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Evaluation report

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# Impact of mobile technology for survivors of modern slavery and human trafficking: A mixed method study

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## Foreword

**The digital world offers a wealth of opportunity.** Online access to services – education, welfare, health, work and more – and is relied on as a key part of everyday life. However, we know that not everyone is currently able to take advantage of the benefits the internet has to offer.

**At BT our purpose is “we connect for good”, and we want to ensure everyone can make the most of life in the digital world.** We believe everyone in the UK deserves decent and affordable connectivity. That’s why we are making significant investment in both full fibre and mobile services and offer a range of affordable connectivity options. We work closely with the Government, Ofcom, industry and partners to tackle barriers people face to getting online. For example, we offer BT Basic, a low-cost phone and broadband service for customers on benefits. In response to the Covid-19 pandemic we’ve also worked hard to ensure vulnerable groups have internet access including offering unlimited mobile data to vulnerable EE customers, donating 1,000 tablets and pre-paid SIMs through the DevicesDotNow campaign and launching our Lockdown Learning Support package for disadvantaged families to ensure children had the connectivity to continue learning at home.

**We want to make sure no one is left behind because they don’t have the skills to engage with the online world.** It is estimated that as many as 11.7 million UK adults lack the essential digital skills needed for day-to-day life. Those who need most help – who are often older or vulnerable – can find it difficult know where to start. Our Skills for Tomorrow programme is helping 10 million people in the UK develop skills to make the most of life in the digital world. Delivered in partnership with leading digital skills and community organisations, the programme is completely free and designed to help everyone. From those needing help with basic digital skills, to jobseekers looking to develop skills for the digital workplace. During the Covid-19 pandemic, it’s been more important than ever to ensure that those with low or no digital skills can keep in touch with family and friends, and access vital health services. Online access can make all the difference for one group in particular: survivors of modern slavery.

**We believe that enabling survivors of modern slavery to get online enhances the quality of support they receive and paves a swifter path towards their independence.** Survivors are among the most vulnerable and disadvantaged of groups facing significant barriers to online services. Often lacking digital skills, survivors’ circumstances also mean they can struggle to access a private and reliable mobile or broadband connection to meet their essential needs. As founding partner of the UK’s Modern Slavery & Exploitation Helpline with Unseen, we know that with the right support people who survive the trap of modern slavery can regain their independence. Multi-stakeholder discussions, including inputs from survivors themselves, suggested that personal internet access could provide significant value to this group. This is why we supported this collaborative research project with Unseen and the University of Bristol, providing free smartphone and data services to survivors receiving support from Unseen. We hope this research brings a better understanding of the benefits survivors receive, challenges they face and potential next steps, sparking debate around the support survivors could receive to access online services as part of their journey to independence.

Andy Wales, Chief Digital Impact and Sustainability Officer, BT

## Executive Summary

**Enabling access to online services through mobile technology is an essential need for survivors during the Covid-19 pandemic. It should be considered a feasible and necessary element of survivor support packages outside a pandemic. Further research should explore the viability of government support and optimising of the support package for survivors and support staff.**

### What we did

This collaborative project was a mixed method study aimed at delivering a better understanding of the impacts of mobile technology on survivors of modern slavery and human trafficking. Specific objectives were to:

- Gather and share evidence of the impacts of digital inclusion through mobile technology on survivors' well-being, access to support and independence.
- Understand the usefulness and impact of the technology from survivors' perspectives.
- Provide an evidence base that could be used to develop the support offered to survivors in the UK.

The project was conceived before the Covid-19 pandemic by anti-slavery charity Unseen and BT, one of the world's leading communications services companies, in recognition of the potential of mobile technology to enhance survivors' recovery; and it was fuelled by on-the-ground experience of survivors and organisations supporting them. The National Institute for Health Research Applied Research Collaboration West (NIHR ARC West) and Elizabeth Blackwell Institute, University of Bristol joined the partnership to evaluate the project.

To enable the project BT donated 100 mobile smartphones and SIM cards to Unseen to be distributed to survivors who wanted to take part in the project. Each smartphone had a SIM card pre-loaded with pre-paid credit that allowed full access to the internet. The UK project began in April 2020 just after the peak in the first wave of the pandemic and while the UK was under national lockdown restrictions. At that time both Unseen and the survivors they support were facing unprecedented amplification of the challenges and issues they deal with every day. During the project Unseen delivered the smartphones, together with basic training on how to use them safely, to 74 survivors receiving support both in safe houses and in the community. To evaluate the impact of smartphones Unseen conducted 27 semi-structured interviews with survivors, several months after they received a phone. The ARC West researchers analysed the interview data along with data from a free-text survey of Unseen staff members, a wellbeing capability measure (ICECAP-A<sup>1</sup>) collected from survivors at the start and end of the project, and submitted screen-capture data on phone usage. Together this allowed triangulation of data and ensured robust recommendations were able to be made.

### What we found

Four main themes were identified from the interview data, including survivor needs in relation to technology, device usability, what survivors used smartphones and data for, and the impact on their wellbeing. The findings indicate that access to technology to get online is extremely beneficial to survivors' wellbeing regardless of a pandemic situation. During the pandemic such access was

essential in providing a mechanism by which survivors could support themselves at a time when face-to-face access to support was severely limited.

The project assisted survivors to:

- Maintain connections to their support networks – staying in touch with support services, accessing parenting support, contacting family and friends through social media.
- Access educational courses and resources, and support translation, communication and navigation tools to find their way in unfamiliar situations.

Access to technology should not be seen as a standalone solution but should be offered as part of a holistic, needs-based support package for survivors, with support staff playing a key role in its delivery.

Perceived benefits, limitations and impacts on social isolation varied between survivors and service provider staff, highlighting the need to consider carefully how best to optimise the support package to maximise the beneficial impacts to both service providers and survivors.

## What we recommend



### Access to technology should be considered an essential and standard part of survivor support packages

This study has provided an initial evidence base that smartphones and online access directly and positively impact survivors. The impacts felt may have been amplified during a national pandemic but, regardless, access to data and technology is required as an element of the support survivors are offered. It is feasible to support the safe use of mobile technology as part of survivor rehabilitation. Suitable technology packages should be made available to all identified survivors of modern slavery within the UK Government's National Referral Mechanism (NRM).



### Removing data limits enables full value to be realised

Increased data capacity and unlimited allowances would improve the impact of any technology package giving survivors access to all they need to support their education, wellbeing, communication and childcare support. An unlimited data allowance relieves survivors of having to make difficult choices about what they do and don't access, avoids exacerbating their stress and anxiety and reduces demand on service provider support staff in managing friction caused by running out of data. Unlimited data allowances should be an important consideration in optimising a support package for the benefit of both survivors and service provider support staff.



### Further research and collaboration is needed to explore viability for government support

Further collaborative projects with survivors, which build on this study methodology, would enhance the evidence base on which best practices could be identified and designed in to government support. As with many elements of supporting survivors of modern slavery, survivors, service provider organisations and government need to collaborate openly in developing effective and optimal technology support packages.

## CASE STUDY



Alicija needed access to her own smartphone. She arrived at the safe house without one. Alicija and her boyfriend had flown to London together. She had met him through friends and he had spoken about how much better life was in the UK: better work, better money. Alicija was living with her family and working in a low-paid factory job locally. Travelling, earning more money, and having their own apartment had sounded great.

On arrival in the UK her boyfriend took her ID and passport and sold her to a group of men who forced her to sell sex. She experienced physical and sexual abuse. Alicija suffered from nightmares, anxiety, and an eating disorder as a direct result of her exploitation. She found living in a safe house with other people hard and struggled to interact. She became withdrawn and often would not leave her room for extended periods.

One person she did want to interact with was her brother, who gave her emotional support. She had not been able to speak with him during her exploitation. The Unseen team facilitated this connection and enabled Alicija to speak with him regularly. Without a smartphone Alicija needed to use a landline, and this had to be navigated around all other incoming and outgoing calls. It meant she could

not speak to her brother whenever she wanted, which made Alicija even more anxious.

When Alicija got a smartphone she could speak to her brother whenever she wanted and needed. She was able to link in with mental health professionals remotely from her room and use the smartphone as a source of entertainment/comfort in the night when she was woken by nightmares and could not get back to sleep.

Alicija noticeably became happier and more confident. She talked to staff more and interacted with other people living at the safe house. She would tell people about her favourite reality TV shows and share what she had learnt online.

**Her smartphone had provided her with a lifeline.**



# Background

## Summary

Modern slavery, as defined by the [Modern Slavery Act](#) (2015), encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation takes several forms, including sexual exploitation, forced labour, criminal exploitation and domestic servitude. People identified as having been exploited come from all walks of life.

Before Covid-19 and the countrywide lockdowns [BT](#) and [Unseen](#) had been discussing how technology could be used to benefit and assist recovery journeys of people identified as potential survivors of slavery and human trafficking.

[Unseen](#) is a non-governmental organisation that provides support for survivors of slavery and human trafficking. Unseen offers survivors a range of needs-based support via their accommodation and community-based outreach services. Some of these services are offered via the [Modern Slavery Victim Care Contract](#) (MSVCC), administered by The Salvation Army. Unseen has been a sub-contractor and worked with The Salvation Army for the past eight years. At any given time, Unseen is supporting in the region of 80 survivors.

Unseen, BT and the [University of Bristol](#) (UoB) researchers from the National Institute for Health Research Applied Research Collaboration West ([NIHR ARC West](#)) collaborated to develop this project and evaluate its impact. The current report provides evidence of the impact of mobile technology. Specifically, it seeks to investigate if and how mobile technology could positively affect the mental health, wellbeing, social connections, access to services and levels of independence and isolation of survivors of modern slavery.

Survivors of modern slavery are considered to be one of the most vulnerable groups at risk of complex mental health difficulties, including anxiety, depression, aggression, suicidal ideation and post-traumatic stress disorder (PTSD)<sup>2</sup>. Evidence has suggested that survivors who perceive less social support indicate more PTSD<sup>2</sup>. Okech et al. (2018) identify that one critical coping mechanism for survivors is to find social support, which can help reduce stress and psychological or mental health difficulties. To strengthen survivors' reintegration into the community, it is important to identify and strengthen available social supports and prepare survivors to access these supports and use them to their advantage<sup>2</sup>. This report explores how this can be done with the provision of a smartphone and data package, and training and support to use it.

The intervention evaluated in this report is the provision of smartphones, SIM cards and a data package for survivors supported by Unseen. The project is in line with recommendations to ensure that anti-trafficking responses give survivors something to move towards, not just something from which to "escape"<sup>3</sup>.



## Digital exclusion and the Covid-19 pandemic

Survivors often have no or limited access to mobile technology, devices, data or the internet. The importance of access to technology in helping to reduce isolation and increase independence was identified before the pandemic, and the need was enhanced as the pandemic hit and support services moved online. Since Covid-19, face-to-face provision of services that are a crucial part of survivors' recovery (including physical and mental health, legal, and general support services) have had to reduce and in some instances have had to move to remote, digitally-accessible services. Digital inequality has been a major issue during the pandemic, reinforcing existing inequities<sup>4, 5</sup>. Most people rely on technology to maintain a sense of connection or to access, and participate in, a wide variety of social and health activities. Unseen survivors, however, may have no smartphone or data, no Wi-Fi or internet usage credited to their housing, and so no access to video-conferencing technology and online services.

