-limits of the project and the extent to which organisations published their activities on-line.

## Defining prevention

While the literature offered little deep exploration of the concept of prevention, consultation panel members provided several perspectives on what the prevention of labour and sexual exploitation meant. This was often expressed in terms of the explicit and implicit goal of stopping exploitation and harm from happening in the first instance. In addition, consultation panels emphasised the on-going nature of prevention work and that there was 'no end to prevention' so long as people were at risk of or were being exploited. Prevention included minimising the conditions that gave rise to and reinforced exploitation, reduced the prevalence and incidence of exploitation and re-exploitation and minimising the harms associated with it. Harms included physical and mental health such as trauma, damage to relationships including families and peer-groups and harms to communities, localities, regions and broader society (e.g. distrust and stigmatisation of people and places).

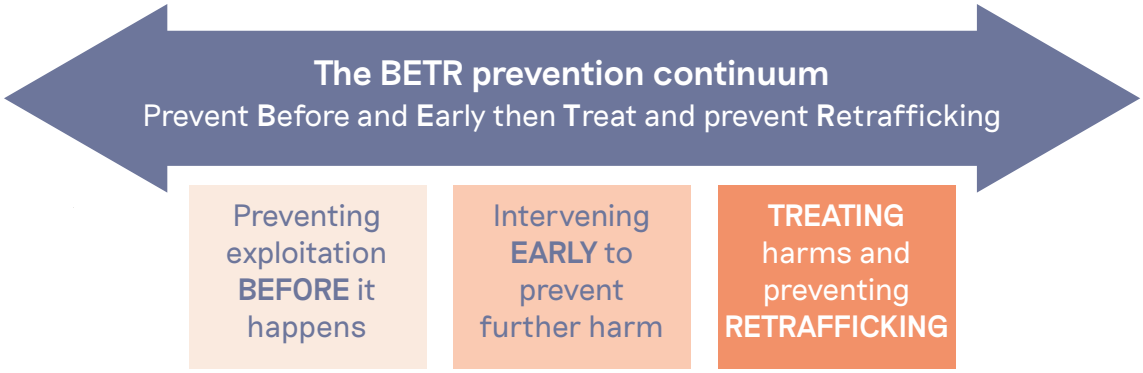
Prevention was also about offering people the opportunity for control, choice and "blossoming" or the opportunity to live a fulfilling life. This idea brought about the concept of 'thriving'. It relates to existing child safeguarding legislation which not only protects and prevents children from harm but promotes taking action to enable the best outcomes.[25-27] This notion of thriving was an important 'salutogenic' (health promoting) component of prevention that implied activity should not only minimise harm but give people an equal chance of building lives that were healthy, happy and fulfilling. Thriving was inclusive of people recovering from exploitation but also referred to the process of people and communities resisting the conditions that could give rise to exploitation. The opportunity to thrive was a preventative mechanism in itself.

These insights were important as very few papers offered a definition of prevention and none explicitly referenced different points of intervention across the cycle of exploitation[11] (such as before harm had occurred or early on in the exploitation process). A few papers linked how activities in other spheres such as victim assistance, connected back to the prevention of ongoing harms and secondary victimisation.[28,29] One study identified a need to better integrate the concept of prevention with protection and prosecution.[29] Based on consultation panel discussions and earlier studies of prevention by the research team,[11] we offer an inclusive and dynamic definition:

**Prevention is an on-going process of avoiding and minimising exploitation and harm. This can be achieved by intervening before exploitation and harm occurs, by intervening early and by treating harms. It also includes action to prevent re-exploitation/-trafficking. Prevention includes enabling people to exercise choice, control over their lives and to thrive.**

This definition can be expressed as the **BETR prevention continuum**. This is an evolution of the BEST (Before, Early/Secondary, Treat) prevention framework developed in earlier research.[11]

Figure 1. **The BETR prevention continuum**




The BETR continuum mirrors public health levels of prevention: primary (before), secondary (early) and tertiary (treatment), with the addition of the prevention of re-exploitation/-trafficking. Tertiary prevention and the prevention of re-trafficking were interconnected as robust support when exiting exploitation was designed to prevent people going back to or entering into further episodes of exploitation.

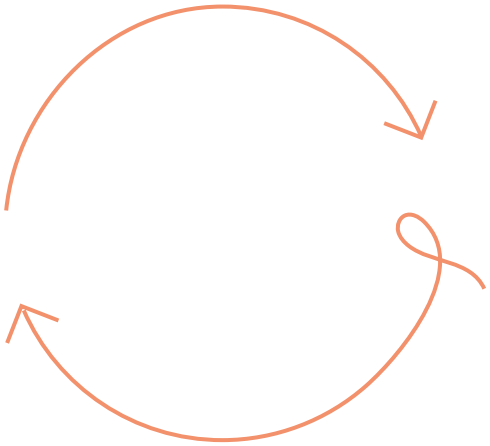
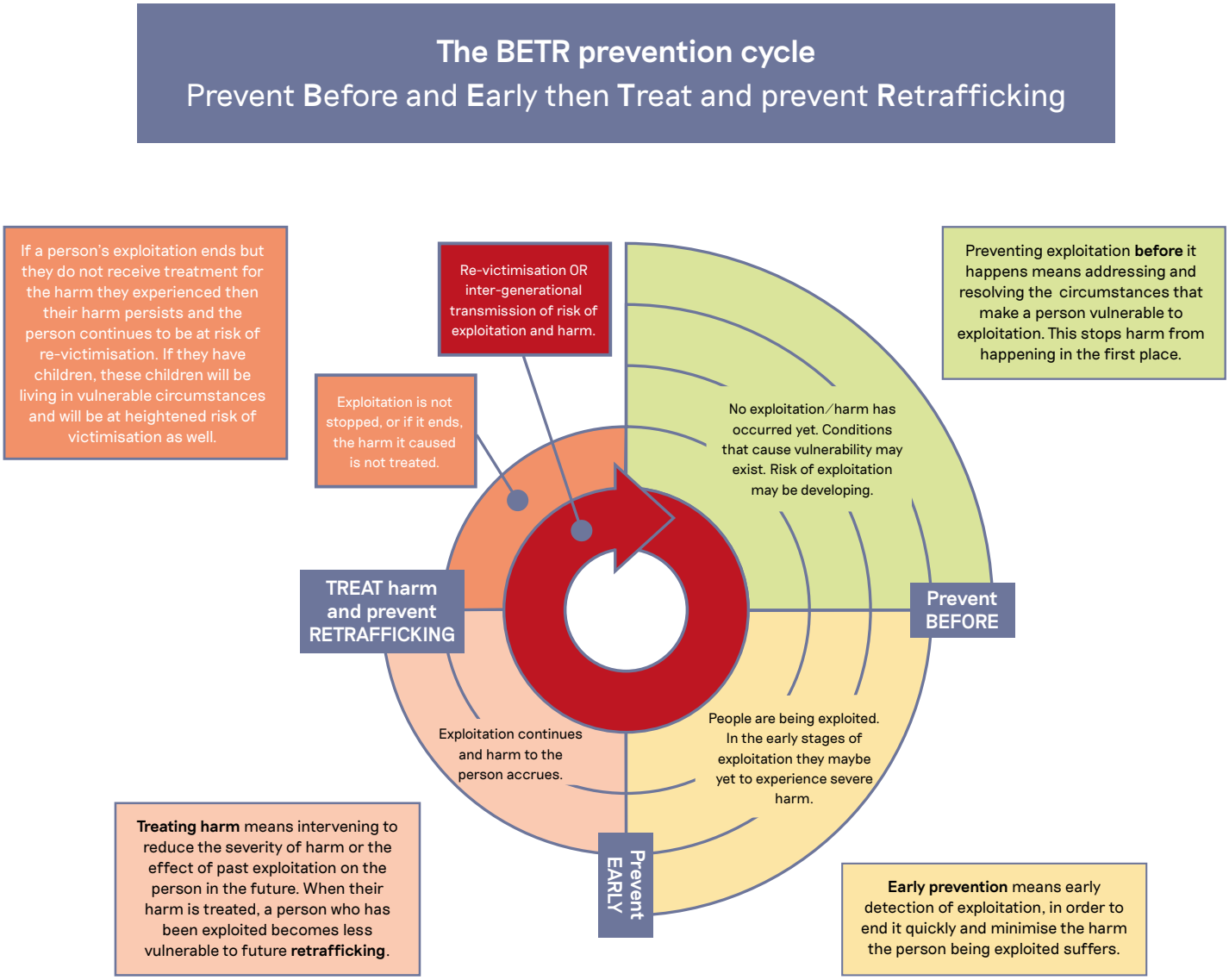


