



Going places: Journeys to recovery

A study on the benefits of providing
survivors in the UK National Referral
Mechanism with funded transport

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List of acronyms

CoE	Council of Europe
ECAT	Council of Europe Convention on Action against Trafficking in Human Beings
ESOL	English as a Second Language
GP	General Practitioner
NASS	National Asylum Support Service
NGO	Non-governmental organisation
NRM	National Referral Mechanism
PI	Principal investigator
TfL	Transport for London

Executive summary

This research is the first study of its kind looking at the transport needs of survivors of modern slavery, who are supported through the UK's National Referral Mechanism (NRM). It sought to provide concrete evidence of the situation regarding transport, which was anecdotally regarded as a significant challenge. The research is a multi-stakeholder initiative that brought together survivors, NGOs, academia and the private sector. The mixed methods study involved providing Oyster cards to 100 survivors and topping them up remotely with £50 every fortnight, for a period of 12 weeks. Participants answered survey questions before and after the 12-week period, and a sample took part in in-depth interviews to understand the impact that free transport had on their recovery.

At the time of the research, survivors in the NRM were entitled to get any travel over £10¹ per return journey reimbursed if the travel was for specific purposes related to the European Convention on Anti-Trafficking (ECAT), and out of their local area. However, in practice few were able to claim for local travel because it did not reach the threshold, it was difficult to prove that the travel was for ECAT purposes or there were administrative barriers to reimbursement. For example, survivors need to register their Oyster card for their support organisation to see evidence of their travel history and make a claim for reimbursement. However, survivors cannot register the cards easily as they often do not have a smartphone, access to mobile phone data or access to WiFi.

Findings

The study found that survivors need to travel as part of their recovery but that the cost to do so far outweighs their ability to pay, given the rates of subsistence that they receive under the NRM (either £35 and £65 per week at the time of the study, plus additional allowances for children). Consequently, many cannot fully access their ECAT rights. The challenges of paying for transport below the £10 threshold significantly hinders their recovery in myriad ways.

Prior to the 12 weeks of funding, participants in the study reported missing appointments important for their wellbeing and making

¹Under the most recent Victim Care Contract, in place from January 2021, there is no longer a £10 cap on reimbursement for ECAT-related travel. Instead, survivors can be reimbursed for any journey taken related to their recovery and above a 3-mile radius. Below 3 miles, the survivor is expected to walk.

sacrifices and trade-offs that sometimes affected their children in order to manage the cost of travel. The most frequently cited sacrifice was food. The strategies that survivors employed to manage their transport needs had negative impacts on health and wellbeing, further hindering the recovery process.

By contrast, funded travel made a significant difference to the ability of survivors to get to appointments and had important positive impacts on their health and wellbeing. At the end of the 12-week period of funded transport, 100% of survey respondents declared that they had not missed any ECAT or other appointments. In addition to using the funded transport to travel to ECAT appointments, participants also used the funded transport to explore London, take English classes, socialise and join new activities. Over the 12-week project period the participants took 13,806 separate journeys, of which 77% (10,667) were made by bus. The funded travel had significant health and wellbeing impacts on survivors, including less stress, less isolation, greater confidence, a sense of independence, empowerment to make decisions, the ability to build and maintain social networks, and feeling useful to others. All of these are crucial to recovery.

In addition, participants reported significant benefits to their children, such as being able to take children to activities and to see their friends. There were also benefits to advocates supporting survivors, who could spend more time concentrating on supporting other aspects of recovery rather than worrying how their clients would get to appointments.

“It was easier to go to new places and prevent being stuck at home. I could see friends more often and did not have to worry about asking anyone to help me financially in order to see them. It prevented isolation and made me feel empowered and encouraged to explore my area and surrounding areas. I could buy myself needed things, for example, a blanket, and get things to feel more at home in my own room. It relieved a lot of financial pressure and made me feel very happy, as I could see lots of new places. It made me feel less scared about using public transports, as I could practise using them.”

Survivor – interview.

Conclusions

Travel is currently unaffordable to survivors and trying to access their most basic rights involves making sacrifices of food and other necessities for survivors and their children. Travel is also essential to recovery and should form part of the basic support provided to all survivors without any threshold, as it is a crucial enabler for other activities that assist recovery and help survivors to rebuild their lives. The study identified that funded transport:

- builds confidence, independence and a sense of empowerment by affording some financial freedom to survivors to make decisions and not have to justify every journey to their advocates in order to claim reimbursements; such independence is key to rebuilding a sense of self
- builds and maintains social networks, including a sense of being useful to others, which addresses isolation and a sense of disempowerment that is likely to be a part of the trauma survivors have experienced
- enables survivors to explore London, which increases their sense of belonging to a community. This is especially important for those survivors who are claiming asylum in the UK
- assists in accessing volunteering, English as a Second Language (ESOL) lessons and other classes to develop skills for survivors' lives post-NRM

- enables their advocates to spend more time focusing on the individual needs of their clients.

Providing funded travel could be one of the most cost-effective ways to improve the lives of survivors because of the knock-on benefits it has and because it may reduce the need for ongoing post-NRM support. However, to get the full benefits, it should be provided as part of the basic support package, without additional bureaucracy for advocates who can then spend more time focusing on the individual needs of their clients.

Recommendations to the UK government

1. Provide funded transport as part of the basic support to all survivors, without a threshold, in addition to the subsistence allowance and prior to any individual needs assessment. In each case, and in order to maximise the positive impacts on survivors, there should be no significant additional bureaucracy for advocates, it should be automatically given to all survivors and survivors should not have to pay upfront and then go through a process of reimbursement. There are three ways this could be done:
 - Via a nationwide bus pass
 - Via regional travel passes
 - By increasing the subsistence allowance.
2. Recognise the holistic nature of recovery that this study has emphasised and the way in which different activities and opportunities support survivors – for example, socialising can be as important as medical attention in supporting recovery and helping victims to come to terms with their trauma. Survivors and their advocates should not have to justify expenditure on such activities.
3. Provide service users with adequate maps and information about activities and places to visit, together with information about transport options to reach them.

Recommendation to organisations supporting survivors

Section one

Introduction

1.1 Rights of victims of trafficking

Victims of trafficking are not a homogeneous group and have widely differing needs when it comes to recovery.² Some are also pregnant or already have dependent children.³ Article 12 of the Council of Europe (CoE) Convention on Action against Trafficking in Human Beings (ECAT)⁴ provides clear guidance on States' obligations regarding the recovery of victims of trafficking:

“Each Party shall adopt such legislative or other measures as may be necessary to assist victims in their physical, psychological and social recovery. Such assistance shall include at least: a) standards of living capable of ensuring their subsistence, through such measures as: **appropriate and secure accommodation, psychological and material assistance; b) access to emergency medical treatment; c) translation and interpretation services**, when appropriate; d) counselling and information, in particular as regards their legal rights and the services available to them, in a language that they can understand; e) **assistance to enable their rights and interests to be presented and considered at appropriate stages of criminal proceedings** against offenders; f) **access to education for children.**”

Under Article 12 of ECAT, victims of trafficking (hereafter ‘survivors’) therefore have the right to: safe and appropriate accommodation; psychological assistance (counselling); medical treatment; interpretation services; legal assistance; and access to education for children (in the destination country). These rights or entitlements are referred throughout this report as ‘ECAT rights/entitlements’.

1.2 Support for survivors in the UK

In the UK, the support mandated by the ECAT is provided through a victim care scheme called the National Referral Mechanism (NRM). Services include a network of safe accommodation and specialist support workers to facilitate access to key services such as financial, medical and legal support, counselling and interpretation services. Survivors are also provided with a subsistence allowance to cover basic necessities, including food. The Modern Slavery Act (2015) extended this support to survivors of modern slavery, not just victims of trafficking in persons.

² The Slavery and Trafficking Survivor Care Standards 2018, <https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf>

³ 2017, 1 in 4 victims of modern slavery were pregnant when they arrived with Hestia. See: <https://www.hestia.org/Handlers/Download.ashx?IDMF=8b2f97c6-cfc2-4790-9c50-6df0245a0a70>

⁴ Council of Europe, Council of Europe Convention on Action Against Trafficking in Human Beings, 16 May 2005, CETS 197.

Figure 1: Weekly subsistence allowances for survivors in the NRM at the time of the study

Weekly subsistence allowance	Single person	Additional allowances for children
Person not in Victim Care Contract (VCC) supported accommodation, or not in receipt of National Asylum Support Service (NASS) financial support (i.e. individual living with friends or family, EU or UK citizens not entitled to claiming NASS)	£35	£20.50 for first child £13.55 for second and third child
Person in VCC supported accommodation (i.e. safe houses)	£65	£20.50 for first child £13.55 for second and third child
Person in receipt of NASS financial support	£65 (37.75 from NASS, 27.25 from VCC)	£40.75 for first child under 3 £42.72 for first child under 1 £37.75 for first, second and third child over 3 (all provide from NASS)
Failed asylum seekers eligible for support	£65 (35.39 from NASS and 29.61 from VCC)	£40.39 for first child under 1 £38.39 for first child under 3 £35.39 for first, second and third child over 3 (all provide from NASS)

Where slavery is suspected, a ‘first responder’ can refer individuals to the NRM with their consent. If there are reasonable grounds to suspect that they could be a victim of modern slavery, then they can enter the NRM and access support until a ‘conclusive grounds’ decision on their case is made by what is known as the Single Competent Authority.⁵ The NRM aims to provide a minimum period of reflection and recovery to survivors of 45 days. In practice, survivors are usually in the NRM for 1-2 years and longer in some cases⁶ awaiting their conclusive grounds decision. In 2019, 10,627 potential survivors were referred to the NRM, a 52 per cent increase from 2018.⁷

⁵ Modern Slavery Act 2015 – Statutory Guidance for England and Wales. Version 1.01 published April 2020. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896033/July_2020_-_Statutory_Guidance_under_the_Modern_Slavery_Act_2015_v1.01.pdf

⁶ Interview with an NGO representative, March 2020.

⁷ National Crime Agency, National Referral Mechanism statistics UK: End of year summary 2019. Available at: <https://www.gov.uk/government/statistics/national-referral-mechanism-statistics-uk-end-of-year-summary-2019>



About modern slavery

The UK government defines the components of modern slavery as human trafficking and slavery, servitude and forced or compulsory labour.