## Unseen's approach to working with survivors to access digital technology

There is no clear guidance on survivors' access to digital technology during their journey through the NRM. Historically, Unseen has been reliant on donations of smartphones or funding to help survivors buy smartphones and new SIM cards. Once survivors have access to a phone and SIM card, they are responsible for purchasing and managing their own data packages. Under the MSVCC, adult survivors supported in the NRM are eligible for financial assistance as part of their package of support. Depending on their situation survivors will receive between £39 and £65 a week\*. Accommodation provision, within the MSVCC, does not always provide access to Wi-Fi as standard because of safety and security issues for survivors. Living on minimal income can mean survivors are unable to afford to buy data packages regularly – impacting their ability to stay connected to the support services they need. Digital exclusion is a very present reality for people who have experienced exploitation and are living on a minimum income.

The Covid-19 pandemic has hastened the need to assess the best strategies for the impacts of digital inequities and digital exclusion on survivors of modern slavery. With multiple lockdowns, reductions in face-to-face support services, and the anticipation of a prolonged recovery phase it is imperative we begin to understand the impact of periods of social isolation on mental health<sup>6</sup> for survivors of slavery.

The Unseen frontline team observed the impact of access to technology on those they supported – for example, survivors being able to develop skills that assist them in their move toward independent living and an understanding of the systems around them. Whether this is managing their emails, using translation apps, using Google Maps to get to appointments, or being able to log into support systems (eg counselling sessions, using bank apps, entertainment or staying in touch with friends and family), Unseen has identified the importance to those they support of access to mobile technology to gain independence and integrate into the community.

Whilst identifying the importance of having access to technology it is also necessary to recognise that some traffickers and those who exploit also use technology to recruit, threaten, locate and exploit. Survivors enter support services from a range of situations, the details of which are often unknown or unclear initially. A survivor can enter support not registered with a GP and having no community contacts – Unseen staff support them to access these and other support

\* Additional finance is also available if they have dependent children.

services, based on survivors' individual needs. Some survivors arrive with mobile phones that their traffickers have provided, some will have managed to keep their own phone, and some will have had no access to technology during their exploitation. Some may not have spoken to their family and friends during their exploitation, kept isolated from those they know and the community that surrounded them. For some the phone they have will have been the method and point of connection by which people bought their services. For some survivors, technology may have been used to recruit, control and exploit.

Finding the right balance between using mobile technology to promote independence and choice while also protecting a survivor's safety and wellbeing requires a nuanced approach and must always be navigated in partnership with survivors. Any approach taken will not fully eliminate all risks associated with mobile phone and internet use and on-going, open dialogue about online safety is required with survivors.

There are many potential issues to consider when promoting safe access to technology for survivors including:

- Unwanted contact with/from their trafficker
- Pressure from trafficker to return
- Pressure from associate or family member
- Disclosure of location (inadvertently via GPS and location device via social media)
- Unsafe online access and practices
- Cost
- Increased isolation and non-engagement with support
- Interrupted sleep hygiene
- Being targeted for theft or coercive "borrowing" of devices by others.

Unseen is aware that traffickers may still have the means of making contact via phone or social media when a survivor first engages with support. The first 72 hours is considered the high-risk period when survivors may feel compelled to leave the service and reconnect with their traffickers. There are anecdotal reports of traffickers using track-my-phone or other location functions to track people through their mobile phone. Unseen aims for the people it supports to be able to take responsibility for their online safety. It works with them to identify and develop important life skills to assist them to use the internet and mobile devices safely with an understanding of the consequences of accessing online materials, services and products. There is a balance to be achieved between promoting the safe use of technology and ensuring protective factors are considered and implemented as needed.

### Online safety sessions

Unseen offers online safety sessions to survivors allowing individuals to understand and manage risks for themselves. Unseen's phone and internet safety session covers the following:

- Location settings
- Setting up of new accounts: email and social media
- Security and privacy settings on social media
- Meeting people over the internet safely
- Managing sharing of personal information (including dangers around sending pictures of

oneself to anyone, using pseudonyms and photos of something other than oneself on a social media profile)

- Blocking numbers and contacts
- Emails and attachments
- How to top up and check balance/spending
- When to use phones appropriately – if in meetings/sessions/timings
- Inputting emergency numbers.

### Protective practices in place

At the point of referral, Unseen requests mobile devices are switched off before travelling and arriving at accommodation projects. This reduces the risk of traffickers being able to contact and locate individuals and is viewed as a protective practice, allowing for distance between traffickers and those who have been exploited. On arrival at accommodation services, use of personal mobile devices is initially restricted. Survivors are assisted to transfer safe contacts to a temporary phone (provided by Unseen) and a phone and internet safety session takes place within two weeks of arrival. Safety sessions are also offered for survivors being supported in the community. After the safety session has been completed, Unseen provides survivors with a new pay-as-you-go SIM card and offers either a donated smartphone (if available) or support to purchase a new phone with their own money.

## The project

The project was designed before the Covid-19 pandemic, rather than in response to it. Implementation of the project was quicker than originally planned because of the pandemic and initial lockdown restrictions that took place from March 2020, as it was realised survivors would need access to digital technology more than ever, as face-to-face contact began to reduce. BT supplied Unseen with refurbished Samsung Galaxy S7 and Galaxy S7 Edge smartphones. All the phones were boxed and came with a charger cable and three-pin UK plug, four packs of wipes (to reduce risk of Covid-19 infection) and a pay-as-you-go SIM with a monthly allowance of 100 minutes to UK landlines and mobiles, unlimited messages and 4GB of data. Any unused data was rolled over into the next month's usage. Each SIM was credited with an £80 balance. Calling international numbers was not included in the allowance.

Unseen, like other support services, had to adjust the way support was delivered during lockdowns but managed to distribute mobile phones to survivors who wanted to take part in the project from April 2020 onwards. It was made clear to the survivors that this was a project, that they did not have to use the phone as their primary device, and that after six months there was no commitment, from BT or Unseen, to offer further top-ups but that survivors could keep the handset and SIM card. Choosing to participate in the project and its evaluation did not affect survivors' access to Unseen support, and they were able to use the smartphone and data however they wanted to.

# Aims and objectives

## Aims

To assess the usefulness of access to mobile phones and data packages for survivors of modern slavery in relation to their mental health, wellbeing and social connections, including access to services, levels of independence and perceived impacts on isolation.

## Objective 1

To understand the usefulness and impact of the technology from survivors' perspectives.

## Objective 2

To explore the feasibility of using the ICECAP-A capability measure<sup>1</sup> to assess survivors' wellbeing.

## Objective 3

Collate reflective comments from Unseen staff about the project, impacts they observed that phones had on survivors they were supporting, and lessons from the project for wider implementation, if data indicated that the intervention supports survivors.

## Methodology

This is a mixed methods evaluation combining qualitative interview data with survivors, free-text survey data from staff members, quantitative wellbeing questionnaire (ICECAP-A<sup>1</sup> capability measure) data, and phone data-usage screen capture data. The full study received ethical approval from the University of Bristol Faculty of Health Sciences Research Ethics Committee reference 109984.

### Baseline data collected

Most Unseen support services were delivered in a socially distanced way during the Covid-19 national and local lockdowns which meant that baseline data was harder to capture, as support staff were not always able to have face-to-face meetings with people they were supporting. Survivors were offered a smartphone and were invited by their support worker to complete a wellbeing measure (ICECAP-A<sup>1</sup>). Survivors were also asked if they were happy to share a screen shot of their monthly data usage and were shown how to do this. It was explained that people could choose how to use the data and that the phone was theirs to manage. Baseline data collection started from April 2020, when the first survivors received a smartphone. Every survivor being supported was asked to participate in the project, as were any new referrals into service (for the duration of the project). Our analysis in this report includes the baseline data for those survivors who consented to their data being shared anonymously with the university. This data included the ICECAP-A data collected by Unseen when they first gave out smartphones to survivors and data usage information.

### ICECAP-A

The ICECAP-A capability measure<sup>1</sup> is a wellbeing measure for the general adult population which defines quality of life in terms of five attributes: Stability, Attachment, Autonomy, Achievement, and Enjoyment. It was designed for use in the economic evaluation of interventions spanning health and social care. We sought to assess the feasibility of collecting ICECAP-A data from survivors and explore whether it was a suitable assessment tool for this population group and intervention. Some non-English speaking survivors were not fully literate in their own language. Accordingly, rather than seek to provide translations of the ICECAP-A measure in all the languages potentially used by non-English speakers, the Unseen staff decided instead, when necessary, to have their usual translators read the ICECAP-A measure in the service user's own language.

### Evaluation data collected

#### Details of training

University of Bristol researchers from NIHR ARC West trained members of the Unseen team in qualitative approaches to gathering data. Training included teaching optimal ways to phrase open-ended interview questions, the difference between mining and mapping interview questions and best practice surrounding the use of a topic guide. The training also covered best practice on gaining informed consent, recording interviews and storing data securely to abide by data protection legislation and ethics protocol. The training explored optimal ways to mitigate bias resulting from “dual roles”. In this case, “dual roles” refers to the person from Unseen collecting interview data being known to the interviewee in a previous capacity as support staff (one interviewer), while also being the “non-professional researcher” exploring the interviewee's experience of having the phone and data.

## Conducting interviews and collecting data

It was considered that Unseen staff were best placed to conduct interviews with survivors, as they could more easily connect with survivors and understand current situations survivors were facing. The interviews conducted were not about Unseen services or support, but about the impact of being provided with a smartphone. Unseen staff had access to translation services, had built trust with survivors, and were trained and experienced in the best communication and support approaches to work with survivors. Researchers followed advice from Unseen staff to design the study to give survivors maximum flexibility and choice in how they participated in the study if they would like to.

## Recruitment for research data collection

Survivors were invited to participate in an interview once they had had access to a phone for several months. The sampling strategy used was wide and inclusive, with Unseen staff attempting to contact all survivors who had a) received a phone from April 2020 and b) consented to take part in the study (including those who had left Unseen services but given permission for contact to be made). Survivors who confirmed they were happy to participate received a verbal reminder about the study and its aims before being invited to take part in an interview about their experiences of having access to the phone and data.

They were invited then to participate in one or all these components:

- 1 An interview which would last between 15-30 minutes.
- 2 The ICECAP-A questionnaire.
- 3 Sharing how phone data had been used through a screenshot of data usage.

Upon a survivor agreeing to be involved they were emailed or given a written copy of the information sheet. For those with lower literacy levels, or where understanding of English was poor, information sheets were explained and verbally translated by interpreters. Unseen supports survivors with a variety of different first languages so, rather than translating the information sheet into multiple written languages (which people might still not be able to read due to literacy levels), Unseen's usual working procedures for language translation were used.