Figure 2. **The cycle of exploitation and prevention**




When presented with the continuum for critical appraisal, consultation panels highlighted how exploitation and harm happened as a cycle or spiral (where exploitation led to harm, which led to further exploitation and more harm). Panels discussed how exploitation and its associated harms were an on-going process and that preventative activity should reflect this; interventions should be put in place across the cycle to maximise harm reduction and avoidance. An alternative visualisation is available in Figure 2 to represent these ideas.

Whether presented as a continuum or as a cycle/spiral, consultation panels and contextual description in the evidence base highlighted that to minimise harm and maximise thriving a *whole system of prevention was required*. All parts of the continuum needed attending to. It was highlighted that the law and policy were the foundations of prevention and potentially the most powerful levers for change. How policy and the law – both criminal and non-criminal – was implemented also profoundly influenced the 'prevention landscape'. Consultation panel members were clear: prevention interventions should not have to undo harms generated by

poorly designed, delivered and coordinated legal, policy and enforcement systems. Several examples of policy-generated harms such as asylum processes, criminalisation of victims and labour de-regulation were provided. It was also clear that building robust local multi-agency and community coordinated action for prevention needed sustainable funding, governance and delivery support. Interventions needed to be fully needs, risk and impact assessed.

## The different types of prevention intervention

We found 25 different types or forms of preventative activity across the evaluated and unevaluated knowledge base. Tables 1-5 offer an outline of the different sorts of interventions discovered. It reveals a broad range of programmes, projects and initiatives that goes beyond previous evidence syntheses. Some intervention types dominated (e.g. awareness and training/education) while others were at an emergent stage (e.g. bystander and perpetrator interventions). Reflecting other reviews,[2,3,30] awareness and information campaigns alongside education and training interventions dominated the literature. In the current study, 13/33 had an education/training goal and 7/33 included awareness campaigns. This reflects a European Commission study that found 38/43 prevention initiatives contained an awareness or information-giving component.[30] The smaller proportion in the current review may reflect the broad definition of prevention adopted. We found a variety of audiences for the 13 evaluated interventions with an education or training component including healthcare practitioners,[31,32] the police,[23] students[24,33] and bank staff.[34,35] Two systematic reviews were conducted in the healthcare field. While one of these identified many different materials to support learning, they did not find any evidence of evaluation.[31] The other identified that education and training delivered sustained learning outcomes when educational approaches were multi-phase, used content experts (including survivors) and targeted multi-disciplinary healthcare teams.[32] This mirrors contemporary calls for awareness-raising, education and training initiatives to be informed by survivor experience and affected communities. It also points towards the need for activities to be reinforced over the long-term , as knowledge retention has been shown to fade over time.[23,34]

The importance of training, education and awareness as a preventative strategy was reflected in consultation panel discussion. Participants wanted to see awareness-raising and training among professionals such as the police and social workers on how to respond appropriately to people at risk or those living in exploitative circumstances. This highlighted how contact with services could be a missed opportunity to identify exploitation and to engender trust. In addition, consultation panel discussion noted the centrality of community-level and community-led education and awareness programmes that made exploitation 'everyone's business', indicating a preference for community-led solutions. It was notable that community-led preventative interventions remained largely undiscovered in the UK counter-slavery literature base.

Other interventions with a prevention component that appeared most frequently in the published evidence base included partnership interventions (9/33), advocacy (7/33), holistic support (6/33), safe places (6/33), employment and welfare support (5/33), case management (5/33) and supply chain interventions (5/33). There was a relative absence of law enforcement and criminal justice interventions (e.g. in communities, in tertiary prevention, at borders, in prisons) discovered in the review process. This is despite their central role in prevention cited in cross-national evidence reviews.[29,30] One study noted the promise of partnership interventions between police and survivor organisations

(e.g. the Victim Navigator Pilot) as delivering better outcomes in terms of redress and compensation.[36] Similarly, one evaluation noted the relatively high rate of survivor engagement with police investigations among people receiving wrap-around support that included police partnership.[37] Further development of these promising interventions are needed alongside a much clearer and transparent assessment of the impact of how statutory powers employed by law enforcement influence prevention.

In the majority of cases (18/33), interventions were multi-component; combining many elements of preventative practice. This reflects the complexity of the multiple individual and contextual factors that require addressing to prevent labour and sexual exploitation across the prevention continuum; responses required exploitation to be addressed 'on all fronts', a sentiment supported by the consultation panels. It also presents a huge strategic and evaluation challenge; identifying 'what works' requires not only trying and testing well-defined individual forms of intervention but understanding the functions of initiatives in context and within broader social, legal and local systems.