For a person to have been a victim of human trafficking there must have been:

- action (recruitment, transportation, transfer, harbouring or receipt, which can include either domestic or cross-border movement)
- means (threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability – however, there does not need to be a means used for children as they are not able to give informed consent)
- purpose of exploitation (e.g. sexual exploitation, forced labour or domestic servitude, slavery, removal of organs)

For a person to have been a victim of slavery, servitude and forced or compulsory labour there must have been:

- means (being held, either physically or through threat of penalty – e.g. threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability. However, there does not need to be a means used for children as they are not able to give informed consent)
- service (an individual provides a service for benefit, e.g. begging, sexual services, manual labour, domestic service)

Forced or compulsory labour may be present in trafficking cases. However, not every person who is exploited through forced labour has been trafficked.

Source: <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales>

Victim support through the NRM is managed by The Salvation Army and administered through a range of subcontractors. In London, Hestia is the largest support provider for adult survivors of modern slavery, operating five safe houses in London, as well as an outreach service working in every London borough. Hestia supported 1,337 adult victims and 508 dependent children in 2019.

Since October 2019, survivors with a positive conclusive grounds decision exiting the NRM undertake a ‘Recovery Needs Assessment’ to identify any ongoing support needed in order to move on, beyond the minimum of 45 days of ‘move-on’ support that is automatically provided to them. This is a change from previously where those with a positive conclusive grounds decision were given a maximum of 45 days further support, regardless of their individual circumstances.

1.3 Financial support and transport needs – an equation that doesn’t add up

In order to access the support services to which they are entitled, survivors in the NRM must often travel. Those who are also asylum seekers are required to attend Home Office interviews and reporting appointments on a regular basis, as well as meeting with solicitors. Survivors may also have regular or ad hoc hospital, General Practitioner (GP) or counselling appointments and, in addition, they may be participating in investigations and prosecutions of traffickers.

In the London context, some of these appointments require travelling from the outskirts of London into the centre and may include travel at peak time, which is more expensive. Figures 2 and 3 outline the costs of tube and bus journeys in London.

Figure 2: London Underground (tube) fares 2020⁸

Zones travelled	Adult Single journey			Daily cap	
	Paper ticket	Oyster/Contactless - Peak	Oyster/Contactless - Off-Peak	Oyster/Contactless	One-day Travelcard
1	£4.90	£2.40	£2.40		
1-2	£4.90	£2.90	£2.40	£7.20	n/a
1-3	£4.90	£3.30	£2.80	£8.50	n/a
1-4	£5.90	£3.90	£2.80	£10.40	£13.50
1-5	£5.90	£4.70	£3.10	£12.30	£19.10
1-6	£6.00	£5.10	£3.10	£13.20	£19.10
2-6	£5.90	£2.80	£1.50		

Figure 3: London bus fares 2020

Bus use (all zones)	Price
Pay as you go (single bus fare)	£1.50
Hopper fare (multiple bus journeys within a one-hour period)	£1.50
Daily cap (when using Oyster or contactless payment)	£4.50
<i>Children travel free if under 11 years or if aged between 11 and 15 years with an Oyster 11-15 Photocard, otherwise additional charges apply.</i>	
<i>Peak fares apply Monday – Friday between 6.30am-8.30am and 4pm-7pm, except public holidays.</i>	

As Figures 2 and 3 show, the least expensive way to travel by public transport in London is using an Oyster card⁹ or contactless payment card, which automatically caps the price at an upper limit. An Oyster card requires a deposit of £5 for the card and a £5 top up, making an initial outlay of £10. It must then be topped up in a minimum of £5 increments. Using a contactless payment card requires having a bank account with contactless access, which many survivors are unable to set up. Bus journeys are less expensive than Tube travel, and many survivors capitalise on the Hopper Fare through which they can take as many buses as they like within a one-hour period for £1.50.

Under the NRM, survivors are provided with financial subsistence. This allowance is expected to cover food, basic necessities and local transport costs. At the time of this research, for those living in safe houses or in receipt of National Asylum Support Service (NASS) financial support, the weekly subsistence rate was £65.¹⁰ For survivors who live elsewhere, and those in catered NASS Initial Accommodation the rate was £35.¹¹ Survivors with dependents in the UK also receive small allowances for each dependent. Figure 3 puts travel costs and financial subsistence rates into context.

⁸ London Toolkit. Available at <https://www.londontoolkit.com/briefing/underground.htm>

⁹ An Oyster card is a pre-paid travel card that can be used across the Greater London public transport system.

¹⁰ £37.75 on their ASPEN card from the Home Office and £27.25 in cash from the support worker

¹¹ Subsistence allowances for all survivors in the NRM are expected to change in 2021 under the most recent Victim Care Contract.

Figure 4: Example scenario of travel costs

The charts show the cost of three return tube journeys per week, compared to a survivor's weekly allowance.



Survivors in the UK NRM are entitled to claim back money spent on transport for their ECAT entitlements, but at the time of this research only for amounts after the first £10 of a return journey cost.¹² Therefore, if a return journey costs £12, the survivor can only be reimbursed £2. In London, there are few scenarios where local travel would go above the £10 cap and therefore it is mostly not reimbursable.

Transport for any other activities¹³ (such as visiting friends, participating in community activities, volunteering, grocery shopping, reporting to the Home Office and Home Office interviews etc) usually¹⁴ cannot be reimbursed as standard and, for most survivors, such social appointments and activities are therefore prohibitively expensive. Figure 4 shows how little money survivors are left with to cover food and basic necessities after paying for a few return journeys.

Currently, the usual process is for survivors in the NRM to pay upfront for their public transport and then to claim back any entitlements through the organisation that supports them. This places an administrative burden on the support organisation and uses up time that could be better spent supporting survivors in other ways. For survivors, there is the strain of trying to fund travel on low subsistence rates and understanding what will get reimbursed and how. In London, survivors have to register their Oyster cards in order to provide sufficient evidence of their travel history but doing so requires access to a smartphone and data or WIFI, which few survivors have. Such administrative hurdles reduce further the ability of survivors to claim reimbursements.

The financial challenges facing survivors of funding local transport from their subsistence allowances are clear to see. However, there has previously been no research to understand the impact that such travel costs have on survivors' recovery, or on the factors that contribute to travel needs for those in the NRM. This study aims to address these important gaps and to explore the various benefits of providing survivors with funded transport.

¹² Under the most recent Victim Care Contract, in place from January 2021, there is no longer a £10 cap on reimbursement for ECAT-related travel. Instead, survivors can be reimbursed for any journey taken related to their recovery and above a 3-mile radius. Below 3 miles, the survivor is expected to walk.

¹³ There is no standard definition for 'non-ECAT' activities.

¹⁴ While most such travel is not reimbursed, there may be times when The Salvation Army will accept an application to their victim care fund for travel, such as transport to a community activity; however, such reimbursements are on a case-by-case basis and making such applications is time consuming for advocates.

Section two

About this 'NRM Transport Needs' study

2.1 Overview and objectives

This NRM Transport Needs study is a multi-stakeholder initiative that sought to understand the travel needs of survivors within the UK NRM, the impacts of travel costs on survivors, and whether funded transport could support the reflection and recovery of survivors. It builds on previous research with survivors, such as Hestia's Underground Lives series.¹⁵ The objectives of the study were to:

- understand whether providing survivors with funded transport supports survivor recovery
- understand whether providing survivors with funded transport increases their access of ECAT entitlements
- understand the benefits to organisations that support survivors, such as Hestia, of providing funded transport to survivors
- drawing on the research findings, provide recommendations to the Home Office on how to improve the NRM and survivors' access to their ECAT rights.

The project involved recruiting 100 adult participants in London, all of whom were supported by Hestia through the NRM, and providing them with funded Oyster cards for a 12-week period between 4 December 2019 and 23 February 2020. Card recipients (hereafter 'project participants') received up to £50 per fortnight¹⁶ through a system of remote top ups facilitated by Amelia Knott of Romanac Consulting, with assistance from Transport for London (TfL). Project participants could use the Oyster cards as they chose, to access ECAT entitlements or for other activities in London, using the TfL system of train, tube, tram, bus and river boat.

Each participant was supported by a Hestia advocate¹⁷ to explain what the research involved and answer any questions. The advocates also helped to conduct project surveys and facilitate research interviews and were themselves interviewed to gather their insights into the impacts that funded travel had on their clients. TfL's Oyster card system provided aggregate quantitative data on the journeys taken.

The cost of the travel was borne by corporate members of the Business Against Slavery Forum and other individuals wanting to contribute to research into survivor needs. These contributors are listed in the acknowledgements page of the report.

¹⁵ <https://www.hestia.org/undergroundlives>

¹⁶ Oyster cards can hold a maximum of £90 at any one time so the original plan to make three monthly top ups of £100 was not feasible.

¹⁷ An 'advocate' is the allocated support worker for a survivor and the person responsible to advocate on behalf of that survivor to ensure they have access to all their rights under ECAT

2.2 Research questions

The key research question guiding the study was:

How does funded transport support the recovery of survivors in the UK NRM?

Sub-research questions included:

- What are the various challenges that survivors in the UK NRM face in paying for local public transport to attend ECAT appointments and other activities?
- Do survivors have to make sacrifices in order to pay for local transport? What sacrifices do they make?
- In what ways does funded local transport improve survivors' general well-being, and aid in their overall recovery?
- What additional benefits are there to survivors and their families in the UK of funded local transport in the NRM?
- What are the benefits of funded local transport for organisations that support survivors in the NRM?

2.3 Participant selection

Participant (survivor) selection began by identifying a minimum of 20 Hestia advocates willing to support the project and then using a combination of random and purposive sampling on their client lists.¹⁸ All participants were over 18 years of age and were currently in the NRM having received a reasonable grounds decision but not a conclusive grounds one. Criteria for inclusion in the project were that the Hestia advocate anticipated that the individual was likely to remain in the NRM for the duration of the Oyster top-up period (i.e. December 2019 - February 2020) to minimise the dropout rate.

