The intersection between cognitive impairments and exploitation in Nottingham

Executive Summary[1]

This Summary includes the key findings from a report investigating the intersection between cognitive impairment and exploitation in Nottinghamshire.

Key Findings

- Cognitive impairments were a recorded vulnerability in 30% of the referrals into Nottingham City Council's Slavery and Exploitation Risk Assessment Conference (SERAC). This related to cases in which individuals had been diagnosed with either a learning disability, mental health problem or memory impairment.
- In a further 26% of cases, professionals suspected a cognitive impairment due to symptoms and observations of mental health issues.
- Cuckooing is the most common form of exploitation across Nottingham, affecting 35% of all referrals into the SERAC.
- As well as cognitive impairments, loneliness and isolation were raised by our participants as highly prevalent vulnerabilities. Unemployment was suggested by the quantitative data as the most common vulnerability in referrals of exploitation.
- Cognitive impairments frequently intersect with additional factors influencing vulnerability such as risk of homelessness and substance misuse. 58% of people referred to the SERAC who had diagnosed mental health problems also experienced substance vulnerabilities.
- People with mild cognitive impairments often remain unidentified because of their perceived level of competence, and because they do not meet the criteria for social care intervention.
- Fear of further abuse, not being believed and the potential of having housing taken away may restrict individuals' willingness to cooperate and seek support from agencies.
- Nottingham's multi-agency SERAC approach is critical to success in identifying and supporting potential victims of exploitation with cognitive impairments.

Why is this important?

Recognition of the exploitation of adults within the United Kingdom (UK) continues to grow, with June 2021 seeing the National Referral Mechanism (NRM) receive the second highest number of referrals since its inception in 2009[2].

It has long been suspected that people with mental health impairments and learning disabilities have an increased risk of experiencing exploitation. However, although a number of notable modern slavery cases have involved adults with learning disabilities, no statistics are currently collated on the issue within the UK (excepting Home Office data on forced marriage) and the scale of the problem is unquantified.

People with disabilities are more likely to experience violence, including sexual and domestic abuse;

Recommendations

The report makes recommendations for central and local government, research organisations and NGOs. This section highlights recommendations for local authorities

1. Develop data recording to enhance clarity on types of exploitation and forms of cognitive impairment that are recorded.
2. Continue to explore funding opportunities and support multi-agency interventions against exploitation (such as the SERAC process).
3. Local Authority safeguarding teams should consider working with speech and language therapists in cases involving cognitive impairment.
4. Consider working with partners to develop further drop-in services for people at risk of exploitation, providing them with safe spaces when they need support.
5. Empower individuals affected to recognise exploitative situations. Enable front line staff to build trust-based relationships and use accessible language and terminology.
6. Target awareness-raising towards individuals with multiple risk factors for exploitation, as well as their friends, families, support services and advocates. Work with partners to provide preventative support.

exploitation by family members; discrimination; and exclusion from access to welfare and humanitarian assistance. Women, older individuals, children, and LGBTI persons who have a disability are doubly exposed to such risks[3].

In addition, learning impairment and mental ill-health has been noted in a range of studies concerning exploitation and human trafficking. These studies show cognitive impairment often preceding victimisation, as well as resulting from violence and trauma in relation to the crime. However, despite the significance of this issue, dedicated research on potential links between forms of cognitive impairment and exploitation are rare, and the topic has in general been excluded from policy initiatives, guidance and research centred on contemporary forms of exploitation.

Research overview

This research took an exploratory approach in examining the connection between mental health problems, learning disabilities, other forms of cognitive impairment and exploitation. The project was conducted between June and September 2021 and aimed to explore
- the available evidence base;
- the prevalence of mental health and learning disabilities amongst those identified as potential victims of exploitation in Nottingham;
- which stakeholders are key to dealing with these issues in Nottingham;
- what challenges public and voluntary services in Nottingham face in identifying and responding to cases of exploitation for people with mental health and learning disabilities;
- how policy issues impact on this area, and;
- how the evidence base on this topic could be improved.