## How prevention functions

Analysis of the 25 different types (forms) of interventions across the BETR prevention continuum revealed five pathways to prevent labour and sexual exploitation. In other words, despite interventions taking different forms (e.g. outreach and employment support), they often had common underlying functions. These were:

1. **Access.** Ensuring all people had access to the fundamental things in life e.g. basic financial resources, a secure and safe home, access to essential services, dignity and rights.
2. **Literacy.** Enabling the development of knowledge and in-depth understanding of exploitation, harms and rights among different populations including victims, survivors, people at risk, statutory and non-statutory agencies and the general public, as well as the skills to take action at personal, community or organisational levels.
3. **Power & control.** Building individual and community control, power, resilience and opportunities to thrive, particularly among people and communities at risk and those who had already been exploited.
4. **Deterrence & disruption.** Impeding, disrupting and deterring perpetration e.g. through law enforcement practices or initiatives for early detection.
5. **Partnership.** Building partnerships that, through coordination and the pooling of resources, enhanced the preventative response e.g. local anti-slavery partnerships or networks.

Tables 1-5 identify the primary underlying functions of the different 25 interventions.
The evaluation evidence presented comes with a note of caution; there were low standards of evidence across the board, demonstrating the emergent nature of the field. NESTA standards of evidence[38] were used to score interventions. NESTA standards use a 1-5 scoring system with 1 being the starting point, which means the evidence provides a logical, coherent and convincing description of what has been done and why it matters. This was the most common score for the included evaluations. Level 2 means data has been captured to show positive change but that the study did not provide sufficient data on plausible mechanisms for the

intervention's effect. Levels 3-5 progress to establishing causality through controlled designs and replication. None of the studies met this standard. Although we applied these standards to indicate the quality of studies and the maturity of the field, it is worth noting that NESTA measures are premised on the model of research where the 'gold standard' is represented by Randomised Controlled Trials. Alternative, and more field-appropriate, standards should be developed to acknowledge the complexity of exploitation and intervention in different contexts and among different populations. Complexity-informed designs using a range of methods would greatly benefit the future of modern slavery research and evaluation.[39]

Several interventions had more than one function, reflecting their multicomponent nature. Action to improve survivor's safety through the provision of safe accommodation was, for example, often linked to education and training support and opportunities to consider police involvement for possible prosecution and redress. One small-scale study,[40] for example, discovered that men who had been exploited for work placed a higher priority on support services accessed through a safehouse than on the place of safety itself. Especially important was access to healthcare, the availability of support staff and opportunities for meaningful activity. Similarly, a safehouse for women who had been sexually exploited offered support to engage with the police and a whole range of person-centred services to provide women with skills and confidence and a sense of connection and control in their lives.[37] Here, there were multiple mechanisms at play (Access, Literacy, Deterrence and Disruption, Power and Control and Partnership) that sought 'treatment' or tertiary prevention and were designed to avoid re-trafficking.

To avoid exploitation from happening in the first instance and in early intervention, consultation panel discussion highlighted a strong preference for interventions to enhance community and individual literacy and power and control. This aligns with panels' preferred types of intervention: community-led programmes. Panels highlighted how developing strong critical understandings of how exploitation and harm could emerge and become endemic were important and undervalued. This applied to understandings of both being harmed and doing harm. The current study found no evaluative evidence of how collective community action had been developed in the UK to prevent exploitation. We know, however, from upstream prevention interventions and evaluations in the US that community led resilience programmes can be systematically developed and evaluated.[41] Research in the UK in the field of health inequalities demonstrates some promise in the development of collective power and control in disadvantaged communities[42] and community resilience frameworks have been developed by counter-slavery reseachers.[43] These require further development and testing.

It is notable from Table 1 that the largest volume of evaluative evidence relates to interventions that are primarily designed to provide people with access to the things in life that promote wellbeing. This is most evident in interventions designed to 'treat' or prevent re-trafficking. In other words, the knowledge base is skewed towards establishing if access to the wider determinants of wellbeing improve the lives of people who have already been exploited. If our knowledge of prevention is to expand we need to redress this imbalance by moving our studies further upstream to focus on communities and families at elevated risk of exploitation within and beyond the UK. This requires linking our knowledge to the evidence base on the effectiveness of interventions to improve the lives of populations such as people claiming asylum, refugees, undocumented migrants, sex workers, care leavers and people who are homeless or live in unstable accommodation. Research with people and communities seeking to migrate and outside of the UK is also of particular interest. A summary of the challenges faced for future research on prevention is represented in Figure 3. It highlights that the modern slavery and human trafficking field is presented with a mismatch between the sorts

of interventions that offer the most preventative potential (upstream initiatives) and the sorts of programmes being tried and evaluated to a high standard.

While all the types and functions of discovered interventions demonstrated promise in prevention, they all carried risks of unintended harm and some fields of intervention were high risk. Harms included those to individuals (physical and mental health harms), families, communities and society in general (e.g. encouraging mistrust of 'outsiders'). Consultation panels warned against the harms generated by 'well intended' interventions that were designed without the input of affected communities and survivors. Examples of domestic violence campaigns where there was '100% good in it' were identified as running the risk of retraumatising survivors. In addition, survivors identified immigration advice and policing as services that could do further harm to people in vulnerable circumstances. Some of these risks arose from what was described as a 'broken system', particularly asylum and modern slavery referral systems. Survivors stated that trauma 'came afterwards from the police, from the legal system, from the Home Office'. Evaluative literature also highlighted the damaging role of bureaucratic systems such as immigration decision making and the National Referral Mechanism.[16,17,44,45] Action in the Deterrence and Disruption mechanism of prevention, therefore, requires attention to reduce the risk of further harms.

## Tables 1-5: the 25 types of prevention interventions

### Key:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| * | Knowledge gap (i.e. no evaluation studies found) | | 3 or more records found | | 1-2 records found | | No records found |

### Explanatory notes

We have used ✗ and ✓ to identify interventions to prevent sexual and labour exploitation in the UK where the evidence and interventional base indicated that initiatives addressed prevention before, during or after exploitation had occurred or if it prevented re-trafficking/re-exploitation. Where we could not find any **evaluative** studies of interventions we used * to show a knowledge gap. On theory: we looked at all studies and consultation panel discussion to extract theories of change. Where this was well articulated we use a ✓; where this is incomplete we have labelled this 'partial'. Unevaluated interventions refer to initiatives that we discovered during the internet search and survey but did not appear to have been evaluated.