Hestia used random sampling to select the first 40 participants and clients that did not meet the criteria were replaced with other randomly sampled clients. Hestia conducted further mapping of the clients to establish key characteristics, including gender, age, housing situation, asylum status and whether they had children or not, selecting the remaining 60 participants in order to achieve an appropriate balance representative of Hestia's overall client base.

2.4 Information on the project participants

The 100 survivors invited to participate in the project included 80 adult females, 19 adult males, and 1 transgender adult, ranging in age from 19 to 64 years.

Dependents:

- 48 had no dependent children in the UK
- 41 had one dependent child
- 7 had two dependent children
- 4 had three dependent children

Housing:

- 59 were in NASS housing
- 41 were in private or Local Authority housing

Only one project participant (an EU national) had the right to work in the UK.

Two declined to participate in the project and were replaced using purposeful sampling.

¹⁸ The advocates provided client numbers for the purpose of random sampling of project participants. Clients were each assigned a number. Hestia used an online automatic number generator to select the first two participants of every advocate.

2.5 Methodology

The Rights Lab, University of Nottingham, in collaboration with independent consultant Amelia Knott and Hestia, and with support from Survivor Alliance, designed and conducted the mixed methods study. The study used surveys to collect baseline and end-of-project data from the participants on:

- survivors' transport needs
- survivors' challenges in paying for local travel on the weekly subsistence allowance
- survivors' sacrifices to make ECAT appointments that involve rail/tube/tram/bus travel in London
- use of the Oyster cards while participating in the pilot project
- direct and indirect benefits of receiving funded transport while in the NRM.

In total 53 participants completed baseline surveys and 30 completed end-of-project surveys.

The study also involved in-depth semi-structured interviews with a sample of project participants, as well as with Hestia staff. The survey and interview data complemented the quantitative information from TfL's systems on the journeys taken and the amount spent. For further detail on the methodology, see Appendix A.

2.6 Ethics

Ethics are a central part of any research but particularly important when working with survivors of modern slavery. During the design phase of the research, the project team engaged Survivor Alliance to talk through research considerations and test the survey and interview tools. The study received ethical approval from the Rights Lab ethics committee.

The project team sought to situate the survivors involved as active participants, rather than research subjects. The ultimate goal of the project is to use information to improve the experience of all those in the NRM and the participants were asked to engage on that basis, seeing themselves as collaborators in building a better understanding of survivor needs.

To ensure that the approach was appropriate and survivor-informed, the project team took the following steps:

- a) Established clearly defined processes for securely transferring survey data between the Rights Lab and Hestia.
- b) Had the survey and interview questionnaires reviewed by persons with lived experience of modern slavery from the Survivor Alliance¹⁹. The Survivor Alliance also facilitated a pilot of the questionnaires with one adult survivor who was not participating in the project to ensure that the approaches were appropriate.
- c) Ensured that no member of the project team could match participants to their Oyster card data, so that no 'tracking' of individuals' travel could occur.
- d) Ensured that project participants understood that they were under no obligation to participate in the surveys or interviews, that they could opt out at any time and that they could support only the quantitative data collection (aggregate Oyster card data analysis) if they so wished.
- e) Established clearly defined processes for dealing with participants who were distressed by survey or interview questions.²⁰

¹⁹ For more information on the Survivor Alliance, see: <https://www.survivoralliance.org/about>

²⁰ No participants became distressed by the survey or interview questions. The questions focused on use of public transport in London and did not ask about participants' trafficking experiences.

Prior to the data collection phase, the Rights Lab conducted face-to-face training with two groups of Hestia advocates. Each had approximately five clients participating in the project. The training covered the purpose of the project, ethical processes and troubleshooting. At the time of the training, the Hestia advocates received both electronic and hard copies of all information, consent forms and survey questionnaires.

All 100 project participants received a full explanation of the aims of the project (Project Information Sheet and project explanation by their advocate) and gave their consent (via a Project consent form) before receiving an Oyster card and commencing participation. Prior to a survey or interview being conducted, the study participants (both survivors and Hestia advocates) again received information about the process and completed consent forms.

2.7 Methodological limitations

There are a number of limitations to the methodology for this study which should be noted:

1. **Short timeframe:** The quantitative data collection covered a period of 12 weeks, including the Christmas period when travel patterns differ. The winter period may also have inhibited transport use. A longer timeframe would provide better data from which to draw inferences and enable an understanding of transport needs at different times of year. It would also enable project participants to become better used to the Oyster cards, providing a better ‘real world’ model.
2. **London focus:** Each part of the UK has its own transport network and each works differently so survivor experiences will vary, especially for those based in NASS accommodation outside London, which tends to be in more remote areas with expensive or infrequent transport links. The uniqueness of the tube network and the low cost of bus journeys compared to other UK cities makes it harder to extrapolate findings beyond the capital. Repeating this study in other areas of the UK would provide richer data.
3. **NRM focus:** The study only considers survivors of modern slavery within the National Referral Mechanism, not those who have chosen not to participate in it or those who have already passed through. Such survivors will also have transport and other support needs which are not considered in this study.
4. **Transport only:** The study looked only at transport in isolation. Some project participants noted that funded transport would be more useful if it was combined with funded Internet, through smartphones and data. The data collected for this research did not map transport use to participants' access to information.
5. **Reliance on voluntary completion of baseline and end of project surveys:** Project participants could choose whether to complete the qualitative surveys. While the number completed gave the study sufficient information on which to draw, it would have benefited from even higher take up rates.
6. **Inability to match journeys to individuals:** In order to protect the privacy of project participants, the study ensured that their journey data could not be matched to individuals. However, this meant that the study had to rely on participants accurately remembering information such as transport spend in order to draw conclusions from the data.
7. **Sample size:** The study focused on 100 participants out of more than 1,500 that Hestia had in service at the time of the research. A larger sample size would provide greater depth and variety of information and may identify additional trends or patterns.

Section three

Findings

3.1 Travel needs

The study found that travel was a basic need for all survivors. Project participants reported a range of ECAT and other transport needs, with the greatest use for solicitors, medical appointments and studying English.

Travel needs – ECAT activities

Regular ECAT appointments for the project participants²¹ included:

- 1) **Solicitor appointments:** 40 participants (75% of survey respondents) reported that they regularly attend solicitor appointments; most reported that the solicitor is a long distance from their home and requires travelling on the tube and/or buses for at least one hour, often to Zone 1, for meetings.
- 2) **Medical appointments:** 30 participants (57% of survey respondents) reported that they have regular hospital or GP appointments for themselves; participants with children also reported that they regularly go to hospital or to the GP for medical issues regarding their children. Hospital visits almost always required using public transport; GP appointments were usually within walking distance of the project participant's accommodation.
- 3) **Counselling:** 15 participants (28% of survey respondents) reported having regular counselling sessions – these appointments usually required travel on public transport.

Although not specifically asked, 3 baseline survey respondents reported regularly taking children to school or nursery by bus, equating to 10 bus journeys each week. Most project participants reported that the nursery or school is within walking distance of their accommodation, but that they would sometimes prefer to take the bus, especially in bad weather.

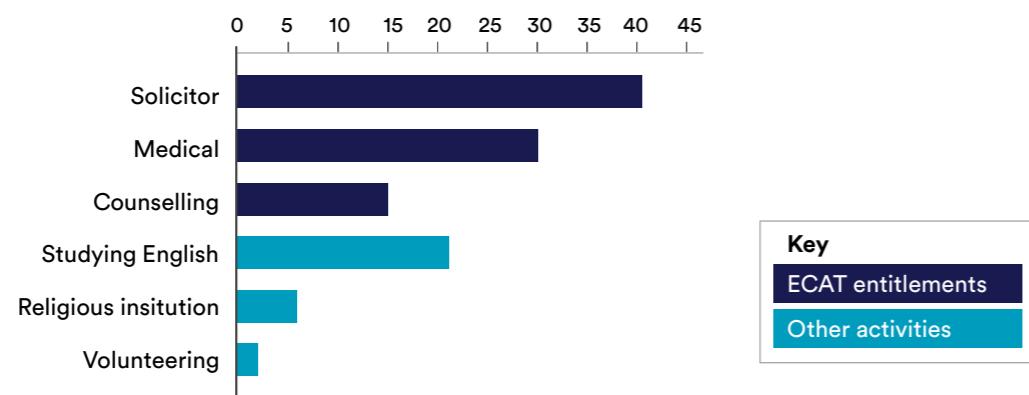
²¹ Data from 53 baseline survey respondents.

Travel needs – other activities

Survivors also have many other appointments and activities that they attend on a regular or ad hoc basis. Both survivors and Hestia advocates emphasised the importance of such activities for rebuilding their lives and sense of selves through developing language skills, socialising and gaining confidence. Survivors noted a number of regular such activities, including:

- 1) **Studying English:** 21 participants (40% of survey respondents) reported attending regular English as a Second Language (ESOL) classes. These classes are provided subsidised or free of charge, but usually require public transport to reach the learning centres. Respondents reported attending these classes usually two to four times per week, and that they travelled by bus and/or tube.
- 2) **Going to a religious institution:** 6 participants (11% of survey respondents) reported regularly going to a church, mosque, temple or other religious institution in London. For at least 4 people, public transport was required to visit the religious institution. One person reported wanting to go to a specific temple on the other side of London to her accommodation but noted that the journey was too expensive to be made regularly.
- 3) **Volunteering:** 2 participants (4% of survey respondents) reported regularly volunteering, with travel usually by bus.

Figure 5: Chart showing travel needs



Although not specifically asked, 3 participants also reported attending regular Home Office appointments.²² One of the respondents reported having to sign in at Immigration once a fortnight. These appointments, similar to solicitor appointments, can require long travel (up to two hours) by tube and/or bus.

Other travel purposes mentioned included travelling on public transport to:

- See friends, family
- See Hestia advocate²³
- Shop for groceries or visit food banks
- Shop for clothes for children (second-hand shops)

Some of these activities occur frequently, for example, grocery shopping is done at least once a week and, for those with dependents, may occur several times a week. Because survivors have

²² For Home Office substantive interviews, survivors are usually sent the tube tickets in advance of the appointment.