Sixteen interviews were undertaken with practitioners working in care and safeguarding roles in both statutory and non-statutory organisations. These were supplemented by quantitative data captured by the Nottingham City Council SERAC team over a twelve month period from April 2020 to March 2021.
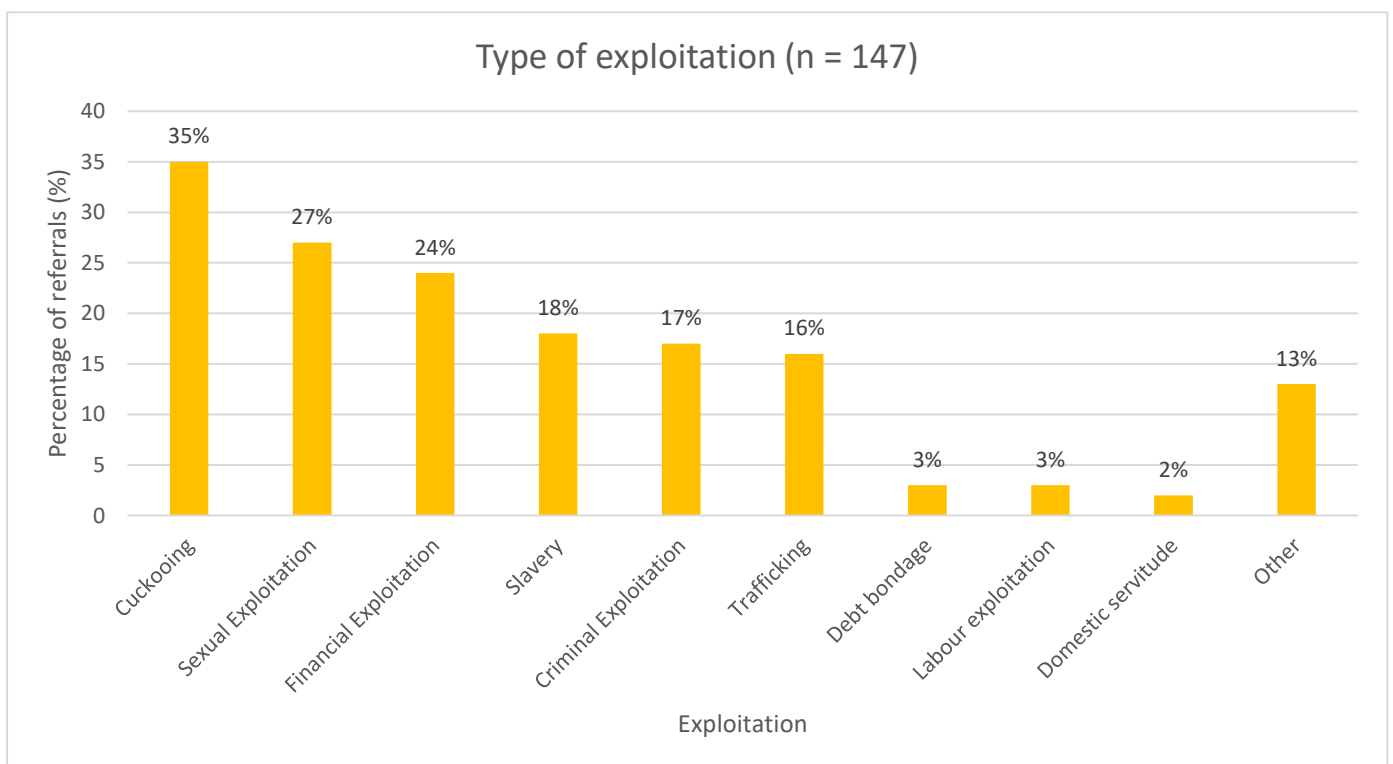
Extent of exploitation

SERAC data suggested that cuckooing was the most commonly referred type of exploitation across the city, representing over one third of the sample. This was followed by 27% of cases relating to sexual exploitation and 24% financial exploitation. Similarly, our sample of professionals also identified cuckooing as the most common type of exploitation. This was coupled with discussions around criminal exploitation (i.e. county lines), debt bondage and financial exploitation.

Referrals with a cognitive impairment (those recorded in the data as having intellectual disabilities, learning disabilities, diagnosed mental health vulnerabilities, or a cognitive impairment) commonly experienced financial exploitation (39%), followed by cuckooing (37%) and sexual exploitation (32%). Over a quarter of referrals with a cognitive impairment also experienced criminal exploitation (29%).

Age
Cuckooing appeared to be more commonly experienced by older people. For example, only 9% of those in the 0-20 age group were noted as experiencing cuckooing, in comparison to 80% of 61-80 year olds. In contrast, sexual exploitation was much more common for younger age groups. Criminal exploitation also appeared to be more prevalent amongst younger referrals.