## Table 1. Prevention interventions with the primary function of improving ACCESS to the fundamental things in life

| Intervention type/form | Description | Population/ beneficiaries | | | | Volume of evaluative evidence | Volume of unevaluated interventions | Theoretical support/ articulation in the literature and/or the consultation panels | NESTA score (quality of evidence) |
|---|---|---|---|---|---|---|---|---|---|
| | | People at high risk | Survivors/ victims | | | | | | |
| | | Stage on the prevention cycle | | | | | | | |
| | | Before | Early | Treat | Re-trafficking | | | | |
| Navigation (e.g. health services, legal process) | Navigation is typically a one-to-one service that 'walks people through' the process of accessing services to which they are entitled. Examples of navigation include assistance through the health service system or through the legal process with a support worker. | ✓ | ✓ | ✓ | ✓ | | | ✓ | 1 |
| Advocacy | Advocacy is a service that supports people such as survivors or people at risk of exploitation (e.g. undocumented migrants and sex workers) to access their rights, to communicate their needs and to identify what is important to them.[16] Advocacy, such as the Hope for Justice Independent Modern Slavery Advocacy Model is independent of the services people may need support from. | ✓ | ✗ | ✓ | ✓ | | | ✓ | 1 |
| Outreach & 'reach in' | Outreach means seeking out and supporting people living in the community who have been exploited or who are at risk of it to ensure they have access to advice and other services. Reach-in provides people who have already accessed support an 'open door' to on-going support. | ✓ | ✗ | ✓ | ✓ | | | Partial | 1 |
| Safe places (e.g. safehouses) | Safe places ensure people exiting exploitation have access to accommodation. It also includes shelters/ temporary accommodation for people living in vulnerable circumstances (e.g. people who are homeless). | ✓ | ✓ | ✓ | ✓ | | | ✓ | 1 |
| Employment & welfare support | Interventions (often multi-faceted) to support survivors and people at risk of exploitation to gain access to formal employment and to access welfare entitlements. | ✓ | ✓ | ✓ | ✓ | | | ✓ | 1-2 |
| Practical skills & training | Support for the development of skills for employment or broader life skills (e.g. English as Second or Other Language training). | ✓ | ✓ | ✓ | ✓ | | | Partial | 1 |

| Intervention type/form | Description | Population/ beneficiaries | | | | Volume of evaluative evidence | Volume of unevaluated interventions | Theoretical support/ articulation in the literature and/or the consultation panels | NESTA score (quality of evidence) |
|---|---|---|---|---|---|---|---|---|---|
| | | People at high risk | Survivors/ victims | | | | | | |
| | | Stage on the prevention cycle | | | | | | | |
| | | Before | Early | Treat | Re-trafficking | | | | |
| Holistic support ('wrap around' support) | Multi-element support packages that 'wrap around' people at risk of or who have experienced exploitation to meet often complex needs. Such support is often co-located and may include help with referral to the National Referral Mechanism, reporting to law enforcement, psychological or emotional support and activities to bring people together for peer support (e.g. Caritas Bakhita House in the UK[37] and Safe Horizons in the US[46]). Holistic support often includes elements of many of the other interventions listed here. | ✓ | ✓ | ✓ | ✓ | | | ✓ | 1 |
| Case management | Case management is often a multi-agency process that brings relevant statutory and non-statutory parties together to provide appropriate support for people with often complex cases (e.g. people who have been exploited and people who are homeless, refugees and others living in vulnerable circumstances). Agencies involved often include local authorities, health services and the police (e.g. The Passage Antislavery Homeless Pilot[19]). | ✓ | ✓ | ✓ | ✓ | | | ✓ | 1-2 |
| 'Safe return' interventions | Relating to migrant populations, safe return interventions often seek to build transnational cooperation to enable the prevention of re-trafficking (e.g. Child Notices UNICEF project outlined in EC [2015][30]). They often seek to improve people's literacy of the danger of re-trafficking and return people to better living circumstances away from those that resulted in their trafficking. | * | ✗ | ✗ | ✓ | | | Partial | 1 |

## Table 2. Prevention interventions with the primary function of improving LITERACY

| Intervention type/form | Description | Population/ beneficiaries | | | | Volume of evaluative evidence | Volume of unevaluated interventions | Theoretical support/ articulation in the literature and/or the consultation panels | NESTA score (quality of evidence) |
|---|---|---|---|---|---|---|---|---|---|
| | | People at high risk | Survivors/ victims | | | | | | |
| | | Stage on the prevention cycle | | | | | | | |
| | | Before | Early | Treat | Re-trafficking | | | | |
| Awareness-raising | Awareness-raising interventions seek to improve knowledge of labour and sexual exploitation by providing information and delivering campaigns. They focus on different populations including victims, people at elevated risk (e.g. homeless people) and the general population. | ✓ | ✓ | ✓ | ✓ | | | Partial | 2 |
| Education and training support | Education and training initiatives seek to improve people's knowledge and skills on how to prevent exploitation by recognising the signs and knowing how to intervene. Programmes may be delivered face to face or online. They are targeted at different populations such as health professionals, the police, teachers or young people, and involve different requirements of learners - some learning interventions require a lot of active engagement and critical thinking skills. | ✓ | ✓ | ✓ | ✗ | | | Partial | 2 |
| Social norm interventions e.g. taboos, gender | Social or 'cultural' norm interventions address aspects of beliefs and practices that can contribute to exploitation risk and harm. Examples include addressing taboos such as sex among young people, challenging harmful gender norms or issues relating to family or community 'honour' and ethical consumerism. Such interventions seek critical reflection on aspects of social or cultural norms that may be harmful. | ✓ | * | * | * | | | Partial | 1 |
| Technological safety/ literacy | Interventions to improve knowledge and understanding of how to stay safe online. Intended for survivors to avoid re-exploitation or people at elevated risk of exploitation. Applied further upstream, technological safety interventions could emerge from technology companies implementing safer online spaces. | * | * | * | * | | | Partial | n/a |