After they had read or listened to someone explain the information sheet, survivors were invited to arrange a time to be interviewed. Information about the study was provided at least 48 hours before an interview if practical but no less than 24 hours before an approach for consent for data collection was made. The Unseen team called survivors to check they were still happy to participate in an interview and with consent would arrange a suitable timeslot with them. The Unseen interviewers would call at the agreed timeslot. If the call was not answered interviewers a) left a voicemail b) sent a text to follow up and rearrange or c) tried to call a further two times. If the call was answered interviewers would check it was still an appropriate time to conduct the interview. If it was not, a new timeslot was arranged. If there was no response to any of these actions no further contact was made about the interview, unless the survivor contacted Unseen asking to be interviewed.

## Consent and conducting interviews

Before consent was received, survivors had an opportunity to ask questions about the study. Interviewers took verbally recorded informed consent over the phone, going through each component of the consent form with the participant before the interview. Interviewers emphasised the voluntary nature of the interview, reiterating that survivors were not obliged to

take part and could withdraw at any point. If they requested it, survivors would be sent a copy of the information sheet and consent form for their records. The consent process was verbally explained/translated and audio recorded. Interviewers checked that survivors felt they were in a safe and private space that would enable them to talk freely. If survivors did not have good English skills, they were asked if they would like to use a translation service. The decision about requiring a translator for the interview was given to each survivor user to make. The consent process also included a question about anonymised baseline data (data they had previously given to Unseen when first given their phone) being shared with the University of Bristol, so that an analysis of this data could be conducted. Survivors participating in an interview were advised that they could withdraw their recording up to two weeks after the interview occurred, which was when transcription and analysis of interviews would begin.

## Interviews

Up to 35 focused, structured qualitative interviews were planned.

The interviews were recorded, with consent, using a digitally encrypted work smartphone or an encrypted digital audio recorder. It was anticipated that interviews would last up to 30 minutes and be short, and structured, and in plain language. An interview safety protocol was developed so that there was a clear process for supporting both survivors and interviewers, in the event of any distress within an interview, or if safeguarding issues were highlighted.

The interviews focused on what Unseen survivors had used their smartphones for, and the impact this had for them, including on their mental health, wellbeing and social connections, access to services and levels of independence and isolation. Interviewers used a topic guide developed by Unseen and ARC West researchers. The topic guide was flexible enough to allow exploration of issues raised by the participant and provided parameters for consistency since different interviewers were conducting the interviews (see Appendix 1).

At the end of the qualitative interview, survivors were asked to complete the ICECAP-A measure again. In addition to completing the ICECAP-A measure, some survivors gave examples of whether and how the ICECAP-A attributes felt relevant to their situation and how phones made a difference. If they preferred to do this at another time, arrangements were made to organise this. Survivors were also reminded to continue providing screenshots of how they had used their mobile phone data (eg email, WhatsApp, internet).

## Staff online survey

Unseen support staff were invited to take part in a short online survey to collate their reflective comments about the project, including:

- The impacts that they had observed phones having on survivors
- Lessons from the project for wider implementation if data were to indicate that the intervention supported survivors positively.

A short survey with 10 questions (see Appendix 2) and space to write free-text responses, was emailed to staff who had been involved in and/or were aware of the project. The survey included information about the project, a consent form and reflective questions. Minimum data about staff roles were sought to provide maximum anonymity for respondents. Two email reminders were sent to all staff.



## Data transfer

A data sharing and transfer agreement was set up between Unseen and the University of Bristol. Interview recordings, anonymised quantitative data and data screenshots of those who consented were transferred to the university IT system, through the university secure file transfer system, following ARC West data transfer standard operating procedures.

Recordings were accessible to the research team only. The recordings were transcribed professionally by a University of Bristol approved transcription service who signed a confidentiality agreement before transcription.

## Data analysis

### Analysis of qualitative data

Data were analysed using thematic analysis. Interviews were recorded by Unseen staff without using survivors' names and ARC West researchers further anonymised and cleaned the transcripts of any remaining identifiable data (eg if survivors mentioned names, place names). Researchers listened to the audio files at the same time to familiarise themselves with the data. One researcher analysed all transcripts and a second researcher double analysed 15% of transcripts, as per COREQ checklist guidelines for robust qualitative approaches to analysis<sup>7</sup>. As this analysis was part of a pandemic response, it was appropriate to carry out rapid qualitative analysis<sup>8</sup>. The approach to rapid analysis adopted here was to analyse all the data gathered. Researchers used a grid created in Word to organise the analysis of data under predetermined categories taken from the topic guide, while allowing for new, unanticipated themes to be identified as new (column) headings. This process is akin to the methods described as rapid analysis<sup>9</sup>.

The online staff survey was a free-text survey that was also analysed using rapid analysis techniques in Word. A rapid analysis for both the qualitative interview data and the staff survey data used pre-determined categories/descriptors to organise data into a narrative as well as allowing for new categories and themes to be identified in the data. Analysis for the report has been written up as a descriptive, narrative account, supported by interview excerpts.

### Analysis of ICECAP-A baseline and follow-up data

The proportion of survivors providing ICECAP-A data at baseline and follow-up are reported, as well as descriptive statistics, including the mean change in ICECAP-A score. Preference-based numerical tariffs allow differences in overall quality of life to be measured and valued, where 0 represents no capability for any attribute and 1 represents full capability for all five attributes<sup>10</sup>.

In the absence of ICECAP-A data for a suitable comparator group (survivors not provided with a smartphone), the ICECAP-A data are not analysed to assess any impact of the Unseen intervention on survivors' quality of life.

### Analysis of mobile data package use

Survivors were asked if they were happy to share a screenshot of their data use on a monthly basis and were shown how to do this on the phones. Collecting this data could sometimes be challenging as support workers were often busy and might not see clients at the end of the month when their data packages were nearing their end, meaning that they were not able to remind survivors to submit screenshots. Once shown how to get a screenshot, not all survivors wanted support to submit these. If survivors reported submission of screenshot data staff were not

requested to check whether this had happened. Support staff often communicated with survivors using smartphones provided through this project. It was challenging to offer instruction on how to capture a screenshot while speaking on the phone on which a screenshot needed to be taken. Screenshot dates could vary, some being taken at the beginning of the month when records were only beginning to log that month's data usage. When screenshots were not taken at the end of the month's data package it was often unclear from the screenshots whether and when people ran out of data. Data screenshots took the form of a photo of a screen showing data usage, or a Word document with several photos of the same month, which provided a fuller list of all apps used. One photo of a screenshot was never enough to provide a full list of all apps used, so there were often missing data. Often the screenshots did not include the complete list of apps used, providing only a partial list, and so the phone record of data used did not match the sum of data usage of the apps listed. Where the list of apps and their data usage totalled within 10% of the record of mobile data used, the app list was considered complete. Records of data usage from screenshots were transferred into an Excel sheet, which listed all apps used. As the apps listed totalled more than 50, a categorisation of apps was developed (eg games, different translation and language apps, different retail apps). As well as data used on specific apps, the Excel sheet was also used to record the date on which the screenshot was taken (where available), the phone record of total data used for that month, and any other important points (eg whether the screenshot included a graph of when data was used over the month).

## Results

From April 2020, 74 survivors received a smartphone; 22 were male, 47 were female and five survivors' sex was undisclosed. All survivors consented to being contacted about participating in research to evaluate the impact of having access to a smartphone and data package. Attempts to contact survivors and invite them to interview began in November 2020. Out of the 74 survivors who received a phone, 43 were not contactable. Unseen's administrative team tried calling each survivor three times before recording them as non-contactable.

The reasons recorded for this are as follows (after trying three times):

- Number went straight to voicemail and when message was left the call was not returned
- Survivor no longer engaged with the Unseen support service, left no forwarding details
- Survivor did not consent to participate in the study when they received a phone
- Number no longer in service
- Number disconnected
- Number rang off with no voicemail option.

A certain amount of drop-out was expected. The project set-up, securing funding and ethical permission process at the university, took longer than anticipated and as a result, some survivors had disengaged from the project and/or moved on from support. This meant they might no longer be using the phones provided as their access to free minutes and data had ceased. From the 31 Unseen survivors that were contactable, 27 agreed to participate in an interview.

- 27 survivors were interviewed for this study.
- The ages of survivors who participated ranged from 24 to 63.
- Twenty of the survivors interviewed were women and seven were men.
- Fourteen reported sexual exploitation, eight reported forced labour, two reported domestic servitude and three participants' data was undisclosed.
- Survivors were of 15 different nationalities; they included survivors from Albania, Britain, Chad, China, Egypt, India, Ivory Coast, Kurdistan, Nigeria, Pakistan, Philippines, Poland, Romania, Tanzania and Thailand.
- Nine interviews were conducted with an interpreter and interview length (including taking informed consent) varied between eight and 24 minutes.
- Twelve members of Unseen staff took part in the online staff survey, representing a range of roles across Unseen's support services, including both the men's and women's safe houses as well as the outreach and resettlement and integration team.

## Analysis from the qualitative interviews with service providers and staff survey data

Verbatim examples from interviews with survivors and the staff questionnaire are used to evidence the descriptive analysis presented. To help demonstrate the range of survivors and staff cited in the findings we have labelled survivors' quotes with a P-number and staff quotes with an S-number. Where we have edited quotes to ensure clarity of language, we have added square brackets to indicate where edits have been made.

Themes explored include survivor needs for smartphone technology and their prior experience of smart technology, the usability of technology and problems encountered. The theme of how smartphones were used in practice includes supporting study, contacting family and friends, contacting services, navigating the city and support with translation and communication. The theme of impacts and wellbeing includes exploration of feelings of independence, isolation, support and connection, interactions with staff, and how phones supported the management of stress, fear and anxiety. The theme of challenges considers these, like all the data reported, from the perspective of survivors and staff.



## Theme 1:

### Needs relating to mobile technology

When survivors were asked why they wanted to participate in the project and receive a smartphone, for many it was a way to replace or upgrade an existing mobile phone. Some needed to replace or upgrade their phone so that they could meet the requirements placed on people during the lockdown, such as using phones to continue with educational/college work:

“[Be]cause my old phone...the screen broke down... I think that is the main reason why I – I wanted this phone because I needed the data to [do my] school stuff... To have a new phone [be]’cause yeah I was desperate my old phone was very slow and [potentially limiting] really.” (P18)

The newly provided smartphone was an improvement in terms of basic function, such as ease and speed of use:

“the phone is very quick to use for [online] and for make a phone call. Very quick. Fast.” (P2)

As well as improved sound quality and clarity:

“it’s quick...phone calls are [much] clearer and it’s better than the old one.” (P25)

And providing new access to a range of internet-based applications:

“I had a simple phone, a basic phone and I couldn’t use it to Google things or to send email and stuff like that, that’s why I needed the phone.” (P24)

The pandemic context heightened the need to improve access to the internet:

“Because in the situation of the lockdown, this is a blessing for us.” (P3)

Access to online legal information, local services and processes regarding asylum and trafficking, particularly in other languages was cited by staff as a core need for survivors. Without access to this information refugee, asylum seeker and trafficking communities were seen as being at risk. Female survivors often referenced their needs as single parents when asked why they had participated in the study. For these women, the added isolation during a pandemic meant it was even more important to get some support with parenting:

“

**“I think it’s mainly for social media [be]’cause I’m a single mum...so it helps me to catch up with friends online or watch funny videos, forget what is going on around me and I’m not just moody all day.” (P5)**

**“I’ve got a little one here. He was using as well YouTube to check some cartoon. Yeah, he loves it all as well, so that’s why I wanted it.” (P13)**

For survivors in temporary housing the smartphone provided access to the internet. For others, it was their work environment that prompted their willingness to participate:

**“Everyone where I worked with got one, so that was the reason.” (P4)**

”

Only one participant described previous coercive control with mobile technology:

“

**“Previous partner didn’t allow me to have a phone, so I couldn’t call my family or speak to them or tell them about my situation.” (P23)**

She went onto describe her need for an Unseen smartphone in terms of helping her to feel safe:

**“And a phone will always be useful, like before he went into jail I was scared he [trafficker] will come, so a phone will help me call the police if I had to.” (P23)**

”

This was the only narrative from survivors that expressed feelings of fear and threat that were partially alleviated through the provision of a smartphone. Staff also described potential negative impacts and subsequent risks of survivors struggling to access psychological support when services moved online at the beginning of the pandemic. Staff were concerned that survivors’ continuity of care would rely on their access and availability of data, rather than their support needs.