²³ Advocates usually travel to the accommodation or the survivor or meet at a location convenient to the survivor, although sometimes survivors specify that they want to meet elsewhere.

only limited disposable income and because they may not be able to carry much by hand, they may only buy several items from the grocery store or food bank at a time, meaning that shopping has to occur more frequently.²⁴

3.2 Travel expenditure

Project participants provided evidence that their expenditure on transport affected their ability to buy food and other basic necessities. A majority of survivors struggle on a weekly basis to stretch the subsistence allowance to cover transport costs and none in the study reported being able to claim any reimbursements, implying that they did not ever reach the £10 journey threshold for doing so.

ECAT expenditure

Participants reported spending between £1 and £40 per week travelling to access their ECAT entitlements, with 22 participants (42% of survey respondents) spending between £1 and £20 per week.

Figure 6: Amount participants usually spend on public transport for ECAT purposes

Amount spent on ECAT travel per week	Number of baseline respondents
£1 - 10	15
£11 - 20	7
£21 - 30	2
£31 - 40	1
'I don't know' or did not provide an answer	28

Survivors spending more than £15 per week on ECAT related travel tended to be people who had medical conditions that required regular trips to hospital, or survivors who had regular legal appointments.

All travel expenditure

Once transport for other types of activities was included, the number of survivors spending between £1 and £20 on travel increased to 41 (77% of survey respondents). Survivors spending more than £20 per week on such activities tended to be those with children going to play groups and those enrolled in ESOL classes, which required frequent bus travel. Travelling to English or other classes and children's activities such as play groups are not ECAT entitlements and therefore are not reimbursable as standard. One participant reported spending 50 per cent of their weekly subsistence allowance just on travel to and from ESOL classes.

Figure 7: Amount participants usually spend on public transport for all local travel purposes

Amount spent on ECAT and other travel per week	Number of baseline survey participants
£1 - 10	16
£11 - 20	25
£21 - 30	7
£31 - 40	1
'I don't know' or did not provide an answer	3

²⁴ Interview conducted with an advocate, March 2020.

Expenditure compared to subsistence allowance

Project participants provided information on their weekly subsistence allowance to allow the research team to determine whether the survivors had enough money to pay for transport to attend their ECAT appointments and participate in other activities.

The weekly subsistence allowances, reported by the survey participants, ranged from a minimum of £35 per week²⁵ to £145.50 for an adult with two dependent children.²⁶

Figure 8: Participants' weekly subsistence allowance

Amount of weekly allowance	Number of respondents
£35/week	14
£65/week	21
£35/week + allowance for dependent/s	2
£65/week + allowance for dependent/s	11
Did not provide information on weekly allowance	5

Combining ECAT and other travel expenses and comparing against survivors' weekly subsistence allowances, demonstrates that many survivors do not have enough money left over at the end of the week to purchase food and other essentials.

Further analysis on nine participants who provided the greatest detail on their spending shows that, after paying for weekly travel expenses, almost all are left in a precarious situation, without enough money to pay for food and other essentials.

Figure 9: Estimate of how much money survivors have at the end of the week after paying for ECAT and other related travel

	Weekly subsistence amount	Weekly ECAT and other transport spend	Weekly amount of money left after paying for public transport
Survivor A	£35	£21	£14
Survivor B	£35	£28	£7
Survivor C	£65	£30	£35
Survivor D	£65	£26.30	£38.70
Survivor E	£65	£32	£33
Survivor F	£65	£30	£36
Survivor G	£65	£25 – 30 ²⁷	£35 – 40
Survivor H	£113.50 ²⁸	£21.50	£92

²⁵ A single adult in outreach services not claiming financial support through NASS.

²⁶ This person would be receiving money from both NASS and Hestia.

²⁷ This individual reported that their weekly travel expenses were entirely on attending ESOL classes.

²⁸ This individual has children in the UK.

This finding is supported by participant responses to questions about the weekly subsistence allowance:

- 25 participants (47% of survey respondents) said that the allowance does not cover their essential needs
- 14 participants (26% of survey respondents) said that the allowance 'barely' covers their essential needs
- 4 did not answer the question

This suggests that the majority of survivors felt that they struggle on a weekly basis to stretch the subsistence allowance to cover transport costs, with only 19% claiming the allowance was sufficient.

Claiming reimbursements

No project participants reported being reimbursed for any ECAT travel expenses while in the NRM. In total, 16 participants reported that they were aware of the reimbursement process (submitting travel receipts to the Hestia advocate for the advocate to issue a reimbursement) but did not attempt to claim a reimbursement because they did not reach the £10 cap.²⁹

“I do not spend more than £10 getting to ECAT appointments. I never reach the £10 needed to claim reimbursement.” Survivor – baseline survey.

Others reported that the process was too time consuming and complicated, and that issuing a reimbursement required registering their Oyster card, which was difficult without a laptop and WIFI or mobile phone data. Advocates interviewed for this study reported that the administration required to arrange one reimbursement takes approximately one hour.

“No – the process for reclaiming travel costs for the hospital is too complicated. I’m also not sure if my Oyster card is registered.” Survivor – baseline survey.

3.3 Sacrifices needed to afford necessary travel expenses

The study found that survivors often sacrificed basic necessities or other activities that can support recovery, such as seeing friends, in order to pay for transport to attend necessary medical or legal appointments.

“It’s a big struggle for them. Whether you have £65 or £35 per week. If you have just two appointments that you have to go to by bus, it’s already £6. That’s a very big struggle. I know a lot of my clients just get the money together to go to the really important appointments but then they have nothing left. So they can’t do anything to enjoy or see friends or go to church more than once a week. It’s a really big financial struggle.” Advocate – interview.

In total, 43 participants (81% of survey respondents) reported making regular sacrifices to stretch their weekly subsistence allowance. The most frequently cited sacrifice was food - purchasing and consuming less food in terms of quantity and quality. This sacrifice was reported by adults with and without children. However, in the latter group the respondents emphasised that while they sacrifice food themselves, they make sure their children have sufficient food. For example, survivors reported that they sometimes have to choose between taking a bus or tube journey, and formula for the baby. In such cases, it is always the journey that is sacrificed in order to prioritise the child's needs. Other sacrifices mentioned included: purchasing fewer nappies; not purchasing new clothing for adults

²⁹ Under the most recent Victim Care Contract, in place from January 2021, there is no longer a £10 cap on reimbursement for ECAT-related travel. Instead, survivors can be reimbursed for any journey taken related to their recovery and above a 3-mile radius. Below 3 miles, the survivor is expected to walk.

(even second-hand clothing); not purchasing any toys for children; missing health appointments such as the dentist because survivors don't want to spend money on transport; and missing English classes for the same reason.

“Especially clothes, I didn't buy any, I probably only have two outfits.”
Survivor – baseline survey.

“I skip food to go to college.” Survivor – baseline survey.

Project participants also reported that they sacrifice socialising in order to pay for travel to access ECAT entitlements, food, and other essentials. They noted that public transport in London is expensive, so they see friends and family members only infrequently. This challenge was particularly lamented by survivors who had recently moved; some had established supportive friendship networks, and after moving to new NASS accommodation, they very rarely saw their friends.

“I go to see friends 2 or 3 times per year.” Survivor – baseline survey.

“Sometimes I'm staying all day in the house if I don't have appointments. My house mate, she told me 'you should come'. It's good sometimes just to get some fresh air. Show your kids something different and make friends. My son is alone all day. Then you think – I'm going, but what am I going to eat? I need to leave something that is important. It creates stress sometimes, just thinking. It's not – this £20 will save me. Most of the thinking is on this stuff.” Survivor – interview.

“It's feasible for the very basic essentials. It would be enough if they just ate pasta, beans, and did absolutely nothing and never left the house. It doesn't allow them to do all the ECAT things so they have a fulfilling recovery. Health, learning English, things like that. That's what will make them feel fully recovered. Doing activities, volunteering, having access to a doctor, GP, seeing a professional about a medical condition they've never been able to talk about. These are the things that will make them feel better. That will help them feel more human. They can't afford to travel to get to the mental health appointment, or travel to get to volunteering or go to the GP on £35 alone. We say - the money is there for your recovery... but it's not enough for their recovery. It just covers food, and that's it. So it's very difficult for a lot of our clients.”

Hestia staff member – interview.



3.4 Strategies for reducing transport costs

Survivors reported a variety of strategies that they used to keep the costs of local transport low, although each of these came with added challenges.

Prioritising travel needs

Project participants and advocates reported that survivors prioritise travel for ECAT appointments over all other travel purposes, budgeting very carefully so that they have enough money to pay for travel to reach solicitor appointments, health appointments, as well as to attend Home Office reporting appointments. Those with dependents try to ensure that they have enough money to pay for child-related activities, such as taking children to school by bus.

“They need always to plan. They need to make sure they have the resources to go to the solicitor when it's time. If something comes up that wasn't planned, they need to have the ability to do that thing. You need always to budget and make sure you have the resources to respond, if an emergency comes. You might have to go to the Home Office, or an appointment that you can't change or miss.” Advocate – interview.

Walking instead of taking public transport

Survivors reported frequently choosing to walk to appointments and activities, where possible, instead of taking public transport. This strategy was mostly adopted where appointments and activities were local. Most survivors do not have smart phones or phone data so do not have access to online maps, which makes travelling far on foot to reach appointments difficult. Survivors with children enrolled in nursery or school reported walking with the children to nursery or school even in winter; buses would only be taken when weather conditions were at their worst. Thus, while walking to appointments can reduce expenditure, it is not always feasible, it is very time-consuming and it can result in stressful situations, such as getting lost or trying to protect children in poor weather.

“If I try to save and not pay for the bus by walking, then it's £15. But if I regularly take the bus it will be £20 a week. Sometimes it's hard with the buggy and food and the baby is crying. It's difficult in winter when it's raining.” Survivor – interview.

Taking the bus instead of the tube

Where survivors could not walk to appointments or activities, they would prioritise taking the bus over the tube as the bus is cheaper, and a number of bus journeys can be taken in a one-hour period in London for £1.50. Survivors would therefore try to do multiple activities requiring bus travel in a one-hour period, for example, taking children to nursery, shopping for groceries and returning home in the one-hour window. This approach led to survivors feeling rushed and stressed.³⁰

Travelling during off-peak times on the tube

Where tube travel was required, survivors would try to travel only in off-peak times as it is less expensive than during peak times. Survivors noted, however, that they tend to avoid the tube as much as possible, as bus journeys are less expensive. The tube is usually only taken to attend ECAT-related appointments in central London, such as visiting the solicitor.