## Table 3. Prevention interventions with the primary function to improve POWER & CONTROL of affected people and communities

| Intervention type/form | Description | Population/ beneficiaries | | | | Volume of evaluative evidence | Volume of unevaluated interventions | Theoretical support/ articulation in the literature and/or the consultation panels | NESTA score (quality of evidence) |
|---|---|---|---|---|---|---|---|---|---|
| | | People at high risk | Survivors/ victims | | | | | | |
| | | Stage on the prevention cycle | | | | | | | |
| | | Before | Early | Treat | Re-trafficking | | | | |
| Access to technologies | These interventions improve access to technologies such as mobile phones to enable everyday life and social connection (e.g. Unseen/BT collaboration for survivors[49]). | * | ✗ | ✓ | ✓ | | | Partial | 2 |
| 'Opportunity to thrive' interventions | These interventions provide opportunities for people at risk, survivors and low-resource communities to develop their capabilities and exert more control over their lives. This can include interventions to enable informed decision-making and community support programmes that meet the needs of people living in vulnerable circumstances (e.g. art-based programmes for young people disadvantaged areas such as the Our Climb programme, Children's Society). | * | ✗ | ✓ | ✓ | | | Partial | 1 |
| Collective community action | These are community-led or 'bottom-up' initiatives that bring together and empower people in communities to address issues of concern together. They are defined by and acted upon by members of the community collectively. | * | * | * | * | | | Partial | n/a |
| Peer-to-peer support | Peer-to-peer support is when people use their own experiences (e.g. surviving exploitation) to help and empower each other. This involves both giving and receiving support in a reciprocal relationship. | * | ✓ | ✓ | ✓ | | | Partial | 1 |

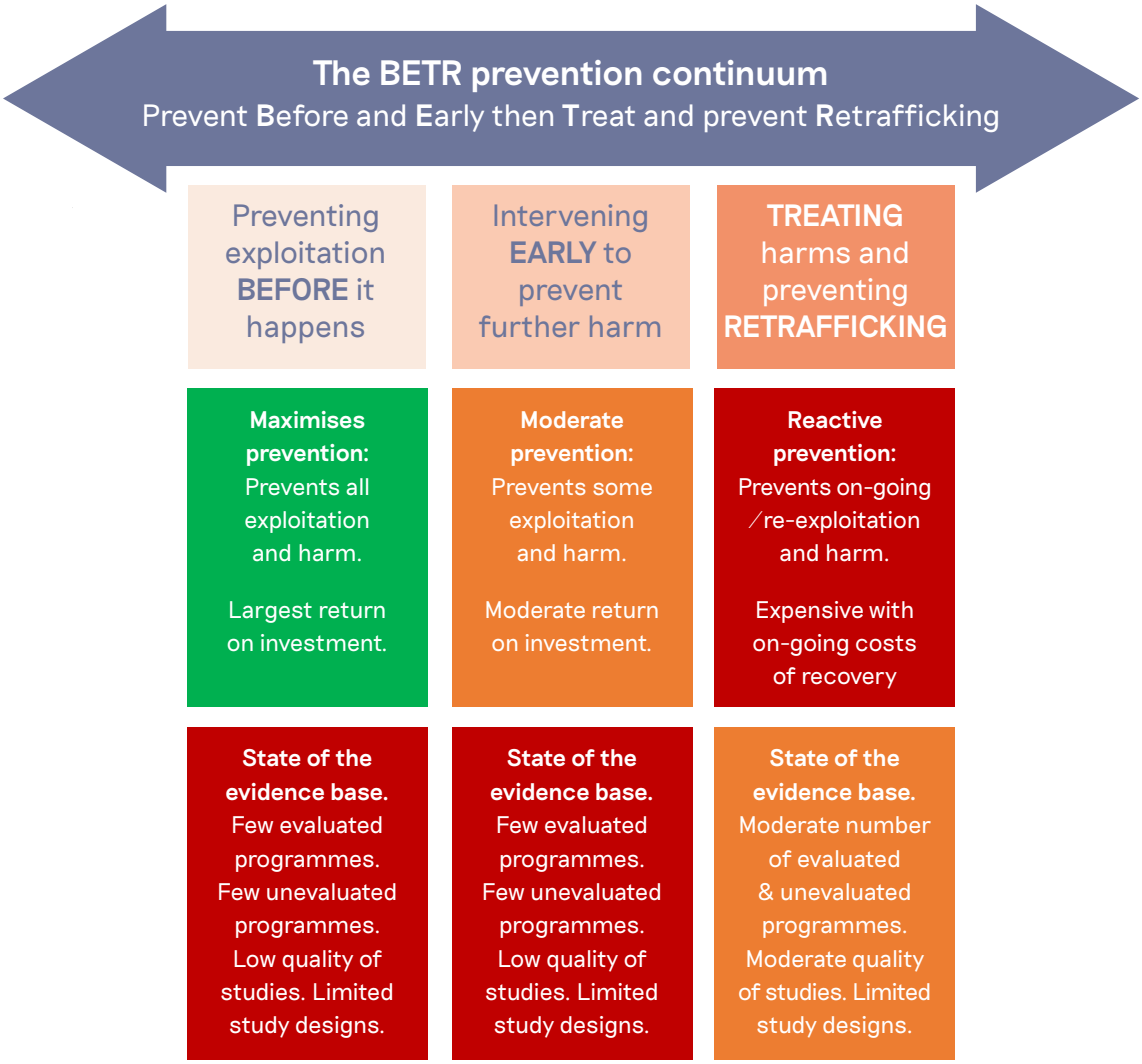
## Table 4. Prevention interventions with the primary function of DETERING and DISRUPTING PERPETRATION

| Intervention type/form | Description | Population/ beneficiaries | | | | Volume of evaluative evidence | Volume of unevaluated interventions | Theoretical support/ articulation in the literature and/or the consultation panels | NESTA score (quality of evidence) |
|---|---|---|---|---|---|---|---|---|---|
| | | People at high risk | Survivors/ victims | | | | | | |
| | | Stage on the prevention cycle | | | | | | | |
| | | Before | Early | Treat | Re-trafficking | | | | |
| The acts of policing/law enforcement | The form and nature of intervention by the police and other law enforcement agencies (e.g. Border Force) impacts considerably on the prevention of exploitation. Law enforcement have considerable power under numerous Acts to intervene (see NWG Network Toolkit for a comprehensive list[47]). Evaluation of the effectiveness of such interventions is rare. | ✓ | ✓ | ✓ | ✓ | | | Partial | n/a |
| Prosecution, redress & compensation | Prosecution and sentencing of perpetrators and compensation for victims/survivors are central components of a robust preventative system. Although within the scope of the review, the progress of the UK in this complex field is covered comprehensively elsewhere (see GRETA[7,48]). Evaluation of justice processes and outcomes as preventative action requires further development. | ✓ | ✗ | ✗ | ✓ | | | ✓ | n/a |
| Supply chain interventions | These interventions intend to disrupt and impede exploitative labour by regulating and building transparency throughout industry and business supply chains. Auditing the supply chain and ethical trading initiatives are forms of preventative intervention in this area. | ✓ | ✓ | ✓ | ✗ | | | ✓ | 1 |
| Inspection, regulation & sanctions | Inspecting, regulating and enforcing, for example, labour standards can prevent exploitation. These interventions include monitoring recruitment working conditions, licensing premises and inspecting them in line with those licences, regulating common avenues for exploitation (e.g. recruitment agencies) and enforcing sanctions when standards are breached. | ✓ | ✓ | ✓ | ✗ | | | ✓ | 1 |
| Rehabilitation & behaviour change of perpetrators | Perpetrator interventions can prevent further harms. Rehabilitation and behaviour change interventions are rare in this field and remain unevaluated. | n/a | * | * | * | | | Partial | n/a |
| Bystander interventions | Including Apps such as the Safe Car Wash App and Farm Work Welfare App, bystander interventions enable people to report concerns about conditions of work (e.g. to the UK Modern Slavery Helpline). | n/a | * | * | * | | | Partial | n/a |