Type of exploitation (n = 147)

[3] UNHCR (2021) Emergency handbook: Persons with Disabilities, UNHCR website available at https://emergency.unhcr.org/entry/98903

Gender

Analysing the type of exploitation experienced by gender revealed several distinct disparities. 50% of men referred to the SERAC had experienced cuckooing, compared to just over one quarter of women. In comparison, sexual exploitation was much more commonly reported for women. Additionally, more than twice the percentage of men experienced financial exploitation than women (34% of men compared to 16% of women).

Vulnerability

Respondents were keen to highlight that the fluidity of vulnerability and personal circumstances meant that anybody could find themselves victimised through exploitation. What constituted vulnerability was personal to the individual and depended upon their ability to navigate that vulnerability.

Analysis of the SERAC data revealed that unemployment was the most common vulnerability associated with exploitation across Nottingham. This was followed by homelessness - or risk of - and substance dependence. Cognitive impairments were a recorded vulnerability in 30% of the referrals into the SERAC.

The majority of referrals had multiple vulnerabilities, with most having either two or three recorded, indicating that vulnerabilities intersect with one another. For example, 86% of those with substance vulnerabilities were also unemployed, and 74% of those with unsettled family settings/family-related adversities were also unemployed. Risk of homelessness is also commonly shared with other vulnerabilities, for example 53% of referrals with substance vulnerabilities were also noted as having a current or future risk of homelessness, and 52% of those with diagnosed mental health vulnerabilities were also noted as having a current or future risk of homelessness. 58% of those with diagnosed mental health vulnerabilities were also reported as having substance vulnerabilities. Whilst there were only three referrals involving intellectual disabilities, all three also involved substance vulnerabilities

and unemployment. Similarly, all five referrals with learning disabilities were recorded as having diagnosed mental health vulnerabilities and experiencing unemployment.

Our participants did not mention unemployment. Instead, they highlighted social isolation and loneliness as prominent vulnerabilities in exploitation. A Local Authority worker reported:

Loneliness has been a massive vulnerability within our role over the last few years due to COVID. We've had quite a few cases where there hasn't been any substance misuse, there's been no mental health issues, no disability, it literally just has been the fact that they are so lonely and these people target loneliness.

Safeguarding

The difficulty in apprehending perpetrators and securing prosecutions often meant that professionals could do little other than gather intelligence and manage risk when they suspected the presence of exploitation. In such cases, professionals in local authority roles discussed increasing the number of visits that they would make to the individual and ensuring that agencies, through the SERAC process, were making frequent trips to their properties.

Respondents agreed on the importance of a multi-agency approach, whereby professionals could come together from across Nottinghamshire, all working in different capacities to support vulnerable people. Indeed, multi-agency working was highlighted by each of our participants as one of the most successful tools in identifying and responding to exploitation.

Consistent relationships with service users and people experiencing exploitation meant that professionals could often identify exploitation early and put safeguarding measures in place. Lengthier periods of time spent with individuals allowed for the development of relationships