Keeping activities local

A key strategy adopted by most project participants to reduce travel expenses was to try to keep activities as local as possible. GPs, schools, nurseries and children's play groups tend to be local activities – unless the survivor has recently moved accommodation and is travelling, for a period of time, back to their old GP and children's play groups – but other activities are difficult to find

³⁰ Interviews with survivors and advocates, March 2020.

locally. For example, English classes, hospital appointments and solicitor appointments usually require travel. Some appointments, such as solicitor and Home Office appointments, almost always require travelling to Zones 1 and 2 (central London). These journeys are expensive and can take up to two hours each way. Thus, it is not always possible to keep life local. Journeys to central London are sometimes inevitable and are a major expense for survivors that requires constant budgeting. In addition, by remaining as local as much as possible, survivors may be missing out on activities or opportunities further away that would support and accelerate their recovery.

3.5 Impacts on the health and wellbeing of survivors

The study found that when the unaffordability of local transport forced survivors to budget, prioritise appointments and make sacrifices, this had a range of knock-on negative impacts to their health and wellbeing. Such a situation is likely to be significantly undermining the NRM goal of survivor recovery.

Stressful situations

The study found that survivors often put only small amounts of money on their own travel cards, sometimes just several pounds. This means that they usually have to top up at a shop or at the tube station before each journey. During the interviews one survivor explained how this leads to very stressful situations. For example, after taking her child to hospital one night, she could not locate a shop open late in order to top up her card so that she could take a bus home. And because she did not have a smart phone and data, she could not search online for a shop open that late at night.

Worry about budgeting and unexpected expenses

Many survivors, who are still in the process of recovering from traumatic experiences, feel incredible stress that they don't have enough money on a weekly basis to pay for transport for ECAT-related appointments, as well as money to pay for food and other travel. Without any savings, survivors worry that there will be unexpected expenses, such as a child's illness, for which they won't have the money to purchase medication or pay for transport to the hospital.

Social isolation and compound trauma

For survivors who have to sacrifice social engagements to prioritise paying for ECAT-related transport, food and other essentials, they feel intense social isolation. Seeing family or friends only rarely – for some only once or twice a year – has a detrimental effect on their mental health and general wellbeing. Survivors are often living in NASS housing where there is no television, no living room to socialise with other residents and they do not have computers or laptops and data. Without enough money to pay for transport in order to socialise, some survivors feel house-bound, and suffer boredom and depression as a result of their isolation. This situation can also compound the trauma of survivors who may have suffered extreme isolation as part of their experience of slavery.

In addition, few survivors have the right to work while in the NRM and, as Kalayaan research found, this can affect the mental health of survivors who reported feeling “worthless, subservient and punished by a system meant to protect them”.³¹ Without work and without the ability to afford alternative activities or take up other opportunities, survivors may not only be slower to recover but may experience worse trauma as a result.

Shame

Project participants reported feeling burdened that they could not afford to travel to help out friends at a time of need, particularly if those friends had previously helped them. They also reported sometimes feeling shame that they cannot, for example, buy toys or a birthday cake for their child's birthday, because they don't have the money to purchase such items.

3.6 How survivors used funded transport

During the 12-week Oyster top-up period, project participants took a total of 13,806 separate journeys, of which 10,667 were made by bus, with the remainder on tubes and Overground or National Rail trains. End-of-project survey respondents³² reported using the funded transport for a range of ECAT and other travel purposes, including visiting friends and family; shopping (for groceries, going to food banks, purchasing winter clothing for children); going to religious institutions; going to children's play groups; going to medical appointments; and going to college for English and other classes.

Child-focused trips

The study suggested that women with children maximised use of the funded transport, using it to take their children to nursery, to school, to play groups, to see their friends, and to participate in various leisure activities. The funded transport provided a valuable opportunity for mothers to take their children on sightseeing and leisure activity days in central London, including visiting parks and museums to which they had previously not been able to afford travel.

“To see friends, attending activities we wouldn't normally do like sightseeing around London and days out for the children.” Survivor – end of project survey.

Exploring local areas and central London

A significant 80 per cent of respondents mentioned that they used the funded transport to explore London, both local areas and central London. Many of the survivors reported having never previously seen central London as they could not afford the public transport and were unfamiliar with the city. Seeing iconic landmarks, such as Big Ben and the London Eye, was exciting for many of the respondents, and made them feel more settled and happier to be living in London.

“I travelled to the church, to appointments, to local centres and explored my area and surrounding areas more often.” Survivor – end of project survey.

“I visited places around London. Hyde Park at Christmas was the best day out.” Survivor – end of project survey.

Socialising

Around 90 per cent of respondents reported that they used the funded transport to socialise, seeing friends and family members that they had not been able to see for a long time because, previously, they could not afford the journeys.

“I was able to see my friends a lot more and not be stuck at home. I didn't have to think about whether I am going out or not anymore, as the transport was funded.” Survivor – end of project survey.

³¹ Dignity, not Destitution, The impact of differential rights of work for migrant domestic workers referred to the National Referral Mechanism - Kalayaan - http://www.kalayaan.org.uk/wp-content/uploads/2019/10/Kalayaan_report_October2019.pdf

³² 30 survivors completed the end of project survey.

Variations in the activities undertaken by survivors

Analysis of the data showed that male and female participants tended to use the funded transport differently. Most female participants used the cards for varied purposes, both for activities they would have done anyway, such as grocery shopping, and also for new activities, such as sightseeing:

“I did my usual activities (ESOL, toddler group, shopping at nearby centres) but I also went sightseeing a few times and travelled to hospital appointments.”
Survivor – end of project survey.

Some male participants used the funded transport to see family and friends. However, other male participants did not use the funded transport much at all. Interviews conducted with male survivors, and interviews conducted with Hestia advocates suggested that male survivors want, first and foremost, to work or to participate in activities that are fee-paying, such as going to the gym. This indicated that there was less uptake of the funded transport among male survivors because they did not see the point of travelling in London if the purpose of travel is not specifically for employment. It should be noted that this was a finding based on only a small sample of male participants. Hestia's previous research on male survivors highlights a high prevalence of mental health issues and a sense of shame.³³ Possibly, over a longer time period, funded travel would enable such survivors to rediscover a sense of independence. These aspects merit further exploration in future research studies.

3.7 Expenditure on funded travel

Each project participant was entitled to £300 worth of funded transport over the course of the 12-week study period, totalling £30,000 worth of travel. However, participants used only 67 per cent of this at £20,062.10. Usage between participants varied significantly, with only half able to absorb the full travel allowance on their Oyster cards³⁴ in the final 6 weeks.

Figure 10: Participants' weekly Oyster card spend

Average weekly transport spend (using Oyster card)	Number of participants
£0-5	8
£5-10	24
£10-15	12
£15-20	27
£20-25	20
Over £25 ³⁵	9

Most project participants reported that £50 per fortnight provided enough for them to travel to their ECAT appointments and other activities. Five said that the amount was insufficient and reported that they had to pay for some journeys themselves.

Few journeys could have been reimbursed

Quantitative analysis of the Oyster card data showed that there were very few occasions when expenditure by participants exceeded the £10 threshold and might have been eligible for

³³ Underground Lives: Male Victims of Modern Slavery, October 2018, Hestia - <https://www.hestia.org/Handlers/Download.ashx?IDMF=60de8cf2-497f-4c80-8831-f35b335ae6b1>

³⁴ Oyster cards can hold a maximum of £90 at any one time. If participants did not spend the money, then cards were topped up with the maximum amount they could absorb.

³⁵ Those participants who spent over £25 per week topped up the Oyster cards themselves when needed.

reimbursement had the travel been for ECAT purposes. Those that did exceed the threshold invariably used National Rail or Overground trains, which are more expensive than using the tube or bus network alone. This highlights the problem that many ECAT journeys are not reimbursable and for those that are, having a threshold in place makes the amount that can be claimed small compared to the effort involved.

Extra charges and fines

Whenever Oyster cards are used incorrectly, the user incurs additional charges, which are particularly punitive for survivors on very low weekly subsistence allowances. During the 12-week study period, a total of 56 travel transactions had no touch-on recorded (0.41% of all travel transactions, 1.78% train travel transactions) with 31 unique cards involved in these occurrences. The prevalence of card holders not touching off was higher. A total of 78 no touch-off transactions were recorded (0.56% of all travel transactions, 2.5% train travel transactions) with 44 unique cards involved in these occurrences. This higher prevalence of not touching off as opposed to touching on may be explained by the greater propensity of survivors to travel by bus, where touching off is not required, making it more likely that someone then forgets to touch off when travelling by tube or train. There are also stations with no barriers, where touching in or out can be easy to overlook if a person is struggling with a pushchair or rushing for an appointment. However, it may also be a fault with the Oyster reader for which the traveller is then penalised, with administrative hurdles in place to claim back any wrongfully applied charges.

3.8 The benefits of funded transport

The research identified a wide range of benefits to project participants and their family members of funded transport, illustrating the holistic nature of survivor recovery. The study found that funded travel had significant positive impacts in practical terms and in relation to health and wellbeing, demonstrating that it is a basic need for survivors.

No missed appointments

At the end of the 12-week period of funded transport, 100 per cent of survey respondents declared that they had not missed any ECAT or other appointments. This compares with the baseline where most respondents noted that they regularly had to miss medical appointments, English classes or other appointments because they could not afford the journeys. Participants also reported that they no longer missed appointments due to being late after walking or taking multiple buses. This suggests that funding transport can make a significant difference to the ability of survivors to meet both important appointments and to attend classes and activity that can support their recovery. As well as benefiting survivors, this is also important for other stakeholders. For example, the NHS estimates that a missed GP appointment costs £30³⁶ while a missed hospital outpatient appointment costs £120.³⁷

Less stress

Project participants reported significant decreases in their stress levels as a result of not having to worry about how they would afford to pay for a bus or tube journey or about how much money they had on their Oyster card. Having the funded transport meant they no longer felt that they had to rush and take multiple buses in an hour. They no longer had to walk to appointments and activities instead of taking public transport. They also no longer had to worry about taking multiple buses instead of taking a much simpler and quicker tube journey. This, in turn, meant that they had more time to spend on themselves and with their children and were in a better state of mind to focus on their recovery.

