

Learning Disabilities and Modern Slavery

.....
Addendum



Human Trafficking Foundation

Learning Disabilities and Modern Slavery
Addendum



Published:
November 2023

Front cover photo:
Photo by Inzmam Khan from Pexels

Following the Human Trafficking Foundation (HTF) Online Forum on Learning Disabilities and Modern Slavery, HTF worked with the Snowdrop Project to establish a working group to explore this area further. The Working Group on Modern Slavery and Cognitive Disability undertook a series of research workshops with professionals from law enforcement, local authorities, legal, health, learning disabilities specialist organisations, Modern Slavery Victim Care Contract (MSVCC) subcontractors and children's charities to explore challenges and best practice to support survivors of modern slavery with cognitive disabilities. The findings could be used to inform the development of a toolkit for practitioners to help remove barriers in communication between practitioners and clients with cognitive disabilities, establish trust and enhance support.

The following are summaries of the findings from each research workshop:

Law Enforcement

Challenges

Multiple case studies from police officers, involving survivors of exploitation with cognitive disabilities and their interactions with the police identified several challenges. Firstly, members of the workshop reported that the attitude to mental illness and cognitive impairment differs between survivors' countries of origin. The use of the phrase 'mental health' can provoke a strong reaction, and owing to this stigma there is sometimes an unwillingness to cooperate with a mental health assessment. For example, a survivor in one case study had multiple diagnoses and a learning age of 12 but found discussions around, and use of the term, 'mental health' to be offensive so would not engage with an assessment. A combination of language barriers and a lack of formal schooling was another barrier to engaging with assessments as individuals can face difficulties conveying to officers that they are struggling with a cognitive disability. When a possible cognitive disability is present and the individual doesn't speak English, the practitioners found interpreters are often in the best position to note a

potential lack of capacity. Even if there is a good understanding of English, complex legal terminology and police jargon can cause confusion, especially for individuals with a cognitive disability, and often there is an assumption by police officers that their language choices are understood.

It was found by police officers that assessments for cognitive disability are often carried out too late. They advised it should be standard practice for assessments to be carried out within first interactions between potential survivors and law enforcement officers, so the individual receives the right support. This is especially important to identify before a case goes to court, where credibility could be questioned. Victim Navigators also found that, in their experience, survivors of modern slavery with learning disabilities are used to being told what to do throughout their experience of exploitation so often in their recovery they find it particularly hard to make decisions about their lives. Therefore, it is important to consider use of supportive language, which may mean changing the way questions are worded to encourage individuals to make decisions.

Case study

A number of victims of modern slavery with cognitive disabilities, who had negative experiences with law enforcement from their home country, were suffering from resulting Post Traumatic Stress Disorder (PTSD) and would not trust the police. As a result, building a rapport between officers and victims was incredibly challenging. To build trust, the police met the individuals at their safehouse, not the police station. They used a technique where information was relayed to the individuals through a Victim Navigator so the victims did not need to speak directly to the police.

Case study

A victim was exploited repeatedly in the workplace and was homeless. The individual had brain damage and memory impairment from long-term alcohol abuse and childhood trauma. The individual would get stressed in long meetings, and experiences at police stations would also heighten stress levels. Officers found that the best way to speak to the individual was in small, short meetings with the same police officer to build rapport and ensure consistency. These meetings would always be in a neutral location away from the police station.

Best Practice

- Discussing any concerns about a victim's capacity with interpreters
- Use of interpreters who use only short, simple statements and questions to deliver news
- Initiating the conversations on an individual's level of understanding and education
- Ensuring that police officers link in with an individual's support worker
- Use of intermediates to guide the individual through the investigation process of police interviews and answering questions in court
- Conducting interviews with police away from the police station, in an informal setting such as a café or a park, but far enough away from others that they can speak openly
- Non-crime exploitation reports, which report indicators that somebody is being exploited if those around them are concerned, should be utilised as soon as indicators are present to ensure safeguarding is addressed and communication with social services is undertaken, with one officer looking after the victims' needs

- The Autism Group within the Met Police and the health passport for people with autism, which is designed to help autistic people communicate their needs, traits and symptoms

To Include in the Toolkit

- Consideration of language
- How to build initial rapport with a victim
- Guidance for ensuring early assessments for cognitive impairments are undertaken
- How to identify and define a victim's mental capacity to make decisions (any practitioner can be an assessor of mental capacity using The Mental Capacity Act 2005's code of practice)

Local Authorities

Challenges

The workshop members from various local authorities observed that for a victim with a cognitive disability, receiving an accurate diagnosis by medical professionals can be hindered by language barriers. Diagnostic tools are not translated, which can mean outcomes are not necessarily reliable or accurate. It is difficult to receive an initial diagnosis through the NHS as an adult. Individuals with a cognitive disability who have experienced exploitation can be dismissed or misunderstood by staff, showing that training is needed on how to identify and support this cohort of survivors. Often cognitive impairments are picked up as a child within the education system, which becomes difficult to prove if the survivor of trafficking is not from the UK, subsequently impacting the access they have to relevant services. This can have consequences beyond diagnoses: for survivors who are not eligible for additional support under the Care Act 2014 or do not meet housing criteria, there is a risk of re-exploitation. Due to a lack of training in this area, these cases can be closed without intervention, falling through the gaps in service provision. The Group also identified the gap or lack of consistency in support for this cohort of survivors when transitioning from child to adult services.