## Theme 2:

### Usability of technology and problems encountered

All but one survivor had prior experience of using mobile technology, albeit not smartphone tech. The new smartphones were appealing to the survivors because of their usability:

“It [has] a nice camera, it’s easy to text, ... it’s very clear ... to read the stuff on it. The colour... of the phone is good... It show[s] the numbers clearly. It’s not difficult to use... The... settings of the phone [are] good. It’s more advanced.” (P17)

When survivors were asked if they had any problems using their new smartphones, survivors reported feeling confident:

“I can use a mobile. ... I did not need anyone to tell me how to use the mobile phone.” (P25)

If survivors encountered problems they approached their support worker. Only two survivors described difficulties in using their phone. Barriers to use were described in terms of age:

“Because I’m 64, I do not have such an in-depth understanding of everything that I can do on this phone. So I can only use it for some limited ways.” (P4)

Or unfamiliarity:

“Though I’m no good on [a] smartphone, because when it comes to downloading stuff, I ask someone to help me. Yeah, maybe I have to [have a] go again [using] YouTube and learn for this smartphone.” (P13)



Whilst the intervention of a smartphone was supportive, the data allowance was in some cases seen as restrictive, especially when there were competing demands on survivors, such as the need and desire to attend online classes as well as attending online therapeutic sessions:

“Data is very quickly finished... And especially when you attend the classes, and the class is from 9.00am-12.30pm, four days a week, and also you talk with your psychiatrist, this is not enough [data] for that. It was finished, 4GB is not that much enough. And other thing is the battery. Battery is very [bad] – all the time you will be charging it.”  
(P3)

“I do feel supported, but I think the data allowed is not enough.”  
(P2)

Staff also reported similar concerns in relation to the amount of data available:

“However, the amount of data allowed was far too small for this to have a long-term impact.” (S6)

Despite these issues, data was sufficient to allow a common range and purpose of use across survivors and over the months of the project survivors were assisted to navigate and manage their data usage.



## Theme 3:

### How mobile phones were used

Survivors made use of their phones in a wide range of ways to support the new circumstances they found themselves in because of Covid-19 restrictions and changes to the ways support services were delivered. Survivors used their phones to access online ESOL\* provision. They also used their phones to keep in touch with their solicitors, sending evidence to their legal teams and Migrant Help as well as sharing information with voluntary organisations regarding their asylum cases and asylum support needs. Phones were used to access community support for LGBTQI\*\* faith and language groups, mother and baby classes, to engage in online education and counselling and to access online wellbeing support. Parents used their phone to provide screen time for the children as most survivors did not have access to a TV. Phones were used to navigate the city, look up bus timetables, and use electronic maps. They were used to access health care providers, booking appointments, attending consultations and ordering repeat prescriptions. Phones were used for banking, budgeting and finances, using calculator apps. They were also used socially, to take pictures, keep fit, play games, listen to music and to read books.

### Accessing social platforms

The following social platforms were mentioned in interviews: TikTok, WeChat, Facebook, WhatsApp, Instagram, Twitter and YouTube. YouTube was used to watch films in English as well as in the survivor's native language. Media platforms were used to keep up to date on world affairs, and to follow the news:

“I can listen to music with Spotify... I listen [to the] radio... I read the [international] newspaper.” (P17)

### Supporting education

Smartphones were used to take screenshots during study or to support research for assignments:

“searching Google, I think, and this has helped for my class as well... To make notes and assignments.” (P3)

For others smartphones supported self-study, helping survivors go over what had been covered in the online class:

“Yeah, I’m doing IT course. Yes, it helps me because sometimes myself I was going in YouTube, get classes from YouTube and learn more, because my understanding capacity is very slow. This IT, sometimes teacher goes quickly, accent is so deep, so I was going myself in YouTube and check some classes in YouTube.” (P13)

\* ESOL – English to Speakers of Other Languages

\*\* LGBTQI – Lesbian, Gay, Bisexual, Transgender, Queer and Intersex

## Contacting family or friends

Whilst a lot of survivors said they did not have family and had perhaps only one friend, for some smartphones had enabled them to make contact more easily with family members:

“

“For internet, and talking with my mother, because the service of this one is very nice, clear-wise.” (P3)

For another being able to talk with family on video was more connecting:

“I mean it’s very useful as well, I am able to talk to my grandmother and I am able to see her as well, she is in Romania, I can see her face through WhatsApp. Yes, with my family, with my auntie, with my grandmother, so I contact them through video WhatsApp.” (P23)

”

## Contacting services

Survivors used their phones to stay in touch with key services, including their support worker, counsellors, solicitors, lawyers, healthcare providers, teachers and employers – for example, making and rescheduling appointments:

“

“Used to make appointments and speak with key worker.” (P3)

“I’ve used it to call for appointment, to cancel appointment.” (P5)

Or accessing their workplace or online banking:

“To contact the office. To contact [my] GP. Telephone banking and universal credit.” (P4)

”

Survivors who were parents used their phones to stay in touch with their children’s school. This was particularly important during the pandemic when teaching and learning shifted to online classroom spaces:

“

“So many times, my son’s school, due to this Corona, we were chatting through e-mail, because we can’t see [the teachers], so we [were] chatting through e-mail. So, if they want to tell you anything, even today or maybe tomorrow they [were] e-mailing you, you have to reply [to] the e-mail.” (P13)

For some the mobile phone provided a valuable platform to access support from professionals. For example, accessing primary care services was often cited as one of the most helpful forms of support:

“

**“The most helpful thing, it was that, to call the GP. Yeah, to call the GP.” (P13)**

Staff described survivors being able to access WhatsApp group chats with other support agencies:

**“Some people have been able to join WhatsApp group chats with other support agencies. Some survivors have been able to access counselling and college.” (S5/S6)**

”

## Support for parenting

Female survivors with children found additional sources of support through their phone use, especially in their role as a new mother:

“

**“I use the internet and also video calls...with Project Mama and the yoga class that they had on Wednesday...so especially during the lockdown I had video calls regarding the baby how to look after the baby and stuff like that.” (P6)**

For another woman, it was helping her and her young son improve their English language skills as well as helping her to communicate with his nursery:

**“[My] son watches some cartoons there and I have downloaded some apps... It helps him a lot because neither of us speaks any English, so it will be good [for] him... I have used [Google Translate] to translate letters or to ask about something in...my son's nursery.” (P24)**

”

Children were able to access cartoons and educational programming providing both the parent and child some much-needed downtime. Women with teenage children found tracking apps helpful and supportive in managing their children's sense of safety:

“

**“Yeah. I – my son is – he is – he was teen – underage before and I was [not] knowing where he is. Because you know – whereas application – we downloaded [it now]. Me and him. So, I now [I know] where [he] is.” (P21)**

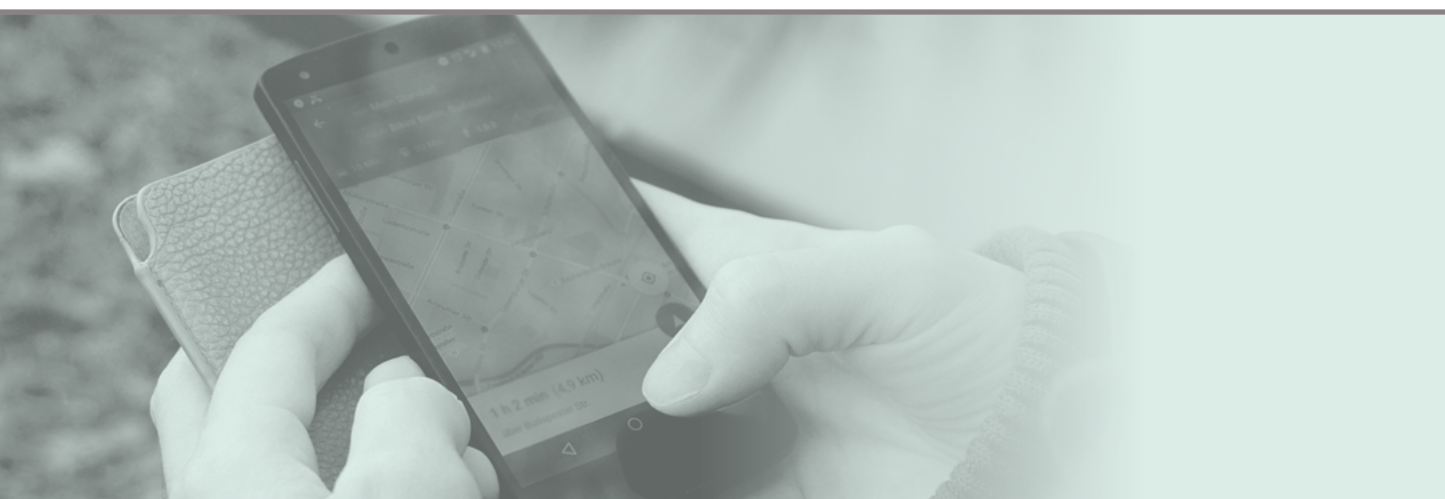
## Navigating the city

Smartphones were helpful for those finding their independence for the first time in a strange city:

“

“I use maps so I know where I need to go. This telephone keeps me orientated because I sometimes have problems with knowing where I am and where I need to go, and this phone helps me to keep a chart of all the places.” (P4)

Phones were also used to look up bus timetables and navigate public transport. Staff saw that being able to independently navigate the city confidently, rather than depend upon a support worker to help, was vital during pandemic conditions with restricted face-to-face contact.