## Table 5. Prevention interventions with the primary function to deliver added benefits through PARTNERSHIP

| Intervention type/form | Description | Population/ beneficiaries | | | | Volume of evaluative evidence | Volume of unevaluated interventions | Theoretical support/ articulation in the literature and/or the consultation panels | NESTA score (quality of evidence) |
|---|---|---|---|---|---|---|---|---|---|
| | | People at high risk | Survivors/ victims | | | | | | |
| | | Stage on the prevention cycle | | | | | | | |
| | | Before | Early | Treat | Re-trafficking | | | | |
| Anti-Slavery / Multi-Agency Partnerships | Anti-Slavery partnerships seek to provide a coordinated response to exploitation in a way that strategically targets and addresses problems in a specific locality or region. They are multi-agency and intend to improve the effectiveness of intervention through pooling resources and coordinating action. | ✓ | ✓ | ✓ | ✓ | | | Partial | 1 |
| Cultural change (organisations) | Cultural change interventions address organisational barriers to effective preventative responses in organisations such as the police, local authorities and schools. These barriers may, for example, be related to discrimination, perceptions of marginalised people or understandings of the responsibilities of organisations to respond to exploitation. | * | * | * | * | | | Partial | n/a |

Figure 3. **The contrast between prevention potential and the focus of existing interventions and evidence**




## The principles of prevention initiatives

To minimise the risk of generating or reinforcing harm through prevention activity, several principles of intervention were identified in the literature and in panel discussions. These reflect principles identified by sector stakeholders in the generation of a public health approach to modern slavery[11] and those developed in guidance on standards in services for trafficked people published by the Human Trafficking Foundation (HTF)50. The principles behind the HTF standards are: Accessibility and non-discrimination; a human rights-based approach; a holistic and victim-centred approach; an empowering approach; freedom of thought, religion and belief; a multi-agency approach; professional boundaries, a safe working approach and a trauma-informed approach.[50] In addition, the literature and the panels highlighted the following guiding principles that should cut across prevention activity.

## Principles of prevention intervention

1. **Harm avoidance and primary prevention first.**
   Seek to prevent exploitation from happening in the first instance.
2. **Harm minimisation and reduction.**
   Minimise harm by intervening early and reduce harms through effective action driven by the Human Trafficking Foundation Survivor Care Standards.[50]
3. **Promote wellbeing by generating opportunities for people to thrive.**
4. **Take a whole systems approach.**
   Develop a strategy to promote a whole system of prevention in partnership with relevant partners.
5. **Ensure equity.**
   Some groups and individuals have a better chance of accessing services and systems that can support their wellbeing and prevent the likelihood of encountering exploitation. Identify who is relatively disadvantaged and find ways of making sure everyone has the same chance of help and support.
6. **Attend to issues of trust.**
   Affected communities and survivors may distrust existing services and systems. Tailor your approach to promote trust between service users and professionals and within communities.
7. **Cultural competence/safety and gender sensitivity.**
   Design and deliver services that meet the needs of affected people and communities in a way that is sensitive to their experiences and backgrounds.
8. **Develop interventions and systems that are informed by affected people and communities.**
   Develop things 'with', not 'for' people.
9. **Monitor and evaluate.**
   Build in monitoring and evaluation systems and processes from the start.
10. **Clear theory of change.**
    Be clear about how your interventions are intended to work and how they will function within a broader system of factors that may work against the prevention of exploitation.
11. **Risk assessed.**
    Undertake an assessment of how interventions may risk harm as well as prevention. Identify if/how risks can be mitigated, following the basic principle of 'do no harm'.
12. **Committed leadership on prevention.**
    Ensure prevention activity is led consistently and collectively.

Seen in combination with the HTF Survivor Care Standards, these principles could be used as a guide in the commissioning, design and delivery of prevention interventions across the BETR prevention cycle.

## Examples of applying prevention principles to practice

Applying these principles to policy and practice, require further elucidation and there is an opportunity for evidence generation and for learning from other fields. Consultation panel discussion provided some insight into how these principles were operationalised and the literature base offered some insight into how they could contribute to prevention efforts.

### i) Attending to issues of trust

Consultation panels repeatedly emphasised the role of trust – between individuals and institutions – in mobilising effective prevention strategies. To date, research and evaluation on what constitutes trust and how it can be built and maintained is lacking in the modern slavery and human trafficking sphere in the UK. Indictors of trust were, however, evident in programmes to build employability among survivors through a 'mutually reinforcing relationship between the client and the coach'[20] (p27); through the development of respectful relationships in employment placements[17]; through reliable and continuous support worker assistance in reintegration interventions[16] and through peer support (e.g. sexually exploited women talking to others with the same experience as a starting point to trust others).[28]

Consultation panel members also talked about these sorts of 'avenues to trust' between individuals, indeed, survivors identified that developing relationships with other survivors was a source of prevention and protection in itself, that people 'looked out for each other'. More broadly, Consultation panels noted the need to develop community-level trust to make prevention more likely. This included building relationships and 'rapport' within communities as well as between statutory and non-statutory services. This could not be forced but should be led by communities and their partners through intentional but routine interactions or 'connections'. Witnessing action from statutory authorities after referrals for safeguarding could, for example, help build trust. It could also be eroded if inaction and additional harms were observed. Examples of such 'failures to act' were provided by consultation panels. Understanding the form and nature of trust-building interventions within and between communities and services and co-developing and trialling intentional trust-building models could be helpful here.