Vulnerabilities (n =125)
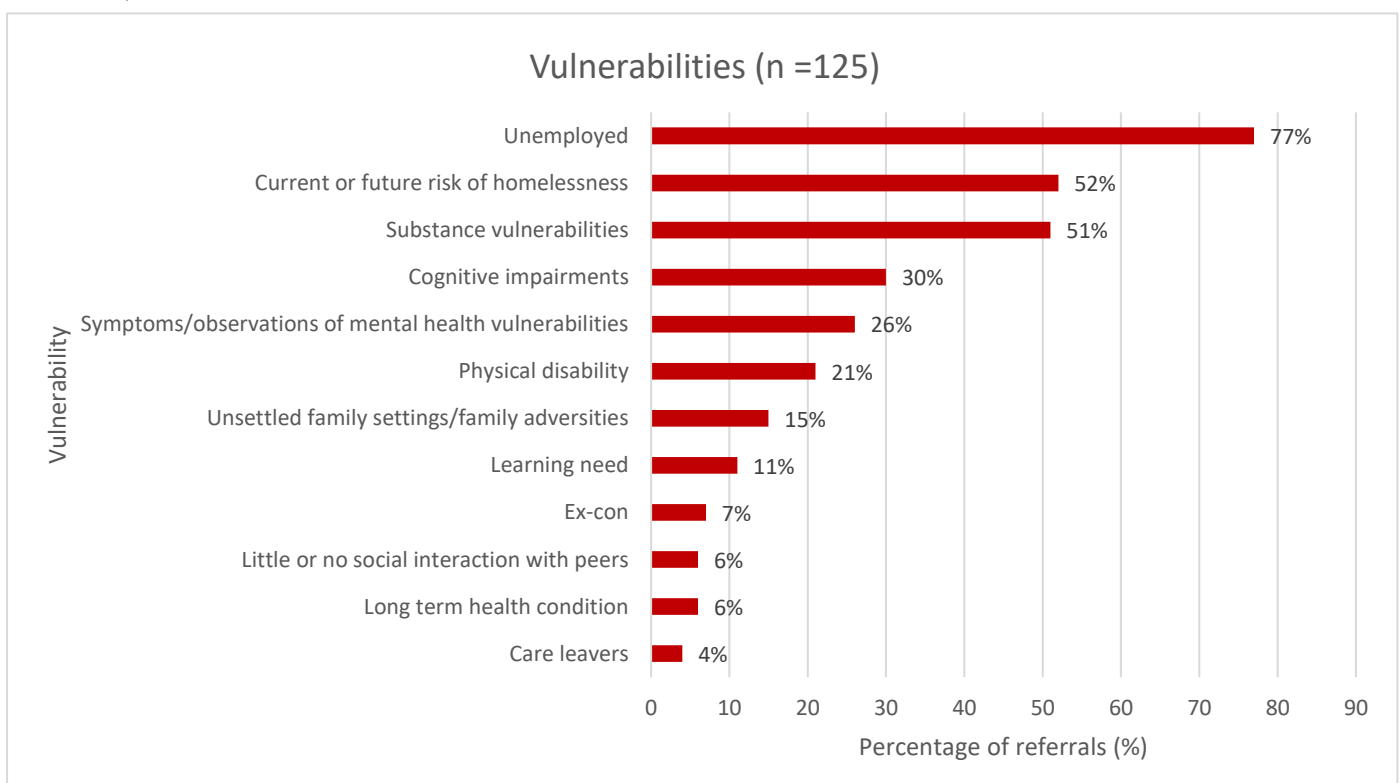
where those affected could begin to trust certain authority figures and open up about their exploitation, thus aiding services in building intelligence

Barriers to safeguarding

Long waiting lists, which impact upon the time it takes for interventions to be implemented, sometimes resulted in people who had once agreed to engage with services, withdrawing their consent upon receiving notice of a safeguarding plan. It was also noted that for some individuals, non-engagement is used as a survival mechanism. For example, where people are deprived of liberty, it may not be safe for them to engage with authorities.

Concerns were raised over some cases where exploitation was not sufficiently severe to warrant support. Indeed, because of the difficulties in apprehending perpetrators and intervening in the absence of a criminal offence, professionals reported that it was often only after serious harm or violence had been inflicted that they were able to remove people affected from the situation.

A significant aspect of professionals' inability to intervene was because of the affected individual's capacity to consent. In cases where people did not recognise the exploitation and asserted that their perpetrators were their friends, and they had capacity to consent, professionals could be powerless to act. In these situations, professionals discussed gathering intelligence around the case and increasing communication and surveillance with the individual affected. A Learning Disability Nurse reported:

The Mental Capacity Act is a wonderful thing and it's done a lot of good things for a lot of people, but my experience with certainly the last two individuals I've been involved with, they had capacity, but they were making incredibly unwise decisions that were putting their health in such detriment that in one case it almost did lead to his death.

Tensions were raised between professionals wanting to safeguard potential victims and intervene to end the exploitation, but also acknowledging that such intervention can be harmful to individuals in terms of restricting their liberty and independence.

Another barrier in supporting people affected by exploitation, that participants suggested, was a lack of understanding of how certain learning disabilities present in those who have them. Professionals noted that those with mild learning disabilities commonly remain unidentified because on the surface they can appear competent and able to understand their situation, as well as not meeting the criteria for social care support. Professionals emphasised the importance of questioning people with learning disabilities to ensure that they understand the answers that they give during assessments and meetings with services.

Some participants asserted that there was a tendency for agencies to make assumptions and undermine experiences of people with cognitive impairments. Such assumptions included professionals failing to question red flags that they witnessed because they assumed that other professionals would be dealing with the exploitation. However, other participants noted that this may also be because professionals did not know what options were available to them to safeguard individuals in these types of scenario, leaving them feeling powerless to act.