## Translation and communication

Smartphones were used to help navigate systems and services such as finding where to pick up food parcels. Navigation of systems and services was made possible by using Google Translate:

“It’s even got a smart dictator I don’t even need to type so what I say in Google it just pops up and ask questions and yeah it’s very easy.” (P5)

”

Or helping survivors change appointments with their support worker:

“

“I happened to miss an appointment so I ask her to rearrange the appointment because I thought it was at the end of this month but it was actually on the 9th, so I was able to ask her using the translate, send her a message to change my appointment.” (P23)

As survivors navigated the online world (such as the news) they were able to use Google Translate to improve language skills at the same time:

“This is for me to communicate and I learn something like the words that I don’t understand, it just makes my life easier for me to understand what I don’t understand and what’s going on and to communicate also with others...like the news and I don’t understand the words I try and search it in the Google so that I can understand.”  
(P9)

Although survivors did not describe using Google Translate with other safe house residents, staff described the impact of Google Translate on day-to-day living and sense of community in the safe house:

“Survivors have used Google Translate in their respective languages to have conversations about basic things like who’s turn it is to do the washing up and what they are cooking for dinner etc. We have seen some survivors who have been at the service longer than others take this under their wing and try to help one another practice English.”  
(S3)

Being able to continue access to learning English was framed by staff in terms of integration, empowerment and safety.

## Theme 4: Impacts and wellbeing

### Independence

Survivors were asked whether their phones had made any difference to their sense of independence or ability to do things for themselves:

**“Yeah, it’s part of life and it does help you a lot for different things, yeah.” (P11)**

A few survivors did not immediately associate the phone with making them more independent. This may be because the word “independent” was not straightforward to translate; as a result some survivors found this question hard to respond to and interviewers had to alter wording to make the meaning more understandable (expanded upon in ‘Strengths, challenges and limitations’ page 48). Staff working with survivors often used the language of independence, emphasising self-determination, with survivors able to book their appointments and look up directions online and therefore needing to contact support workers less often:

**“It has given independence and a freedom to contact organisations, friends and family without having to ask the support worker.” (S4)**

**“Improve communication due to be able to send pictures of any information that they are concerned about it.” (S7)**

### Isolation

The concept of isolation was not readily understood by some survivors during interviews. Sometimes interviewers used the word “loneliness” instead which appeared to have more meaning for survivors. However, as can be seen in several of the survivor quotes in this report there are examples where having access to a phone directly reduced isolation:

**“... going on Facebook so it has really helped me connect because without internet I would be like oh I’m bored, I’m at home and not having much to do for myself so sometimes I read some stories, I read some posts which really makes things easier for me. So, having the opportunity to be able to go online and read all these things and stay online and catch up with friends so yeah it has really helped.” (P5)**



It is clear, however, that access to a phone and data was used more as a coping mechanism to pass the time rather than being the answer to feelings of loneliness.

“

**“You can’t say that loneliness is gone down because of the phone, but it is helpful.”**

**“spends time, passes time.” (P1)**

Whilst providing entertainment through a mobile internet connection was important, it did not address the underlying causes of loneliness – not having a social or work-related network to communicate with:

**“I just use it for YouTube...because in my room is just so boring, so I put my video and then I just spend time watching. I don’t really get text messages because I really don’t have friends. Even these people they call me, they’re just people like my [support] worker. Just I don’t have many people to talk to.” (P26)**

”

From a staff perspective, survivors without smartphones were spending lockdown in houses without the internet, living in shared housing with people who did not speak the same language. Consequently, they were extremely vulnerable and isolated during the pandemic. Having a phone and access to the internet was a great improvement to their wellbeing and access to services.

## Support and connection

When prompted to explore ideas of support, survivors often phrased their responses in terms of avoiding boredom:

“

**“I feel more supported because I don’t have to be bored at home. I have opportunity to see, to read and to just occupy my mind from any other issues I’m going through on a day to day.” (P5)**

During the pandemic, ideas of socialising have shifted to encompass online socialising much more than previously, as seen in this survivor’s response where she aligns “being more social” with reading more things online:

**“I became more social and now I can even read because before I could not do anything.” (P6)**

”

Analysis suggests that at the very least the smartphones provided a welcome source of distraction:

“

“Some time is moving on, yeah, whereas before [I couldn’t] watch sport [so it was] a bit boring”. (P19)

Staff also perceived the use of phones to pass the time as a useful part of a mental health strategy:

”

“Helping with mental health, to distract from overthinking.” (S2)

## Managing stress, fear and anxiety

Four survivors described using their phones to help manage feelings of stress, fear or anxiety. Survivors used their phone to access self-help classes, such as meditation apps and yoga classes to help manage their symptoms of stress:

“

“Every time I go to yoga, to see the yoga [online], because they’re helping me with the stress.” (P12)

Similarly, for another survivor their smartphone was “like your best friend”, reducing their sense of stress, by connecting them to friends during social-distancing restrictions:

”

“You cannot live without phone, it’s like... your best friend... it gives less stress ...you can make it easy where you are, call your friends, call people, again, especially through this pandemic, it’s very easy because of this lockdown, you have to look with a friend, to talk with your friends easily without contacting them [face-to-face]. Like keeping social distance, it’s very helpful.” (P17)

One survivor described difficult feelings related to trauma. For her, the phone had become part of a process of being supported to manage her feelings:

“

“The support workers, that are helping me get through this...they call me every two or three days to speak to me to have a chat, because they know I am feeling anxious, because I am feeling like frightened, scared, so they do chat to me and that makes me feel better.” (P23)

For this survivor, the phone made her feel safer. This was based on the fact she could call the police if she needed to. Instead of feeling trapped inside her own house by fear, access to a phone made her feel brave enough to venture outside and live her life:

“Yes, I am very grateful because do think this project is very helpful like all these woman that are feeling frightened get a chance to feel safer because you know you are able to call the police, you can’t spend all your life hidden or locked indoors because you are frightened and you need to go out as well, you can’t spend all your whole life like that, so it’s very important to have a phone to call the police. Because this fear that we have, I mean woman have been beaten, have been raped, I mean only us can understand that ...that fear that we feel inside our chest all the time. It’s very difficult to even manage to sleep knowing that there is someone out there looking for you. Yes I want to really appreciate it from the bottom of my heart for you bringing this project, I think if you can help other woman that are going through the same situation or even worse, in this world there are a lot of women suffering right now.” (P23)

## Impact on interactions with Unseen

Survivors reported that having a phone positively affected their interactions with Unseen staff. Survivors’ access to data and a smartphone enabled staff to do their roles remotely, which was a significant change to usual working practices required because of the Covid-19 pandemic. In contrast to the 27 interviewed survivors reporting only positively on the impact of the intervention on interactions with staff, surprisingly staff provided a more mixed response. Two of the 12 staff members reported that they did not think the phones had any impact on their interactions with survivors; and one staff member reported difficulties with being able to effectively support survivors when data limitations surfaced at the beginning of the pilot.

The project was seen positively by most staff, who described improvements in carrying out their role as support workers, building trust and providing survivors with a sense that they are cared for by the organisation:

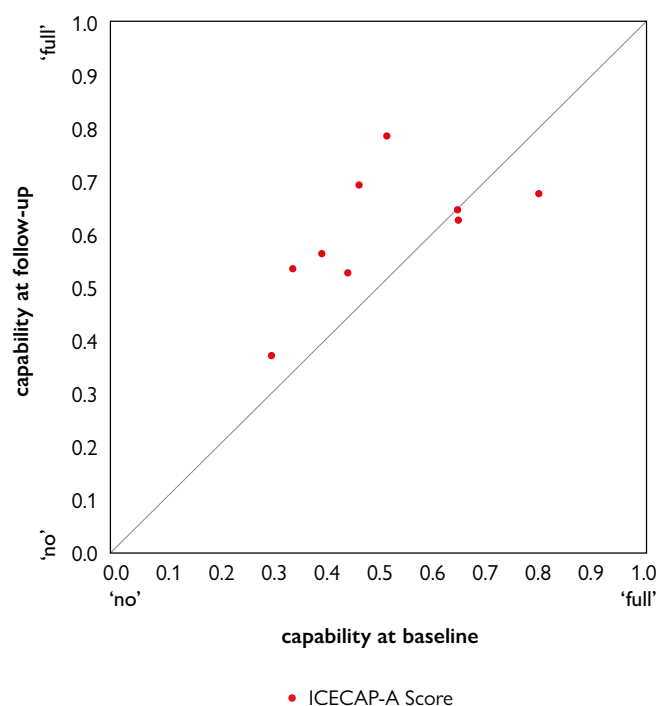
“Yes, definitely. Survivors have been really pleased with their phones and data packages. I believe they have felt cared for and it has led to more interaction with staff. It has been easier for staff to provide online information.” (S12)

## ICECAP-A<sup>1</sup> capability measure analysis

Baseline ICECAP-A data were collected for 87% (65/74) survivors and 32% (21/65) of these were available for analysis. A response was recorded for all but one of the attributes on the 21 ICECAP-A forms (i.e. 99%, 104/105). On the scale of 0 to 1, where 0 represents no capability for any attribute and 1 represents full capability for all attributes, the mean ICECAP-A score for the 20 completed forms was 0.561 (range 0.300 to 0.849, median 0.577).

Follow-up ICECAP-A data were available for nine survivors, 33% (9/27) of those interviewed, and the length of time between baseline and follow-up data collection was between five and six months. For these survivors, the mean score increased by 0.097 from the baseline of 0.512 to 0.601 at follow-up. The baseline and follow-up scores for these survivors are plotted in Figure 1. Six survivors experienced an increase in ICECAP-A score, two experienced a decrease, and one experienced no change (Figure 1). These survivors span a wide range of capability experienced.

**Figure 1** ICECAP-A scores at baseline and follow-up (n=9)



## Survivors' views on how the use of phones related to the attributes of the ICECAP-A measure

In the follow-up sessions, five of the nine survivors provided additional comments on how the ICECAP-A attributes felt relevant to their situation and how phones made a difference to the capability attributes.

People who provided comments on the ICECAP-A questions did not need a translator for the interview, which may reflect their greater understanding of the English language. Survivors described how having a phone related to their experience of “feeling settled and secure”:

“Having access to have a phone and internet help as I can call people, arrange appointments, Google Translate, emailing, which is definitely makes me feel safe in day-to-day activity.” (P13)

“Yes it helps me when I need to make appointment and take calls. Also, to know where to go.” (P27)

Survivors were able to relate their experience of the “love, friendship and support” attribute to having a phone:

“I can watch with my children things on the phone.” (P27)

One survivor provided a clear example of how the phone directly enabled independence:

“Having a phone and internet helped because if I do not know, I can use Google Translate to know and understand which increases independence.” (P13)

When discussing how the use of their phone may have had an impact on their experience of “achievement and progress”, survivors highlighted a key enabling role played by their phone in relation to learning opportunities and engaging with services:

“For lockdown I am home a lot and [not going] to classes. [The] phone helps [me] to do English practice.” (P27)

“Having a phone with internet allows to research online courses, attending appointments (new location, area) with maps.” (P13)

However, on one occasion a survivor was uncertain about whether the ICECAP statement was meant to relate to the phone or wider issues:

“

“I am not sure what achievements you are referring to. I am able to do whatever I need to do. I’ve been able to connect with other mums and have video parent meetings. A smartphone now is like a must.” (P14)

Survivors highlighted aspects of their life relating to the “enjoyment and pleasure” attribute, which their phone had directly enhanced their capability to experience:

“College makes me happy, it was my dream to go, volunteering also is so good. The phone has meant I can carry on through lockdown.” (P18)

”

“I listen to music sometimes from different countries which I enjoyed with the phone.” (P13)

“It’s been so helpful to access games and videos for my children, thank you so much, it really did come at the perfect time.” (P14)

“Phone means I can think outside of my head.” (P27)

## Using ICECAP measure with survivors

Staff were not explicitly asked about the use of the ICECAP measure in the staff survey. However, informal feedback suggests that it would be appropriate to provide training for staff so that they better understand its role as a holistic quality-of-life measure which could be used in an economic evaluation of the impact of the intervention on survivors’ lives, and how the data on the four “levels” of each attribute are used to calculate a tariff score. It would be appropriate to develop training and information for staff so that they can best support survivors to complete the ICECAP measure. This study suggests that it would be appropriate to provide translations of the ICECAP measure to facilitate its use by some survivors.