³⁶ <https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/>

³⁷ <https://www.england.nhs.uk/2018/10/nhs-to-trial-tech-to-cut-missed-appointments-and-save-up-to-20-million/>

“I was able to just go and not think too much about what I had to spend. I could use the bus for routes that I sometimes walk (20-25min) and stay there longer than one hour.”
Survivor – end of project survey.

“Mentally it’s very helpful... If you are really already stressed with your things, your son, your worries, you cannot think about how to top up the Oyster... Honestly the Oyster card (funded transport) really helped.” Survivor – interview.

Independence and empowerment

Project participants said that funded transport gave them feelings of independence and empowerment by leaving them with enough money to purchase small items that had previously been prohibitively expensive. For survivors who have recently exited situations of exploitation, the inability to pay for food that they like, for winter clothing, for toys for their children, or for travel to medical and other appointments makes them feel disempowered in a similar way to the feelings of disempowerment they experienced during their exploitation.³⁸ Providing survivors with funded transport meant that they were able to make more decisions about how they would spend the money available to them, what activities they would do, and where they would visit. With no one asking them to provide receipts and less reliance on Hestia staff, they also did not feel so observed and monitored. The small amount of financial freedom helped the survivors to feel more independent and more empowered to make decisions about their lives.

The ability to get out of their accommodation and feel less isolated

One of the most important benefits of the funded transport was that it enabled survivors to get out of their accommodation and explore London. Most project participants had not previously had the opportunity to do this, even after being in the UK for many months or even years and they felt unsettled and isolated. The funded transport enabled them finally to feel happy about living in London, supporting their recovery.

“I was able to see new places and discover areas and centres in my area. I could explore and get out of the house more often. It helped me prevent isolation and fight boredom at home.” Survivor – end of project survey.

Learning the transport system – overcoming a fear of getting lost

The research found that funded transport encouraged project participants to learn the London public transport network. They reported being more confident in using unfamiliar bus and tube routes, without worrying about getting lost as they could simply get off and choose a new route to get to their destination. Many participants noted that, prior to the project, they had only having ever visited their local area, as they were too scared to venture further afield and get lost. For survivors who may have experienced situations of control or confinement, this freedom to explore and the confidence to do so is a crucial part of their recovery.

Familiarising themselves with the local area

Project participants reported that the Oyster cards helped them to become familiar with their local area. During the 12 weeks of funding, participants were able to get on buses to travel even short distances and, in doing so, they noticed parks, museums and other local attractions that they had previously not known about. Participants reported that they were glad to inadvertently discover these places and would continue to explore these sites in their local area after the end of the project.

³⁸ Interviews with advocates and Hestia staff.

Building and maintaining social networks

A key benefit of the funded transport was the improvement of survivors' mental health through being able to afford to build, maintain and expand social networks. Prior to the project, participants did not have the money to travel to see friends or family very often. Some survivors reported only seeing friends once or twice a year as they couldn't afford the public transport. During the project period, participants were frequently able to use the tube or buses to travel locally, or across London to see friends and family. For survivors who may have been cut off from social support networks during their trafficking experience, such connections are central to recovery.

“I was able to visit friends more often and even to expand my social network. I kept myself busy all the time. Overall my mental health and wellbeing was improved.”
Survivor – end of project survey.

Survivors with family in the UK noted in the end of project surveys and interviews that they were able to see their family a lot more often during the project period. They used the funded travel to see family each week, and to attend birthday parties of family members and other family events. This enabled them to bond more with family members and to feel that they had a stronger support network in the UK.

“Clients did say they were travelling around London a lot more to see friends. The social aspect is so overlooked because we’re busy focusing on the legal things. But for people’s recovery, that social support is so valuable.” Advocate – interview.

“Seeing friends and sightseeing around London which is good for mental well-being.”
Survivor – end of project survey.

Joining new activities

Project participants were able to build their social networks by joining new groups and take part in new activities that had previously been impossible because of the transport costs. End-of-project survey respondents reported joining new child play groups, volunteer groups, craft groups and various other social groups during the project period. Such activities can be essential for survivors overcoming trauma.

Being able to help others

Survivors highlighted how funded transport gave them an ability to help others and feel useful in doing so. Survivors sometimes receive assistance from friends such as visits to their home, childcare, food and other essentials. Without funded transport, that survivor may not be able to reciprocate such help, which project participants reported as something that bothered them. However, having funded transport meant that survivors could visit friends and help them in their time of need, giving them a sense of purpose, which is an important component of recovery from trauma.³⁹

“I was able to reach friends when I needed them but also when they needed me and I felt useful. I was less stressed.” Survivor – end of project survey.

³⁹ See for example “The Happiness Hypothesis” by Jonathan Haidt, “Man’s Search for Meaning” by Victor Frankl

Benefits to children of survivors

Project participants who were parents noted that they were able to spend more time with their children doing enjoyable activities and taking their children to visit friends.

“I got to do more and have more fun with the children.”
Survivor – end of project survey.

“One client, she’s been living here 2 years, for the first time she visited London. For the first time she went with her kids to the museums. I explained that museums are free. She said – before I can’t, because the money counts for everything.”
Advocate – interview.

“If my children wanted to go see a befriended family, we could always go and meet them.” Survivor – end of project survey.

Survivors also noted that because less of their subsistence allowance was being spent on public transport, they could allocate more money towards buying nutritious food for their children. A female participant explained that she used approximately £20 of the funded transport per week and that amount covered everything she needed to do, including grocery shopping, activities with her children, and medical appointments. For that participant, having the funded transport to cover multiple purposes meant that she had a few pounds left over from her subsistence allowance to spend on better food for her children.

“My baby has been eating better, as we have had more food.”
Survivor – end of project survey.

Benefits to advocates

The project also identified various benefits for the Hestia advocates, who reported that, during the project period, they felt significantly less stressed about their clients who were participating in the project. They could spend less time on journey planning for the clients, and instead focus on other activities and individual needs to support their recovery. They no longer had to worry about the clients having to spend significant amounts of their subsistence allowance getting to their ECAT or Home Office appointments.

The project also saved advocates time when the project participants were able to meet the advocates in central London for their regular advocate-client meeting. Meeting sessions were reportedly improved because clients could meet their advocates at a museum, gallery or park, have their regular meeting and then explore the new place.

“I was able to show them another part of London while doing a key work session with them. Try to give them that encouragement to go into central London. One of my clients got to go to the Museum of Childhood in Bethnal Green. It was only a short Tube journey from where she lives so we had the meeting in the café and then I left her to explore the museum with her baby. It assisted me in helping them to see those areas. If I’d known that they’d have to pay for the travel that would never have happened.” Advocate – interview.

The fact that the clients participating in the NRM Transport Needs project experienced broad improvements in their general wellbeing during the project period was also of benefit to the advocates as it helped them towards achieving their goal of supporting survivors’ recovery.

Benefits to particular groups of survivors

It is difficult to draw conclusions about any common factors which meant that some survivors benefited from the funded transport more than others. Some groups certainly used the cards more than others. For example, survivors who used £20 or more per week tended to be women with children and/or survivors studying English.

Prior to the funded transport, survivors with children reported struggling to keep their children engaged and well socialised, without funds to pay for toys, child friendly technology, cinema visits, concerts or similar activities. Many survivors are not aware of free activities in London unless their advocates provide such information or they learn of them through word of mouth. Even when they are aware of what activities may be free, it can be a struggle to cover the cost of bus or tube

fares. These survivors with children reported using the funded transport to explore child-friendly activities in London. This finding suggests that organisations such as Hestia could provide more information on free activities to survivors as a matter of course, particularly those with children.

The study identified English language study as a key goal for many survivors, particularly those applying for asylum in the UK wanting to feel settled and to equip themselves with good language skills so that, in the future, they may find suitable employment. ESOL classes are usually subsidised or provided free of charge, but usually require bus or tube travel to reach the colleges. For people who have regular classes several times a week, the return bus or train journeys may add up to what a significant percentage of their subsistence allowance. One participant noted that she used the entire funded transport amount (£25 per week) to attend English classes and stated

that she was no longer stressed about how she would be able to attend classes and could instead concentrate on the language learning.