### ii) Cultural competency and safety

Although broad concepts, cultural competency or safety refers to a range of individual and organisational practices and attitudes that enables people to work effectively and equitably across ethnic or 'cultural' difference. The concept embeds an understanding of the likely power imbalance between service user and deliverer and seeks to address these disparities by providing culturally congruent and safe services.[51] This requires cultural openness, awareness, desire, knowledge, sensitivity, and meaningful encounters on behalf of service providers.[52] In the current study, consultation panellists spoke about the importance of 'cultural awareness' and 'culturally intelligent' professionals taking time to understand the experiences of people from diverse backgrounds. Survivors spoke highly of services from charities designed and run by people with ethnically congruent backgrounds; one identified how a befriender with a similar cultural heritage helped her to access food that reflected her tastes and background. She highlighted how such a befriending service was a big part of her story of recovery.

One study in the published literature identified how an Albanian-speaking cultural mediator in a project to support trafficked Albanian women was an important part of developing trust

among service users and enhanced engagement with the police.[36] A study of support provided to migrant women through the maternal health system identified that health navigation was explicitly designed to deliver culturally sensitive care; this included ensuring interpretation services were available during NHS care, connecting service users to cultural resources within their community and facilitating specific cultural practices in relation to pregnancy, labour and birth.[53]

Application of the principle of cultural competency/safety to practice requires further development. Much can be learnt from the literature on the development of cultural safety in health services for marginalised populations where comprehensive approaches have been developed to include training, organisational engagement, accreditation initiatives, systems of monitoring and health equity outcome development.[51] Research in this sphere has identified that tailoring care aligned with clients' values, needs, practices and expectations, providing equitable and ethical care and understanding can improve satisfaction with services, improve perceptions of services, ensure better adherence to treatment, improve interaction between professionals and service users and enhance health outcomes.[52] Similar adaptations are present in counter-slavery fields and these require further development and testing to fulfil their promise in prevention.

## Theories of change

Describing or demonstrating how interventions are expected to work in a logical way – a theory of change or logic model – were often partial in evaluative materials, reflecting the findings of other research.[2,3,54] Constructing theories of change is an important step in policy and intervention development. They make explicit the components of interventions, the way they are implemented and how they are intended to affect change. Such models can be devised, assessed and validated through their co-creation among affected partners. To demonstrate and as a way of progressing the development of awareness-raising and education and training interventions as a form of prevention, we extracted explicit and implicit elements of theories of change from the evidence base. We combined these elements with consultation panel narratives and theories across the wider social science literature.

### The promise of literacy interventions

Our analysis revealed that awareness-raising and education and training interventions, despite having apparently similar functions or pathways to change – namely, raising 'literacy' of the problem – were not all equal in their role in prevention. There were two main reasons for this: First, the goals of interventions for different populations varied from primary through to tertiary prevention and second, literacy ranged from basic to deep and different interventions employed different strategies to reflect this.

On the first point, there were a variety of, often implicit, prevention goals underscoring different campaigns for different populations subject to awareness-raising interventions. The underlying assumptions of each – that awareness translated into preventative action – requires more robust testing across the prevention continuum. Nevertheless, these different goals of awareness campaigns should be made explicit in the logic of proposed campaigns so that the preventative potential of interventions can be maximised. Such logic was clear in a targeted intervention for Lithuanian communities in the UK and overseas; a comprehensive awareness campaign was designed to address prevention across the continuum so that

people already in the UK and experiencing exploitation could recognise their situation. At the same time, social media was used to raise awareness of Lithuanians considering travelling to the UK. The intervention demonstrated signs of effectiveness at least in the short to medium term.[34]

The goals and logic of awareness campaigns in prevention were closely tied to the types of knowledge interventions were seeking to develop. The concept of literacy is helpful here. Literacy of a problem and its link to how we respond as individuals and collectives, it has been argued, operates at different levels. The current awareness-raising interventional and evaluative base focuses primarily on developing *basic or functional literacy* of the problem. This provides sufficient basic skills in understanding exploitation and knowing how to spot the signs but constitutes a narrow definition of literacy.[55] The focus has often been short-term and at an interpersonal level, with media and communication activities directed towards individual behavioural change outcomes (i.e. self-identification or identification of trafficking amongst family and friends).[55,56] Wider public health theory identifies critical literacy as a more promising strategy to effect change in prevention efforts. This requires more advanced cognitive and social skills that can be applied to critically analyse information. This information is then more actively used to exert greater control over situations of exploitation (this is literacy as individual or collective empowerment).[55,57]

While it was not possible to definitely establish what was more effective in preventing exploitation, evidence from the consultation panels and the wider evidence base indicated that interventions to develop deep and critical thinking about exploitation, its precursors and effects was more likely to promote the skills and competencies that lead to action on exploitation. Critical literacy of the problem was a logical foundation for increased individual and collective power and control that could combine to perform a preventative function. Consultation panels discussed raising individual and community 'consciousness'. This included going beyond 'knowing' what exploitation was, to a deeper understanding about human worth and value and how this intersected with social-structural issues such as racism, stigma and fear of State authorities. Critical literacy, the competencies and skills that arise out of it and the community action it may result in is, however, contested in the public health literature.[58] Critiques of current awareness campaigns[29,56] and the accounts of consciousness raising among affected communities in the consultation panels, however, mean such approaches had promise in the preventative sphere.

## The promise of initiatives led by affected communities

Linked to the promising prospect of critical literacy as a means of promoting prevention, consultation panel discussion and some of the empirical descriptive and theoretical literature revealed promise in promoting community-based and survivor-led initiatives. The consultation panels heavily emphasised the centrality of empowering affected communities in prevention.

Although community-based empowerment initiatives were not explicit in the literature review and survey, it was clear from the consultation panels and the theoretical literature that community-based initiatives had potential to prevent exploitation through both personal and social-collective pathways. At a personal level, creating space for community members, including survivors, to share lived experiences, particularly among peers, had the potential to restore social relationships, status and identity.[16,28,37,57] When basic needs were met (e.g. safe housing) and combined with access to basic services such as healthcare, this could not only enable those involved in initiatives to make choices and select goals for themselves but to engage in forms of collective action to bring about change in the conditions

that can give rise to exploitation. This could include, for example, sharing knowledge and skills to challenge norms and practice within social networks in ways that reduced the risk of exploitation and harms among others or to challenge institutional practices that were discriminatory or undermined people's capabilities and ability to thrive. Panel members shared examples of how peer networks served as a form of resilience against exploitation.[28] This was supported by the literature on how such networks enabled trust, critical reflections on life circumstances, aspirations and personal capabilities, self-confidence and self-esteem.[28,57,59]

## Implications and next steps

This is the UK's first systematic assessment of what is prevention of adult sexual and labour exploitation and what we know about what could or does work. There are many implications of the research: for modern slavery prevention strategy, for practice across a range of stakeholders, for the future of community and survivor partnership working and for future research.