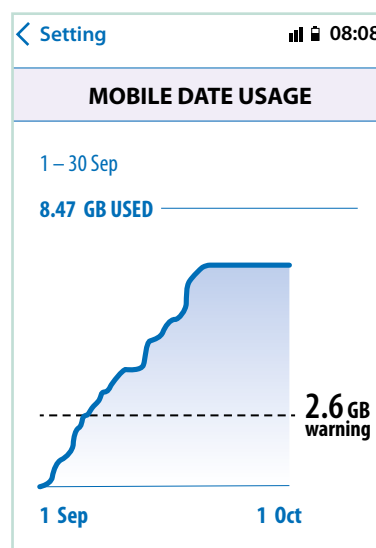
Two-thirds (18/27) of the survivors declined to complete the ICECAP-A measure at follow-up. Many said they would prefer to do this with their support worker rather than the interviewer, but then declined when asked by the support worker. Unseen reported that it has seen, through its own monitoring processes in relation to wider support, that survivors often engage with those sorts of questions when they enter service but do not want to engage with them over time. The interview questions were specific to the phone and its impact, whereas the ICECAP measure required consideration of their own journey of recovery, which some did not wish to focus on. Several options could be explored to increase follow-up data collection, including, for example, offering a shopping voucher reward or using proxy data completion by the support worker.

## Survivors' use of mobile data packages

Screenshot data of the apps that different survivors accessed provides an additional perspective on how mobile data was used. However, this was often incomplete, and it is therefore difficult to draw firm conclusions from this data. A total of 53 months' worth of screenshots were collated from 17 survivors who were interviewed, varying from one month to five months' screenshot submission.

Whilst some survivors used up all their data package over the month and sometimes mentioned in interviews that the data package was insufficient for their needs (eg P2, P3, P9, P13, P18 and P26) it appeared from screenshots that others had data left over at the end of some months (eg P16). Figure 2 provides an example of P13 using double the amount of data (8.74MB) during September 2020 than the monthly data package. It is not possible to provide clear figures for the number of survivors who always used up their data packages and those who had data remaining, because screenshots were often taken part way through a month's data package and not when it was completely used up.

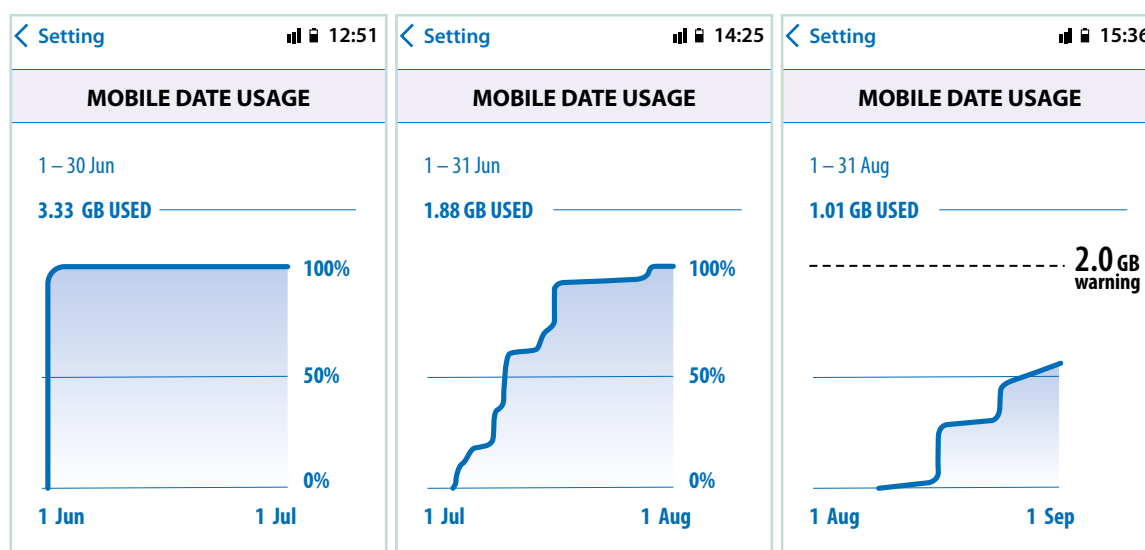
**Figure 2** P13 using double the amount of data (8.74MB) during September 2020 than the monthly data package





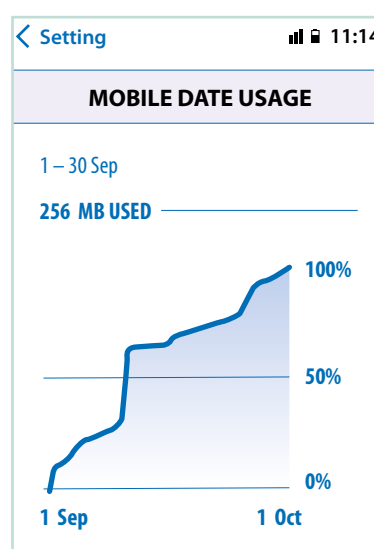
Other data usage graphs provide illustrations of how, sometimes, data would be used up very quickly, at the beginning of the month, confirming survivors' experiences shared during interviews. Figure 3 illustrates how one survivor (P5) used all their data within the first few days at the beginning of the pilot in June. However, by August they managed this differently, rationing data usage through the month.

**Figure 3** P5 Mobile data usage June, July and August 2020



Other survivors did not use all their data and sometimes had very limited data usage, with screenshots suggesting that they did not use all their data package each month (eg P16 used only 256MB in September). Because of the incomplete data set, we cannot tell how often this occurred.

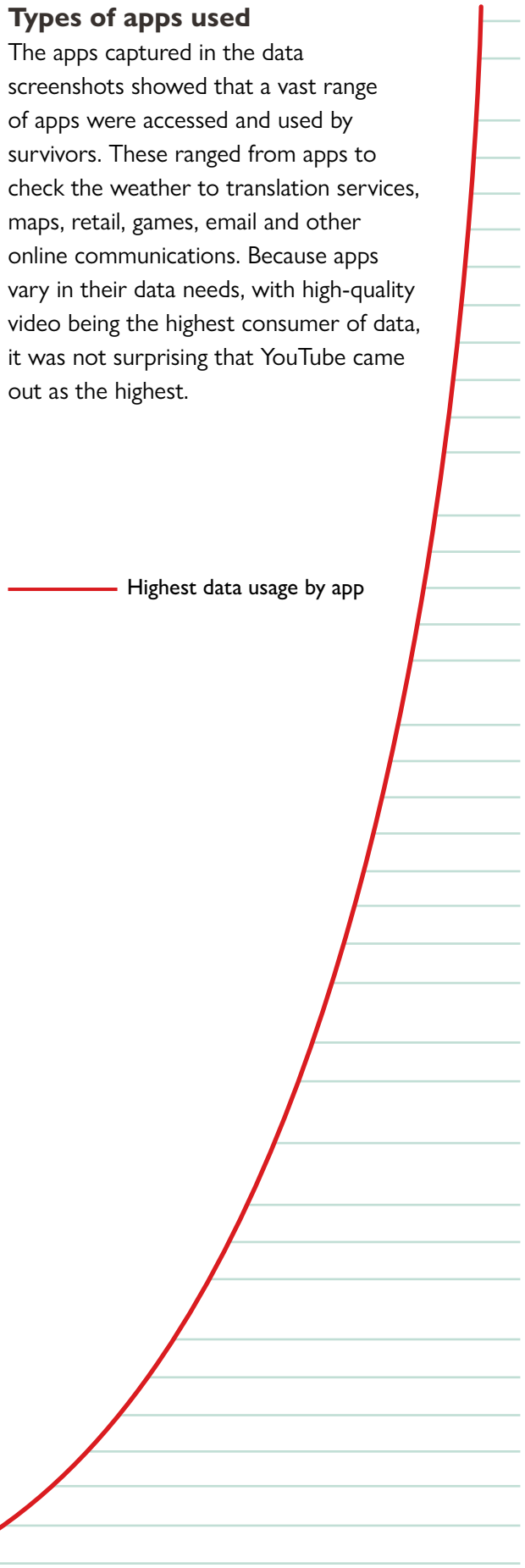
**Figure 4** P16 1-30 September using only 256MB data (screenshot taken in October)



## Types of apps used

The apps captured in the data screenshots showed that a vast range of apps were accessed and used by survivors. These ranged from apps to check the weather to translation services, maps, retail, games, email and other online communications. Because apps vary in their data needs, with high-quality video being the highest consumer of data, it was not surprising that YouTube came out as the highest.

— Highest data usage by app



- YouTube
- Apps for multiple devices (eg Hotspot and tethering)
- Google Play store
- TikTok
- WhatsApp/WeChat/imo
- Galaxy Store
- Games
- Chrome/Internet/Google
- Google play services
- Snapchat
- Instagram
- Zoom/Skype/ToTok/Teams/LINE (video conferencing)
- Facebook
- Messenger
- Spotify/DJ Music/GooglePlay Music/Shazam
- Android OS
- Other (removed apps, AI Type Keyboard free, Captive Portal login, Finder)
- upday (news)
- Galaxy Themes
- Health/fitness/yoga/mindfulness
- Email/Gmail
- Maps
- Google Play movies and TV
- Gallery/Photos
- Google Translate, Text to Speak, Speak and Translate, HelloTalk, Dictionary
- Office
- Security (Samsung Knox, Safe Security - anti-virus, phone cleaner)
- Samsung services (including Pay, Push, Experience)
- Likee (video sharing and creation)
- Bus Checker
- Retail (Amazon, AliExpress, Wish, PLT, KATCHME, boohoo)
- Quora (knowledge)
- My EE/Giffgaff
- OneDrive/Samsung Cloud/Drive
- TimeZone updater, Calendar
- Weather
- Hangouts
- Amazon Kindle

## Challenges

Both survivors and staff described project challenges. The main challenge was that the data package provided as part of the project intervention was inadequate:



**“The package given was not realistic to their circumstances. They don’t have Wi-Fi, often are calling overseas and (especially during lockdown) didn’t have much alternative entertainment so the data package awarded was not anywhere near substantial enough.” (S13)**

Other staff reported that there was not always sufficient data to access educational and therapeutic resources:



**“Yes, the amount of data hasn’t been enough for clients to access college or counselling on a regular basis.” (S6)**

Eight staff in the staff survey reported data package limitations and these staff views would be based on their interactions with a larger pool of survivors (not just those who had agreed to be interviewed). Limited data was reported by staff, upon occasion, to interrupt support sessions. As a result, some survivors had experienced anxiety and stress in the midst of a task (eg during an online support session). Survivors with complex needs, at times became frustrated and confused, if their data ran out unexpectedly and this was reported as being stressful for staff to manage, adding to the emotional labour of service providers:



**“Yes, data kept running out, this caused conflict as residents didn’t understand limitations, and at times created barriers between staff and survivors. The lack of data also caused some survivors to withdraw from the project.” (S9)**

In safe houses, survivors were able to share frustrations if data ran out, and staff could support with managing the situation. If concerns about data were raised, staff responded with emotional support to reassure, manage emotions and offer practical support on what to do in future to prevent/deal with this situation should it happen again.