Barriers to seeking support

In most cases, participants reported that those affected by exploitation often did not acknowledge it or accept that they were being groomed or victimised. Returning back to the vulnerabilities mentioned previously, it was suggested by professionals that people affected by exploitation often saw their perpetrators as their friends – largely because of their desire for social interaction – and even when the relationship was exploitative or inappropriate, it was an improvement on their previous feelings of isolation and loneliness. In cases where the individual did acknowledge the exploitation, professionals highlighted that there was sometimes a sense of hopelessness about what they could do to improve their situation. Participants also reported dealing with confrontation and aggressive behaviour because of what they believed were feelings of shame that people were experiencing as a result of being taken advantage of. People experiencing exploitation also often directed blame at those responsible for safeguarding them, because they had been moved away from what they deemed to be people who had provided them with a sense of belonging and friendship.

Participants also suggested that there was considerable stigma around being identified as vulnerable or a victim, as these labels carry negative connotations and are associated with weakness and failure. One local authority worker provided an example of this:

Nobody wants to be identified as vulnerable or identified as a victim, it's a horrible word, and it strips you of all sorts of empowerment.

It was suggested that people who were exploited sometimes failed to engage with services because they were fearful of the potential for further violence and abuse should their perpetrators find out that they had spoken to authority figures. In these situations it was easier for them to remain silent about their exploitation and not risk experiencing further harm.

There was also an acknowledgement that some individuals do not report their exploitation through the fear that they will not be believed by services. This mainly related to cases where individuals had criminal records and a history of substance dependence and would therefore not be identified as an 'ideal' victim[4] by those investigating the case.

In cuckooing cases, participants reported that people affected often worried about having their housing taken off them. This was made worse where drugs and antisocial behaviour were involved and where those affected knew that they had been complicit in some of the activity either through force or initial willingness. Participants also raised frustrations that when individuals had sought help, they

---

[4] Christie, Nils (1986) 'The Ideal Victim'. In: Fattah E.A. (eds) *From Crime Policy to Victim Policy*. Palgrave Macmillan. London.

had been met by professionals who had placed the onus on them to remove the perpetrators from their properties and rid themselves from the exploitation, even in cases where they were living in fear.

Many people affected by exploitation also held a deep mistrust of authorities due to previous negative experiences stemming from childhood. For example, those who had suffered from adverse childhood experiences such as social care intervention that resulted in separation from their families, could be resentful and unable to trust the organisations that were supposed to support them in times of need.

Examples of good practice

All participants across the sample discussed the success of multi-agency work and the partnerships that they had formed which had allowed them to better identify and respond to victims of exploitation. Through monthly multi-agency conferences, professionals were able to identify potential cases of exploitation, discuss their vulnerabilities, gather intelligence about perpetrators and learn from evidence-based approaches what had worked in other cases of exploitation and what had failed. Being able to liaise with professionals with a common goal often meant that participants felt supported and were able to openly reflect on how best to deal with complex situations that they had little experience of.

Participants in health settings discussed the positive impact of Speech and Language Therapists. These practitioners were identified as holding crucial roles in providing professionals with support in how to communicate effectively with individuals with learning disabilities and how to better understand how learning disabilities can affect cognitive function. As well as Speech and Language Therapists, the inclusion of safeguarding nurses had provided health workers with a point of contact to liaise on certain cases and distinguish whether intervention was needed and how to approach the subject of exploitation with patients. Indeed, with the assistance of staff trained in exploitation, learning disabilities and safeguarding, participants highlighted how they had learned how to create safe spaces for service users to make disclosures.

Recommendations for further research

In improving the identification and response of victims of exploitation with cognitive impairments, as well as strengthening the evidence base, we recommend the following areas for further research:

1. Future research on cognitive impairments and exploitation should include the voices of people with lived experience
2. Examine the experiences of those who do not meet the criteria for social care intervention
3. Consider the impact of the Mental Capacity Act and how professionals respond to victims of exploitation with cognitive impairments
4. Research is required into the characteristics of perpetrators and the vulnerabilities that they experience.
5. Explore the role that families play in providing support to victims of exploitation with cognitive impairments.
6. Investigate the impact of loneliness and social isolation on susceptibility to exploitation.

For further information contact:

Dr Alison Gardner

Alison.gardner@nottingham.ac.uk