### UK Government and devolved administrations: modern slavery strategy and prevention policies

- The UK Government, in its current review of the Modern Slavery Strategy, should set out how prevention is defined and delivered, and consider using the definition of prevention proposed by this research. The Strategy should consider a 'whole system' approach to prevention, setting out how different Government departments and agencies will contribute to the cycle of prevention, working with communities, third sector organisations and affected populations.
- The UK Government and devolved administrations should ensure the ongoing design and implementation of modern slavery interventions covers the full range of pathways to prevention. The five pathways identified by this research include many interventional types; a whole system of prevention should include all five. When funding prevention interventions, the UK Government and devolved administrations should ensure there is a clear Theory of Change setting out how the intervention will lead to prevention. Further attention should be given to piloting and evaluating those interventions which appear promising within a whole systems approach. Trust building interventions (e.g. between communities and statutory services), initiatives to develop exploitation and rights literacy in affected communities and culturally safe interventions deserve particular attention.
- The Home Office is currently running a Modern Slavery Prevention Fund to March 2022. The evaluation of this Fund should consider mapping the funded interventions against the five pathways and 25 intervention types and identified by this research, to demonstrate where and how current investment is targeted. The evaluation should consider the extent to which funded interventions applied the 12 principles of prevention, and lessons learned for future commissioning. If the Prevention Fund is extended beyond March 2022, the Home Office should consider designing the Fund procurement processes to support a portfolio of different intervention types, to generate further evidence on effectiveness.

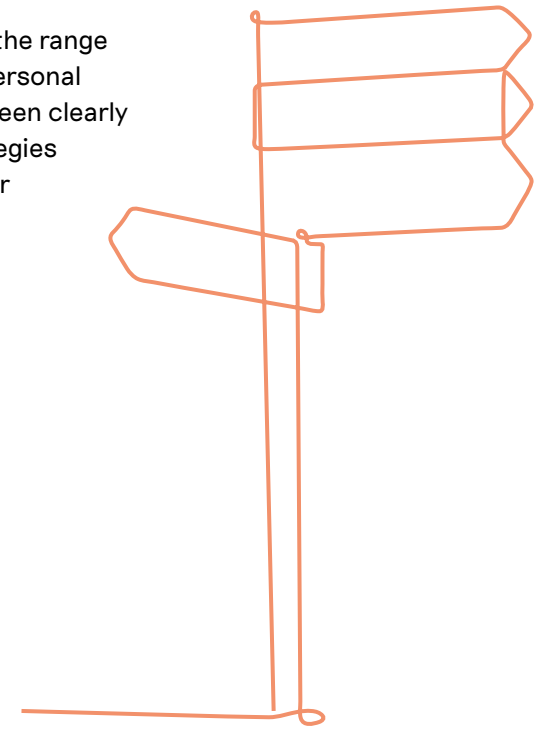
- This research found that modern slavery prevention interventions cannot be viewed in isolation and that wider laws and policies are important levers that affect the prevention cycle, in particular the design of the immigration and asylum systems, and labour market regulation. The UK Government and devolved administrations should consider how to better integrate modern slavery considerations into the design and implementation of these wider laws and policies. For example through considering impacts on modern slavery as part of the policymaking process for these wider policies (e.g. during the assessment of impacts of policies on equalities).

## Practitioners, funders, partnerships and community/survivor organisations

- Organisations funding and/or implementing prevention interventions, such as Governments, Police and Crime Commissioners, should ensure there is a clear Theory of Change setting out the pathway that will lead to prevention. Resources for third sector organisations are available to support this process (for example, the NCVO guide).
- Funders should consider supporting community-led interventions as a matter of priority. Models for the development of such programmes exist in the US (e.g. the Colorado Project60) and in similar fields (e.g. the Together for Childhood programme run by the NSPCC to prevent child abuse).
- Where modern slavery awareness and education and training interventions are funded, they should be reoriented away from basic 'surface-level' knowledge and towards deeper critical literacy, which involves building people's skills and capabilities to take action at personal, community or organisational levels. Ideally, these should sit alongside community empowerment interventions.
- Anti-slavery partnerships should consider mapping their local system of prevention in line with a public health framework. With partners, this exercise could identify prevention strengths and weaknesses that could guide the design of a more robust whole system of prevention that would connect and incorporate the multiple pathways to prevention.

# Future research

- There are multiple knowledge gaps across the prevention of exploitation (see Tables 1-5). The research community could address some of these gaps.
- This research was specific to labour and sexual exploitation among adults in the UK. Other populations and forms of exploitation in other national contexts have been excluded. Application and exploration of how the BETR prevention continuum applies to different populations and geographies would be welcome.
- It would valuable to research the extent to which the five pathways to prevention and the 25 types of preventative interventions track across other forms of exploitation.
- Further research and evaluation is needed of 'upstream' interventions i.e. those which aim to prevent harm in the first place.
- Work with the consultation panels revealed that there is much knowledge in practitioner and survivor communities which is not reflected in the published evidence base. Addressing knowledge gaps will need to involve research and evaluation that is specifically built into modern slavery practice – this will involve "getting research out of practice"[61] and ongoing learning about how complex interventions are implemented and work in particular local contexts.
- Research and evaluation also needs to be more rigorous and theory-driven. Both process and outcome evaluations are needed, which look beyond 'what' initiatives do, to a detailed understanding 'how' they work in different contexts to change the conditions that give rise to exploitation and with what benefits (or harms) for which people or groups.
- These higher quality studies need to be carried out over longer periods of time and be informed by theoretical models to test and establish causal linkages, outcomes and effects of interventions in the complex context of adult labour and sexual exploitation in the UK.
- Definitions of prevention should be inclusive of the range of preventative activity and include notions of personal and collective thriving; a principle that has not been clearly articulated in previous prevention reviews, strategies or policies. Learning on measuring outcomes for survivors could be drawn from recent efforts to define core outcome sets.[62]



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The Modern Slavery and Human Rights Policy and Evidence Centre was created by the investment of public funding to enhance understanding of modern slavery and transform the effectiveness of law and policies designed to overcome it. With high quality research it commissions at its heart, the Centre brings together academics, policymakers, businesses, civil society, survivors and the public on a scale not seen before in the UK to collaborate on solving this global challenge.

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