Professionals reported a lack of consistency between different service areas and called for higher level of cooperation between local authorities. Local Authority structures, including training and service provision vary between areas, creating a postcode lottery for survivors.

The members also highlighted that complex systems like the National Referral Mechanism (NRM) or the asylum process are difficult to explain to an individual with

a cognitive disability and there can be fear of navigating these processes. Interactions with the police, Home Office, local authority staff can be overwhelming, and it is useful to have an advocate present to ensure consistency for the individual.

Best Practice

- Incorporating local schemes for reducing vulnerability and isolation and increasing community integration for individuals with cognitive disability, including mentors, befrienders, practical helpers and the provision of training on topics such as safe relationships and keeping yourself safe online
- Multi-agency working often means that a cognitive disability is more likely to be identified as different professionals will see different elements of presentation or need. Some areas have multi-agency exploitation meetings to discuss cases. Alternatively, it should be considered whether cases meet criteria to be discussed at Multi Agency Risk Assessment Conferences
- Survivors of trafficking who present with a cognitive impairment should not be assessed by a one-off assessment, instead over a period of time in order to establish trust and a true picture of the situation
- Imbedding Dialectical Behaviour Therapy (DBT) groups for cognitive disabilities in all localities. DBT is usually made up of several modules, one of which relates to social skills and what healthy relationships should look and feel like. At present, many but not all localities are incorporating DBT groups in their support structures

To Include in the Toolkit

- Breakdown of the Care Act 2014 for frontline practitioners, including ideas and examples of creative ways of meeting needs and reducing risk
- Indicators of cognitive disabilities
- Case studies so professionals can explore gaps and find pathways together

Resources

- Use of Child Online Exploitation Programme (COIP) and online resources
- Friend or Foe educational resource pack, created by Taking Stock, part of the Sheffield Safeguarding Children Board Sexual Exploitation Service, aims to raise awareness of sexual exploitation among youth ages 13-18

Healthcare and Learning Disabilities Specialists

Challenges

Members of the Healthcare workshop comprised of a range of health professionals including GPs, NHS Clinical Psychologists, Consultant Psychologists and Specialist Trainees in Psychiatry. They found that an individual's difficulties with cognition can be attributed to trauma history rather than lifelong difficulties with learning. Similar to the law enforcement panel, they identified that the stigma attached to various forms of cognitive disability or neurodiversity can be significant within some cultures and, on occasion, lead to people or their families not seeking help or a diagnosis. For example, members had observed concern about the perceived 'marriageability' of family members with disabilities.

Individuals who have been living without parents from an early age can be seen to be coping with living independently and it can be assumed incorrectly that they do not have cognitive disability. The Members noted that learning disability services decline to take people on due to perceived high functional capabilities, which is misleading. In general, learning disability services are

seen as having high thresholds for accepting patients, likely out of necessity due to limited resources and long waiting lists. Members also raised concern about the role of possible unconscious cultural bias in assessments by learning disability teams.

Workshop members considered the risk that individuals with a mild cognitive disability may not reach the threshold for support under the Care Act but are still incredibly vulnerable to exploitation. Also, people with very strong abilities in lots of different domains may still have vulnerabilities in terms of theory of mind or their ability to read malevolent intent. Members raised that it is important to consider the diverse nature and prevalence of symptoms of various cognitive disabilities.

For psychiatrists, barriers identified were stress or work pressures inhibiting psychiatrists from thinking more holistically about a patient and exploring various possible diagnoses. Issues for GP practices included a reduced continuity with patients, patients seeing different GPs, short consultation times and patients being moved around by the Home Office so needing to register with new GP practices. The Members found it is important to know the client well to

increase the chances of a cognitive disability being identified, but this is a challenge given the competing demands of the NHS.

A separate workshop for Learning Disabilities Specialists discussed the importance of creating a space to listen to an individual with a cognitive disability in order to identify exploitation and understand the sequence of events that lead to abuse or exploitative relationships. Sex education is often inaccessible for young people with learning disabilities, which means this cohort may not be equipped with the tools needed to enter healthy relationships and could heighten their risks of sexual exploitation. Those with cognitive disabilities can be dependent on carers for food, warmth, shelter, and this can set a power dynamic whereby they may feel obliged to do as asked in return, even if this is abusive. This reliance on someone else must be considered within all capacity assessments.

Members also noted the lack of recognition of the online risks for individuals with cognitive disability. Support services in the community have reduced, increasing isolation and driving individuals to spend more time online and online exploitation has increased in line with this trend.