Managing phones and data packages during a pandemic, when increasingly all support services and entertainment were moving online, was a new experience for survivors and staff and one that had not been expected when first planning the project.

Outreach and safe-house staff supported survivors to reschedule appointments and to communicate with professionals if survivors were worried that unexpected departure from a session (due to data running out) would impact future support. Unseen staff supported survivors to budget their data for important meetings and use the leftovers after the meetings to avoid

future issues. Safe houses also subscribed to Now TV so that people had more access to TV catchup without having to use their mobile data. Unseen staff encouraged the use of local Wi-Fi spots when restrictions were lifted and survivors were allowed out into the community.

The staff team reflected that the costs to top up data on the smartphones were higher than for other data providers that survivors would usually use.

“

**“Data was too little to last long. Provider costs for them to top up further were higher than for other users.” (S5)**

Unseen staff were aware that some survivors chose to unlock their phones, replacing the provided SIMs with Giffgaff ones, as cheaper data bundles were available. This meant their mobile numbers changed and made them uncontactable for an interview on the original number. With the change in provider there was also reduced engagement with data screenshots submissions because the data was coming from elsewhere. These events also prompted Unseen staff to provide additional support to help survivors budget and navigate the obstacle of data limits.

One staff member observed that when a survivor ran out of data they were unable to contact the Unseen team for support when they needed to:

**“She would ask to use other people’s phones, putting her own safety at risk.” (S12)**

”

However, this should be weighed against the fact that by having access to a phone, when survivors had data and calls they could access more support than if they had no phone and data; so this is an implication of the package design, rather than of having a phone per se.

Finally, one staff member described their thoughts relating to survivors with substance abuse issues and why they may not have kept hold of the phone given to them from the project:

“

**“The value of the phone – although no evidence, it is likely that at least a couple of survivors have either sold or used their phones in exchange. Both survivors have challenges budgeting and are drug users. They both lost their phones after a month.” (S12)**

Another member of staff surmised a different reason for the loss of phones:

**“Survivors with complex needs such as drug and alcohol dependency have got themselves in circumstances where their phone has been stolen or damaged.” (S3)**

”

Other staff observed that this was not the case with all survivors who had substance-abuse struggles. Staff who did see this happen said that it was only two or three people.

Whilst some survivors spoke about not having enough data or of it being used up very quickly, survivor accounts in the qualitative interviews did not include descriptions of frustration or tension with their relationships with Unseen staff. This mismatch in disclosure of survivor frustration and disruption in relationships with staff (in relation to the data package) may be because survivors felt confident to share initial emotions at the time of data running out with staff as part of the ongoing therapeutic work to process emotion and not to bottle things up. At times of data being used up, survivors were able to “vent” to the staff. The frustration being vented may be linked to a deeper survivor trauma response rather than an issue with the data bundle itself, and this may be why survivors did not raise this during interviews. However, the accounts from the staff cited may indicate that they perceived the emotion expressed by survivors to reflect frustrations solely with the data running out. It could also be that staff perceived this as a bigger issue than it was.

## Discussion

Research suggests that simply giving people digital equipment or access to it is not enough. In this study Unseen staff were in a prime position to provide the level of human intervention, commitment and care that Allmann<sup>5</sup> describes as a necessity for any digital inclusion policy to have longevity: ie “intensive, long-term support networks to help people acquire the digital know-how they lack... People helping people”.

Access to technology to maintain support during the Covid-19 pandemic was essential and helped to decrease isolation for survivors of modern slavery. Having access to a smartphone and data package was hugely important in being able to maintain contact during lockdown restrictions, both for Unseen as a service provider and for survivors. Without this project lots of survivors would not have been able to continue accessing the support they required. The issues that survivors had with data limits highlight just how helpful the phones were; and the limitations and anxieties that arose when survivors were disconnected from technology show what it meant to survivors to be able to connect and seek support.

## Key findings

- The project has shown it is **feasible to address digital exclusion as part of a support package** for survivors of modern slavery. Unseen offered a smartphone, new SIM card and a data bundle, supplied by BT, to all the survivors they were supporting between April 2020 and October 2020. The access to free data packages resulted in survivors experiencing **less digital exclusion during the pandemic** and periods of lockdown in the UK.
- The qualitative evaluation of the project demonstrates multiple ways in which digital inclusion **supports independence and integration** in the community for survivors of modern slavery and their children. Access to a smartphone and data package helped survivors develop skills to assist them in their move toward independent living and an understanding of the systems around them. This included managing their emails, taking photographs of letters from professionals to send to their key worker during periods of lockdown, using translation apps to read letters from professionals, using Google Maps to get to appointments, being able to log into support systems such as counselling sessions, applying for benefits, using bank apps, entertainment (Netflix, Facebook, YouTube) or staying in touch with friends and family.
- Evidence in this study of the **impact of increased digital inclusion on perceptions of social isolation is mixed**, with data analysis showing differences between staff and survivor accounts. Survivors did not tend to report major shifts in feelings of loneliness, describing instead technology making life more bearable, providing a welcome distraction from boredom rather than a solution or remedy to isolation. In contrast, the staff viewed access to technology as a lifeline for survivors, helping them overcome isolation and improving their mental health by distracting them from rumination. **Access to technology is not a silver bullet but a necessary element of an overarching package of support focused on assisting survivors towards recovery and independence.**
- **Service provider staff played a key role** in the success of the intervention to increase digital inclusion – from providing online safety sessions, to support with setting up the device, eg getting the SIM activated, topping up. Staff also supported survivors with ad hoc questions throughout the project.
- **Staff teams experienced benefits from survivors’ digital inclusion as well as disadvantages.** Increasing digital inclusion for survivors of modern slavery required staff to support survivors in different ways. Staff and survivors had to adjust to new ways of working during the pandemic and lockdown restrictions. For the Unseen team restrictions resulted in more remote working with minimal face-to-face support and an increased reliance on mobile technology to facilitate support sessions. Occasionally this caused tensions between staff and survivors, especially when data packages were inadequate. “Tensions” experienced were expressions of frustration from survivors whose trauma affected how they processed emotions following the changes in support and the challenges faced.
- Via this project survivors had improved access to health and social care services (including online appointments, referrals, repeat prescriptions). A **data package with more capacity** (we would recommend unlimited data packages) would enable survivors to access direct and indirect sources of support for physical and mental health and wellbeing *more consistently* (for example, legal support, counselling support, educational courses).

- When asked about how the provision of a phone related to the ICECAP-A attributes, survivors who completed the follow-up ICECAP readily gave examples which illustrate how their phone could enhance capability in relation to each of the ICECAP-A attributes (although these were all from people who did not need a translator). This suggests that **survivors were able to comprehend the statements about each attribute and relate these attributes to their own lives**. Moreover, the accounts of how the phone had a positive impact across all five attributes illustrate **the broad potential for the phones to contribute to the survivors' quality-of-life experience**.
- Although the number of survivors for whom ICECAP-A were available for analysis was small, it is interesting to note the wide range in baseline scores. **Individuals with poorer wellbeing at baseline may have greater service needs than other survivors**. On average, the nine survivors who provided follow-up ICECAP-A data **experienced an increase in wellbeing over time**.

This project was not designed specifically to meet the digital exclusion needs of survivors of modern slavery during the Covid-19 pandemic. The gap in access to technology to support survivors had been identified before the pandemic. Whilst the project certainly added value for survivors accessing support services when lockdown restrictions started, the pandemic was not the catalyst for this project. The benefits of having access to a smartphone and data, although amplified during a pandemic, arguably are present in “normal” times (as outlined in Themes 3 and 4). With access to technology, survivors can play an active part in their own journeys of recovery and reintegration in the UK.

It should also be noted the impact of the pandemic on services does mean that health, advocacy, outreach and legal services are likely to continue having their primary services online. Survivors of slavery therefore need ongoing, cost-effective access to technology and should not be expected to live without this support.



# Key recommendations

## Recommendation 1

### Access to technology should be included as standard as part of survivor support packages.

Inclusion of specific access to data and technology packages should be made available to all identified survivors of modern slavery within the NRM. This project demonstrated that it is feasible and possible to safely increase digital inclusion for survivors of modern slavery. The project intervention has illustrated the substantial positive impacts of digital inclusion and leads to the recommendation that digital inclusion interventions be rolled out nationally as a standard element of survivor support packages. This implementation could be supported by further evaluation. Further research should explore the viability for government support and optimising the support package for survivors and support staff.

#### Key considerations for this recommendation:

- Including specific access to data and technology packages and devices can be made available to all identified survivors of modern slavery within the NRM.
- How access to technology for survivors could be managed via the MSVCC and the support needs assessment processes in place (including staff training).
- Including survivors in the development of proposed support to better understand their digital inclusion needs.
- Development of a process to assess survivors' digital inclusion needs (relating to safety, training, technology devices and usage needs) when they enter the service.
- Inclusion of digital safety and management of data as a standard part of the support process for survivors (as needed).
- Ensuring expectations of access to technology for survivors is clearly defined in support expectations.
- Consideration should be given to access to technology for those not living in safe house accommodation and those who are not in the NRM.

## Recommendation 2

### Provision of access to unlimited data for survivors.

Increased data capacity, specifically unlimited data packages, would improve the impact of any intervention. Unlimited data would enable survivors to access everything they needed to and use devices for education, support, appointments, entertainment, childcare as required, rather than having to make choices about what they do and don't access. This would avoid exacerbating survivor stress, frustration and anxiety. An unlimited data package would also mean survivors do not have to use any of their weekly subsistence money on phone needs and can instead use this on food and travel. A key criterion for a national roll-out of a similar project is the provision of access to unlimited data.

#### Key considerations for this recommendation:

- Encourage businesses in the technology industry to work with the sector and survivors to agree and test ways of allowing access to data in safe and cost-effective ways. Things to be considered: Wi-Fi at accommodation projects, family data bundles that allow movement of data between devices, 4G wireless router connections.
- How this intervention is funded during the NRM and post support.
- How the packages are financially sustainable for survivors as they move on from initial support services. Consideration (in consultation with survivors) about what devices and data are used for and the most cost-effective way of navigating this – international calls, cheap top-ups, data cost, unlocked smartphones.