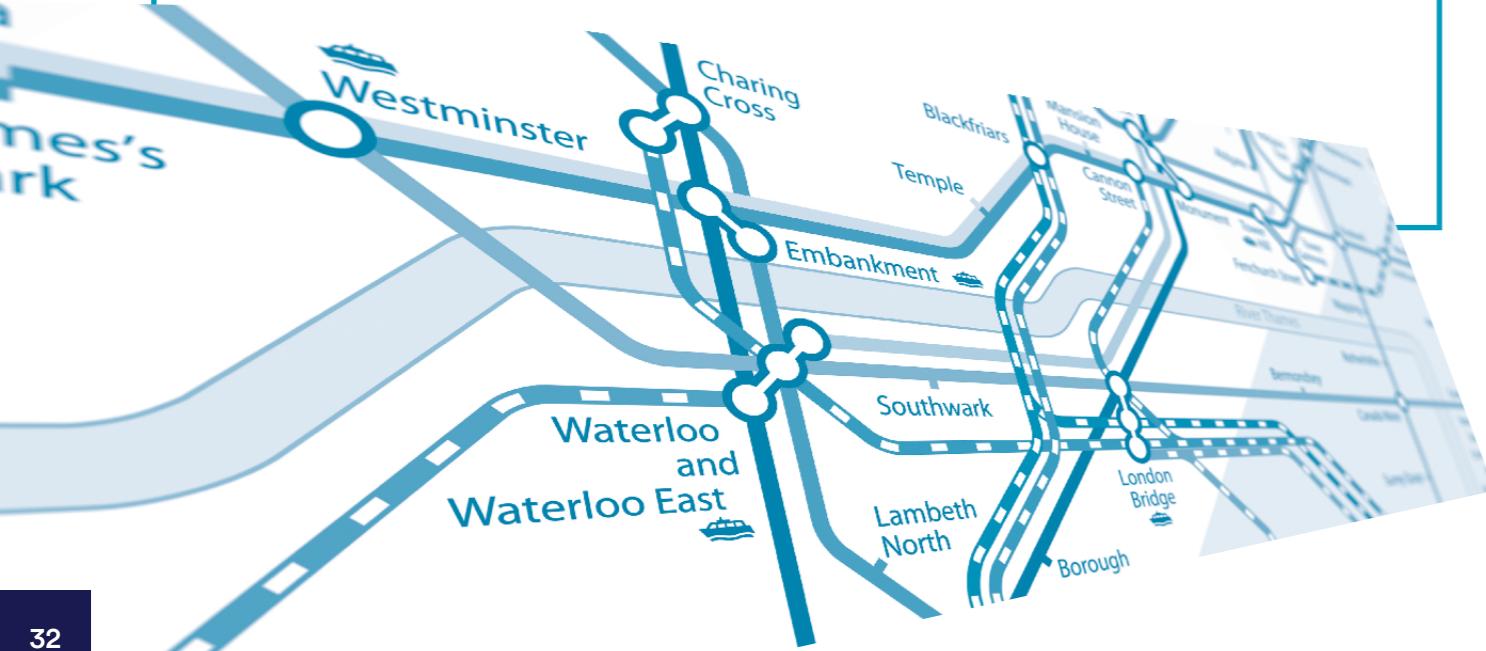
However, it is impossible to generalise and other participants also maximised their use of the funded Oyster cards, demonstrating that transport is a basic need for all survivors. For example, one participant explained that she used most of the funded travel to go to a temple far from her accommodation twice a week. These were expensive journeys, totalling nearly £20 each week and were non-reimbursable, but crucial for her wellbeing and ability to maintain a supportive social network. Others reported travelling into central London to explore the city. Two such return journeys would cost nearly £20. These examples show how a travel allowance of £25 can be easily spent on travel in London.

The interviews also identified survivors who benefited enormously from the funded transport even if they did not maximise the amounts made available to them during the project period. For example, a male participant explained that he only used approximately £15 each week, but that during the project period he was able to regularly meet with his family and friends in London, and that this socialising significantly improved his overall wellbeing.



Case studies

- “It was easier to go to new places and prevent being stuck at home. I could see friends more often and did not have to worry about asking anyone to help me financially in order to see them. It prevented isolation and made me feel empowered and encouraged to explore my area and surrounding areas. I could buy myself needed things, for example, a blanket, and get things to feel more at home in my own room. It relieved a lot of financial pressure and made me feel very happy, as I could see lots of new places. It made me feel less scared about using public transports, as I could practise using them.” Survivor – interview.
- “One of my clients had told me that all of her money was going on travel. And she was going to the food bank, or going without food. She'd moved from her accommodation. Trains are expensive, and she has college in her old area two days a week, and a very active involvement in the church community, leads a worship group, does that two days a week. She even kept the same GP for a while. She didn't want to change these things. She's elderly, she's not confident with travel. But it was really expensive. She was travelling 5 days a week, £50 of travel a week. She wasn't able to keep doing all of these things. So she was so happy when she got the funded transport. And she tried a few new activity groups that were close to home but still involved bus travel. Like women's craft activities. Things she could do socially or at home. She doesn't like to have time to dwell on things. She went to a cultural dance activity. Nice social things, leisure, joy activities. Rather than the essential doctor, dentist things.” Advocate – interview.
- “One client was really happy about it. She went to the airport, and across the city, just all around, and she was so happy about it. She just went and did things. Whereas before she was just at home. She also mentioned, when I did the end of project survey, that it helped so much with isolation. Because if you don't have any money you don't want to go out, or you don't want to go to the same place all the time. Now she could discover things in her area or surrounding areas that she didn't know of. She didn't have to worry about money so she just went and did things.” Advocate – interview.
- “The wellbeing benefits are huge. The clients are more independent. They are happier, more confident now. And for my client, he's visiting his family all the time, it's great. He said – can they please extend this! It made a huge impact for him. He's more confident, he's happier.” Advocate – interview.



3.9 Participants' reflections on returning to life without funded transport

Project participants were asked how they felt about the funded transport ending. Most respondents noted that they felt worry or stress about the funded transport ending.

“I worry how it will be without this help as it has made such a difference to my life and the children's lives too.” Survivor – end of project survey.

Some noted that they would need to limit their outings and activities again and spend more time at home.

“Now I've got to stay at home as I can't afford to go anywhere. I'll have less money.” Survivor – end of project survey.

Survivors expressed concern that their children would have to limit their activities again, and not see their young friends very often.

“It's not easy to travel, I will go to the third playgroup less often maybe save up for two weeks and go every other week.” Survivor – end of project survey.

Respondents reported, despite these challenges, resilience in terms of managing to make ends meet again with the subsistence allowance.

“I will have to consider going out more often again. I will probably have to lay off travelling too far, however I also used to manage it before the funded Oyster card, so I will make it work again.” Survivor – end of project survey.

3.10 Changes to transport policy and subsistence rates

Under the most recent Victim Care Contract, in place from January 2021, there is no longer a £10 cap on reimbursement for ECAT-related travel but there are still considerable barriers in place to covering the costs of transport. Survivors will be able to claim reimbursements for any travel related to their recovery, potentially broadening the types of journeys eligible for funding. However, they are expected to walk for any journey within a 3-mile radius (i.e. a 6-mile round trip) unless they have evidence that walking is not possible.

There were also changes to some subsistence rates in 2020 and subsequent to this research. Since June 2020, basic subsistence rates increased from £35 to £39.60, a level still inadequate to cover transport costs. Subsistence allowances for all survivors in the NRM may change again in 2021. If the amount is set too low, the issues in relation to transport will continue.

Survivors will be able to claim reimbursements for any travel related to their recovery, potentially broadening the types of journeys eligible for funding.



Section four

Conclusion – Transport is an essential part of victim care and recovery

This study is the first of its kind in seeking to understand the local transport needs of survivors within the National Referral Mechanism and the impact that the cost of transport has on the ability of survivors to progress with their recovery. While this research concentrated on London, it is likely that many of the findings and lessons will be relevant to the experience of survivors nationwide, particularly in relation to the challenges identified. However, it would help to expand this study nationwide as transport needs and provision differ by location and the solutions may vary accordingly.

The study concludes that travel is currently unaffordable to survivors and trying to access their most basic rights involves making sacrifices of food and other basic necessities for survivors and their children. Travel is also essential to recovery as it is a crucial enabler for other activities that assist recovery and should form part of the basic support provided to all survivors over and above existing subsistence, without creating any additional bureaucracy for advocates.

Changes to subsistence rates and transport policy as per the most recent Victim Care Contract (in place from January) do not affect the findings and recommendations of this study. While the £10 cap on reimbursement for ECAT-related travel has been removed, the expectation that survivors can walk any journey within a 3-mile radius (i.e. a 6-mile round trip) brings challenges that this study has already highlighted. For example, survivors rarely have smartphones and data, so journeys on foot to new places are very difficult for them, particularly in adverse weather conditions, and may lead to additional stress. People with disabilities, pregnant women or those with children, who represent a substantial percentage of survivors, may also find the walking requirements challenging.

The changes in approach also do not mitigate the administrative hurdles associated with a reimbursement process. Reimbursement for survivors is complicated when they do not have computers or access to the internet and cannot register their travel cards. Some feel worried and stressed about keeping receipts and asking for reimbursement. It is disempowering to have to rely on advocates for this process during a recovery period that is intended to strengthen their sense of independence. Survivors often do not have enough money to pay for travel upfront. And for advocates, issuing travel reimbursements is a time-consuming process, which takes away from their time supporting the recovery of their clients.

The study provides evidence that many survivors struggle to survive on the weekly subsistence allowance, particularly those on £35, and must often choose between accessing their rights and purchasing food and other basic necessities. Survivors have rights to health services, legal support, counselling and children's education under ECAT. These services are deemed an essential part of care and recovery for victims of trafficking but many cannot fully access their entitlements because they cannot afford the transport to get there and most local transport is not reimbursable as standard. Such a situation is contrary to best practices in victim recovery.⁴⁰

...survivors rarely have smartphones and data, so journeys on foot to new places are very difficult for them, particularly in adverse weather conditions, and may lead to additional stress. People with disabilities, pregnant women or those with children, who represent a substantial percentage of survivors, may also find the walking requirements challenging.

By contrast, the study highlights the wide range of benefits that providing survivors with funded transport can have and how it is a crucial enabler for other activities that assist recovery and help survivors to rebuild their lives. Survivors' recovery requires a combination of health and psychosocial care, access to justice and social networks. Funded transport means that survivors can access all their ECAT rights and avoid missed appointments, as well as accessing other activities that are critical to building new lives, including ESOL classes, volunteering, activities with children, exploring the city in which they are living and building supportive social networks. The study found that funded transport enables survivors to build their confidence, to feel empowered to help others, to decrease their stress levels and to build a sense of independence and empowerment. These findings illustrate the importance of a holistic approach to recovery and the way in which different activities and opportunities support survivors. For example, socialising can be as important as medical attention in supporting recovery and helping victims to come to terms with their trauma.

Providing funded travel could be one of the most cost-effective ways to improve the lives of survivors because of the knock-on benefits it has and because it may reduce the need for ongoing post-NRM support. Under the new Victim Care Contract, survivors exiting the NRM with a positive conclusive grounds decision undertake a Recovery Needs Assessment to identify any ongoing support they may need. Survivors are likely to need less lengthy ongoing support on exiting the NRM if they have been able to build and maintain their social and support networks, participate in activities and classes and develop a sense of confidence and independence during their time in the NRM. Treating transport as part of the basic package of support also enables advocates to spend more time focusing on the individual needs of their clients and ensure survivors did not have to pay upfront before going through a process of reimbursement. Thus, although there are costs to providing funded transport to survivors within the NRM, the benefits in terms of supporting their recovery are clear and could contribute to cost savings in other areas.

If the UK Government is serious about supporting the reflection and recovery of survivors through the National Referral Mechanism, then this study shows it should add funded transport to the package of basic support measures, without qualification.