## Recommendation 3

### Partnership working and evidence base.

As with many elements of supporting survivors of modern slavery, organisations need to work together to develop effective solutions to ensure equitable and appropriate provision of devices and access to technology.

Partner agencies, from government, the NGO sector and business should work together to:

- Navigate how recommendations 1 and 2 can be practically implemented, funded and made sustainable.
- Further understand survivor needs in relation to technology using this study as a basis for further research to be undertaken.

## Further considerations

- During the research, we became aware of other organisations embarking on similar projects. City Hearts have been able (via a grant) to provide devices and access to Wi-Fi for over 300 survivors. The topic guide for interviews, and the questions this research posed to survivors about the impact of technology on their wellbeing, have been shared and allow for the collation of a comparable data set at the end of the City Hearts project (due Autumn 2021). Sharing the learnings and project set-up from this study with City Hearts provides the opportunity for further research to evidence the impact of access to technology on survivors.
- There have been several pieces of research produced recently, including this evaluation, about survivors accessing support (for example, [Preparing for Impact](#)<sup>11</sup>, [Going Places: Journeys to Recovery](#)<sup>12</sup>, and [Closed Doors](#)<sup>13</sup>). Developing a systematic review of the impact on survivor wellbeing and health of all these “access interventions” would be an effective way to share findings with the sector and to assist policy makers as they work on NRM transformation programmes and support offerings for survivors.
- Reflect on the benefits and limitations of using trained support staff to conduct interviews, versus experienced qualitative researchers to collect data. For example, support staff may manage to get a far wider sample range and speak with more people than a university researcher because of the trust and previous relationship that support staff have built with survivors. However, the interviews by support staff may be considerably shorter. So there may be a breadth-versus-depth trade-off to consider. If trained support staff are chosen to collect qualitative data, if time and resources allow, costing in more training and liaison between third-sector staff collecting data and researchers may increase the quality of evidence gathered.
- When using translation services there can be a tension between interviewees wanting to use and practice their English, which may mean short and concise answers, with an interviewer's aim to facilitate detailed and illustrative answers. One solution is always to invite an interpreter to attend interviews, while allowing survivors to initiate answers, and resorting to translation only where it becomes apparent more input is needed. Translation costs for all qualitative work with survivors should be costed in to any future research.
- It would be appropriate to provide translations of the ICECAP measure to facilitate its use by some survivors. This would enable culturally sensitive language to be determined and promote engagement with the data collection task. It would also be appropriate to provide training for staff so that they fully understand the rationale for collecting the ICECAP data, how its use could inform evaluation, and how best to support survivors to complete the ICECAP measure. Steps could be taken to improve the provision of follow-up data.
- Working with survivors to co-design project approaches, topic guides and interview questions to ensure that the data collection tools and the language used are relevant and understandable.

## Strengths, challenges and limitations of the study

### Strengths of this study are that:

- It was based on a collaboration between a third-sector organisation (Unseen) with experience of supporting survivors of human trafficking, an industry leader in mobile technology (BT), and experienced University of Bristol researchers from the National Institute for Health Research Applied Research Collaboration West (NIHR ARC West).
- It found the right balance between the use of mobile technology to promote independence and choice and the protection of survivors' safety and wellbeing. Unseen wanted to use this project to see technology deployed as it was intended – ie providing survivors with freedom and independence. No approach will fully eliminate all risks associated with smartphone and internet use; and ongoing, open dialogue about online safety with survivors about this issue was a strength.
- The mixed methodology used allowed for triangulation of the results gained from interviews, ICECAP-A and questionnaire data as well as screenshot data from the smartphones.
- Compared to other studies with survivors of modern slavery the sampling strategy was wide and inclusive, with Unseen staff attempting to contact all survivors who had received a phone as part of this project. As a result, the current study recruited 27 survivors, a much larger sample than other studies with this population<sup>14</sup>.
- The number of people who participated in interviews was higher than expected, which highlights the positive impact of the project. Interviewers reflected that they heard many comments about how the phones had made a positive impact and that everyone they spoke to was thankful.
- This is the first study to report on a digital inclusion intervention with this population during the pandemic. It is also one of the few studies to combine and contrast survivor views and experiences with service provider views and experiences.

### Limitations:

- Conducting qualitative interviews via a translator or in a basic level of English was hard for interviewers and in some cases resulted in some short/simplistic answers being given by survivors and translators. Survivors often wanted to speak in English.
- In future, the best way to approach the use of translation needs to be considered. The balance between giving survivors power and agency to make their own choices about their need (or not) for translation services, and the impact on the data extracted for such studies and research, also needs to be considered further. Because some interviewees choose not to use translation services, this meant that interviews were shorter than anticipated and survivors responded to open questions with limited detail. This brings into question the extent to which the interviews enabled in-depth insight into the full range of experiences and perspectives of survivors.
- Interview length ranged from eight to 24 minutes and this included gaining verbal consent, meaning many interviews lasted five to 10 minutes, which suggests the depth and nuance of accounts were limited, and that further probing, open questioning and prompting may have supported more in-depth interviews. However, expansions on answers may vary culturally.

- For some, being recorded was an additional pressure. After the recording was stopped several survivors took that time to offer thanks for the project. Some survivors seemed more relaxed about speaking when the recorder was off.
- The short length of interviews was not wholly unexpected by Unseen staff as, in their experience, it often takes time for survivors to trust people and open up because of their past experiences. People also often answer questions without elaborating, depending on cultural and gender backgrounds and experiences. If survivors had been contacted by their usual Unseen support worker this may have helped but also might have led to bias in data collection through leading questions.
- Survivors who received a phone but did not engage with the study may have had different experiences from those described here, so the data reported cannot be said to be representative of all survivors taking part in the project.
- The research was conducted within a tight timeframe. Although the project and collaboration were first discussed in March 2020, it took until October 2020 to receive all funding, ethical approvals, and contracts through the university system, which was under substantial pressures due to Covid-19. This gave limited time to conduct the interviews, and reflect on and iterate the emerging dataset.

## Conclusion

This project has shown that access to mobile technology benefits survivors of modern slavery. Access to technology by itself should not be seen as a standalone solution but should be considered a feasible and necessary element of the support packages offered to survivors.

# Appendices

## Appendix 1: Qualitative interview topic guide

### NEEDS [PRIOR TO INTERVENTION]

- Why did you want to have a phone?
- What did you find most difficult about not having a phone?

### PRIOR USE

- Have you had any previous experiences of using mobile technology? (Coercive use of phone?)

### PROBLEMS/ISSUES

- Have you had any problems in using the phone?
  - Did you need more guidance to help you use it?
  - Are there things you don't understand about the phone?
  - Any worries?
  - Any safety issues?

### USES

- What have been the most helpful things that you have used the phone for?
- What SERVICES have you accessed using your phone?
  - If yes to any of the below, what difference did that make to you? Did it help? How?
  - Support worker – how? (eg WhatsApp, Facetime, phone call, SMS, call, other)
  - Counsellor/counselling sessions – how?
  - Health services (eg GP, medical, other)
  - Have you made any other appointments using your phone? (eg college, job-seeking, legal, dentist, optician, banking)

- What have you used the phone for? What difference did that make to you? Did it help? How?
  - Google Translate:
  - Information
    - Looking up opening times – shops, college, work, leisure activities
    - Journey timetables – bus, train
    - Accessing education
  - Entertainment
    - Social media – Twitter, Facebook, TikTok, emails, YouTube, Netflix, Other

### IMPACTS AND WELLBEING

- How has the phone made a difference to you?

#### INDEPENDENCE:

- do you feel able to do more things for yourself? Has it made a difference to your feelings of independence?

#### CONNECTION:

- to talk to friends and family more now?
  - With family (in UK/abroad) – WhatsApp, Facetime, phone call, SMS, other
  - With friends (in UK/abroad) - WhatsApp, Facetime, phone call, SMS, other

#### SUPPORT:

- Have you felt more or less supported now you have a phone? Why?

#### ISOLATION:

- Do you feel more or less isolated with your phone? Why?

## Appendix 2: Staff survey questions

- 1 What is your job title and which primary project do you work in?
- 2 Have you seen any benefits in the smartphone pilot for service users? If so, please give examples.
- 3 Have phones helped service users to be more effectively supported during lockdown and the pandemic? If so how?
- 4 Have you seen any challenges in the smartphone pilot for service users? If so, please give examples?
- 5 In your opinion, how has having access to a phone and data changed client interaction with:
  - a Yourself
  - b Other professionals involved in their support
  - c Their personal relationships and contacts?
- 6 Have you observed clients doing anything differently because of their phones, eg using electronic maps, translation services, looking up bus times, communicating with friends/family, other?
- 7 Have you seen any other emotional or practical impacts that the phones have had on clients, not covered by the above questions?
- 8 Have you identified any safety concerns specific to service users' access to a phone?
- 9 Would you suggest doing anything differently if phones were given out to clients again?
- 10 Is there anything else we should consider as we review this project and make policy recommendations?



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## Partners and responsibilities

**Unseen** – management of project, data capture, writing of interim report and co-authoring of evaluation report.

**National Institute for Health Research Applied Research Collaboration West (NIHR ARC West), Bristol Medical School, University of Bristol (UoB)** – research funding, ethics and governance, research methods advice, analysis of data, staff training and co-authoring of evaluation report and academic publications.

**Elizabeth Blackwell Institute, University of Bristol** – jointly funded with the Mental Health Rosetrees funding stream.

**BT** – provision of all handsets, data bundles, SIM cards and project administrative costs.

## Unseen

[Unseen](#) is a national UK-wide modern slavery charity with one mission: to end slavery.

Unseen seeks to do this by empowering survivors, equipping stakeholders, and influencing systemic change.

- Unseen provides direct survivor support services to men, women and children through safe house accommodation and outreach services. Unseen also provides free advice and support to victims, frontline professionals, and the general public via the UK's Modern Slavery Helpline available 24/7, 365 days a year.
- Unseen equips stakeholders through the provision of training, advice, and resources. Unseen trains around 2,000 front-line personnel per year.
- Unseen influences systemic change by working closely with the UK and overseas governments.

## The NIHR Applied Research Collaboration (ARC) West

[The NIHR Applied Research Collaboration \(ARC\) West](#) conducts applied health research with our partners and others in the health and care sector, alongside patients and members of the public. Applied health research aims to address the immediate issues facing the health and social care system. We also help bring research evidence into practice and provide training for the local workforce. We are funded by the [National Institute for Health Research \(NIHR\)](#), the nation's largest funder of health and care research, which provides the people, facilities and technology that enables research to thrive. [NIHR Applied Research Collaborations \(ARCs\)](#) support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems.

## Elizabeth Blackwell Institute, University of Bristol

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## Author contributions

KG and EA developed the intervention for this study. MF, KG and EA developed the design of the research study with input from HM, JH, and AM. MF and KG were responsible for study management and co-ordination within their respective organisations. KG and LS collected all data for the research. AM analysed all qualitative data, with MF analysing a sub-sample. AM, KG, LS, EA and MF discussed the results. AM wrote the first draft of this report, with further edits and comments added by all other co-authors. KG produced the final report from all contributions. All authors read, commented on and approved the final manuscript.