⁴⁰ See, for example, Human Trafficking Foundation's Survivor Care Standards, available at <https://static1.squarespace.com/static/599abfb4e6f2e19ff048494f/t/5bcf492f104c7ba53609ae0/154031355442/HTF+Care+Standards+%5BSpreads%5D+2.pdf>

Section five

Recommendations

The main recommendation as a result of this study is that the UK Government provides funded transport as part of the basic support to all survivors in addition to the subsistence allowance and prior to any individual needs assessment. We recognise that the £10 cap has been removed under the latest Victim Care Contract but that there are still barriers to accessing transport in place. In order to maximise the positive impacts on survivors, there should be no significant additional bureaucracy for advocates, it should be automatically given to all survivors and survivors should not have to pay upfront and then go through a process of reimbursement. This is essential to achieve the sense of empowerment and independence that is such an important part of recovery. The research team has identified three different ways this could be achieved:

Option 1: Provide free travel passes for all survivors as part of the victim care package in the NRM with a nationwide approach.

A travel pass issued to all survivors would enable them to access their ECAT rights and participate in other activities that support their recovery without having to pay for travel upfront from their subsistence. Most importantly, such an approach would be empowering, as survivors would be free to travel without monitoring and oversight. Empowerment is an essential aspect of recovery. Such a scheme may need to be administered at regional level due to variations in the way that transport is managed. Any pass provided should avoid stigmatising the holders or labelling them as survivors of modern slavery. Ideally, such a pass would piggyback off an existing scheme, given that the overall numbers in the NRM are relatively low. This would avoid the costs associated with setting up a brand new system. For example, given that buses are the most used form of local transport nationally for survivors, a change in the definition of those eligible for the disabled person's bus pass under the English National Concessionary Travel Scheme to include survivors in the NRM would enable immediate use of an existing system. Further modelling is needed to understand the costs but the benefits and time savings to support organisations identified by this research suggest there could be net cost savings to this approach.

Option 2: Take a regional approach to providing free travel passes to survivors.

If a nationwide approach is not practicable, regional authorities should consider providing local travel passes to survivors in the NRM as part of their commitments to protect victims of modern slavery. At a regional level, the numbers supported each year in the NRM are not large, although they are growing annually. For example, in 2019, there were 1,337 adult survivors supported by Hestia across London. To be cost effective, this approach could use existing regional systems, such as the Veterans Pass in London or the Women's Concessionary Travel Scheme in Greater Manchester.

Option 3: Increase the weekly subsistence allowance for all survivors.

In this study, £25 a week of funded transport made fundamental changes to survivors' wellbeing by reducing stress; increasing their access to food; building confidence and connections; and empowering them to make more decisions about their lives. The UK Government could increase weekly subsistence to account for transport needs, although there is no guarantee that the increase would be used solely for transport. However, it would increase the sense of empowerment that survivors reported experiencing as a result of some financial freedom.

A second recommendation is that the UK Government and all support providers recognise the holistic nature of recovery that this study has emphasised, and the importance of key enablers, such as transport. Other enablers indicated by project participants included smartphones and data and future research could explore the digital poverty that survivors of modern slavery experience.

A third recommendation to organisations supporting survivors is to ensure they provide their service users with adequate maps and information about activities and places to visit, together with information about transport options to reach them.

fortnightly meetings. Hestia advocates asked the survey questions, recorded participants' responses in either the electronic or hard copy survey tool, and securely stored the data. Hestia collated and then securely transferred the completed surveys to the Rights Lab for data analysis purposes through encrypted emails and using a password protected USB.

Where language translation was necessary, Hestia used its usual interpreters and the advocates recorded translated responses in English on the survey form.

- a. The **baseline survey** took place at or near the same time as the 100 participants received the Oyster cards. Hestia advocates first explained the purpose of the project and shared the project information form, and consent form. Following agreement to participate in the project, the advocates then explained the baseline and end-of-project surveys, and shared the survey information and consent forms. Only after receiving the signed survey consent form would the advocates conduct the baseline survey.

The baseline survey collected baseline data on participants' weekly subsistence allowance amount, their regular ECAT and other appointments and activities, their usual modes of travel (i.e. Tube, or bus, or a combination of travel modes), their usual weekly travel expenses for ECAT and other appointments and activities, and their challenges associated with travelling to appointments and activities.

- b. The **end-of-project** survey took place at or near the end of the 12 week project period. The end of project survey collected data on how participants used the funded transport, and what the benefits of the funded transport had been to the participants.

Project participants completed 53 baseline surveys and 30 end-of-project surveys.

(3) In depth interviews with project participants

The Rights Lab conducted seven semi-structured interviews with project participants. Prior to the interview, the participant received a full explanation of the purpose of the interview and was provided with the interview information and consent forms.

Interview questions focused on: the challenges for survivors in the NRM in travelling to their ECAT and other appointments, how participants used the cards, and the benefits for the participants of the funded transport during the project period. Interviews took place by phone,⁴¹ with the participant's advocate calling in, as well as, in some cases, an interpreter.

The Rights Lab conducted thematic analysis of the interview data using the qualitative data analysis software, NVivo 12, as well as manual methods of qualitative data analysis.

(4) Semi-structured interviews with Hestia advocates and staff

The Rights Lab also conducted seven semi-structured interviews with Hestia advocates and staff. The interviews collected qualitative data on, for example, the time burden to organise the reimbursement of survivors' ECAT travel costs; concerns regarding survivors' ability to pay for transport in London to attend ECAT appointments; concerns regarding survivor sacrifices to stretch the weekly subsistence allowance; and views on the benefits – for survivors, for Hestia, and for other NGOs – of funded transport for survivors in the NRM.

Similarly to the analysis of the interview data (interviews with project participants), the Rights Lab used NVivo 12 to conduct thematic analysis of the interviews with Hestia advocates and staff, and this data was used to triangulate the data collected from the baseline and end of project surveys, and interviews with survivors.

(5) Aggregate analysis of Oyster card data

The Rights Lab consolidated the travel data (Oyster card data) of all 100 study participants, and conducted quantitative data analysis using SPSS on the following variables:

- Date of journey
- Journey from
- Journey to
- Zone from
- Zone to
- Mode of transport (train/tram/bus or combination of methods)
- Cost of journey (if single trip)

⁴¹ Interviews were conducted by phone due to UK government COVID-19 policy in March and April 2020 on social distancing.

- Cost of return journey (if return trip)
- Cost of day ticket

The Rights Lab only had access to Oyster card numbers – and not the names of the project participants attached to the Oyster cards – therefore there was no risk of the Rights Lab being able to track the travel movements of participants. This was clearly explained to project participants during the informed consent stage.

Annex B

Technical challenges and lessons learned

To support research teams wishing to build on or repeat this study, we have identified several technical challenges and lessons learned. These were gleaned in part through interviews with project participants who were asked to describe what worked well and what did not.

1) Reliance on a network of busy advocates: The study worked through advocates, who were responsible for explaining the project to clients, gaining their informed consent and completing the surveys. For some advocates, this explanation had to be done multiple times, often through the use of interpreters. Although the advocates received training, some information may not have been passed on, emphasised sufficiently or understood by project participants. This led to some confusion among participants as to the nature of the study. Survivors reported signing 'contracts' and thanked the Rights Lab Principal Investigator for being 'selected' to receive the Oyster cards. This suggests that they did not fully understand the random selection process, and that the surveys and interviews were being conducted for research purposes. Some survivors also reported confusion about the Oyster card top-up dates and project end date. They reported attempting to board a bus or train before realising there was no money left on the card or attempting to use public transport after the project had ended.

Lesson learned: To rectify this in the future, the research team would allow a longer inception period for the advocates to explain the project

to the participants clearly, rather than trying to explain, gain consent and complete a survey in one meeting. The research team would also develop a simple 'how the project will work' sheet for project participants to keep, so that key dates (i.e. card top up dates, start and end of project dates) are clearly written down, in the languages of all project participants.

2) Onerous data gathering process: Project participants reported that the study involved a lot of paperwork. Due to the desire of the research team to ensure that participants provided informed consent, they were asked to sign up to three different consent forms for: (1) participation in the project; (2) participation in the surveys; (3) participation in the interviews with the Rights Lab.

Lesson learned: In the future, the research team would consider compiling all information into one information and consent form, which would be translated into the languages of all potential project participants.

3) Misunderstandings by some project participants about the way Oyster cards work: Advocates reported that several project participants attempted to save money on the Oyster cards. It was explained to the project participants that money on the Oyster card could not be carried over as they hold a maximum of £90, and that at the end of the project period, the cards would be cancelled. Despite these explanations, several participants restricted their use of the cards in the first weeks of the project so that there would still be money on the cards at the end.

Lesson learned: If the project was replicated in the future, this key information would be printed and translated into multiple languages.

4) Variation in the experience of participants dependent on their advocates: Project participants who reported that the purpose of the project was clear and that they understood card top-up dates, also reported that this was due to their advocate clearly explaining everything to them at the start of the project. Survivors interviewed for the project who reported that they visited central London, and did many 'firsts', such as visiting London museums and galleries, also reported that they found out about these activities through their advocates. Some advocates provided the

project participants with a list of free activities in London and helped the survivors to plan their journeys to these activities. All advocates interviewed for the study noted that they would have liked to have spent more time with the survivors explaining what free activities their clients could do with the funded transport and expressed a desire to do this better if the project was replicated in the future.

Lesson learned: If the project was replicated in the future, the research team would work with the support organisation to establish a list of free activities in the area, and would have this list, and related travel instructions, translated into the languages of all project participants.

5) Concern about the survey questions and data capture: Some project participants noted that they found a few of the survey questions intrusive, particularly those asking for information on their visa status, number of dependents, whether they worked, whether they had medical conditions, and how much money they spent on transport. Some project participants also expressed concern to their advocates about the research team being able to track their movements through the Oyster cards. Advocates endeavoured to explain the purpose of the questions and to reassure participants that no one would track their travel or home location.

Lesson learned: If the project was replicated in the future, it would help to put in place further reassurances for participants, such as a process for them to ask questions and raise concerns about the study directly with the research team.



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