Best Practice

- All professionals stressed the vital importance of using a good official interpreter. Interpreters were also seen an important source of cultural information
- GPs coding options on medical records e.g., using a code for being a survivor of trafficking and having a cognitive disability
- GPs screening for learning disability and if they feel confident of the (likely) diagnosis, can add a patient to the learning disability register. One benefit of this is that the patient will then be invited to annual health checks, and have their health more closely monitored
- Adapting trauma-focused therapy for people with a cognitive disability using summaries, reminders, post-it notes, voice messages and slowing things down in shorter sessions
- Including topics of isolation and exploitation in annual safeguarding training

Case study

A survivor of modern slavery was referred by his GP for a learning disability eligibility assessment, after self-identifying his difficulties with learning, which meant that he was unable to sit the formal exams to apply for a passport to obtain travel documents to visit his family. He does not speak English and cannot read or write. A friend attended his assessment with him, along with an interpreter. In the assessment the individual gave an account of his struggles with learning throughout his lifetime and his reliance on his friend to support his daily functioning and who helped him to learn basic features on his mobile phone. Following the assessment, it was concluded that the individual did not have a learning disability because he was able to use a mobile phone to show family photographs and use WhatsApp and therefore was considered ineligible for services from the learning disabilities team.

To Include in the Toolkit

- How cognitive disability is understood in different countries and cultures
- A checklist or screening tool for cognitive disability for First Responders
- Country expert reports on education in countries for assessing an individual's level of educational attainment
- Linguistic recommendations for speaking to individuals with cognitive disabilities, for example offering choice, when to use open or closed questions and avoiding metaphors
- Advice on what to include in a referral letter to a cognitive disability service to request an initial assessment

Children

Challenges

Workshop members discussed how, within children's services, challenges arose around capacity issues for professionals as they tend to have high caseloads and limited time to spend with one young person, which also contributes to high staff turnover. Members recognised that many of the young people with cognitive disabilities they supported had parents with undiagnosed learning needs, poor mental health or neurodiversity. This affected their parental ability to prevent exploitation and prepare their children fully for adulthood meaning they were more vulnerable to exploitation. Practitioners recognised that more parental support for those with cognitive disabilities would reduce vulnerability in children. They also noted that their own ability to identify which behaviour was linked to trauma, and which was cognitive disability, was hampered by not fully understanding the complexities of each diagnosis. There is also an underlying assumption within children's services that young people with cognitive disability will have more support, or be monitored more, meaning conversations around sexual exploitation and criminal exploitation are often overlooked where they should actually be prioritised.

Child Abduction Warning Notices are defined by The Children's Society as 'an early intervention and disruption tool used by the police as an effective way of disrupting contact between a vulnerable child and a predatory adult'.¹ These were described as having varying levels of success depending on aspects such as young person's understanding, family monitoring and ability to police breaches. Though these were found to be successful with reducing the contact with the perpetrator, they can lead to a young person experiencing increased isolation.

Young people with a cognitive disability may use visual aids such as pictorials to help them to describe what they are experiencing. Members mentioned that the ability to have complex conversations with young people may be impacted due to a lack of complex terminology translated into pictorials. For example, after the age of 18 survivors may withdraw their consent from the NRM because they do not have full understanding of the NRM and their entitlements throughout the process.

¹ Evidence on Legislative Scrutiny: Policing and Crime Bill

Case study

A young person with a pre-diagnosed condition of Asperger's and Autism had been excluded from school and became homeless. The young person was offered support by a neighbour who became his perpetrator. He was coerced into selling drugs and was being sexually and criminally exploited. There was a lack of local resources to support children in emergency situations and the practitioners who regularly saw the young person struggled to find a permanent care placement setting. The young person was eventually accommodated in an emergency placement with a foster care family.

Best Practice

- Effective, information sharing agreements that are formalised so that organisations are not fearful of sharing their information due to GDPR
- Bringing together Adults' and Children's Services' strategic plans, ensuring that professionals at all levels are encouraged to consider the learning from each service and come together to implement strategies, especially for those entering adulthood. This can also support ensuring lifelong engagement for accessing services. Consider moving towards an all-age safeguarding process to avoid the gap in support moving between children to adult services
- A Speech and Language Therapist resource in Hartlepool that supports professionals from Youth Justice and Prison and Probation services. This resource creates better understanding of cognitive disabilities' impact on communication, which acts as a vulnerability to exploitation
- The Speech and Language Therapists can lead to communication assessments and dysphagia assessments. Teams have also created emotional literacy tools that can support the professional understanding of the young person's emotional needs

Recommendations

- Improve the communication between children and adult services when a young person needs transitional safeguarding
- Support parents with cognitive disabilities to access services to support the whole family
- Use the 'Doit' profiling tool, a neurodiversity screening and support profiler, to assist professionals in understanding barriers to engagement
- Strengthen links between schools, health, local authorities and learning assistants in preventing exploitation
- Create resources for young people waiting for diagnosis
- Include cognitive disability in NRM referral forms

Resources

- Neurodiversity Training Courses | Neurodiversity Screening Tool (doitprofiler.com)
- Safeguarding Resources & Guides - ACT (anncrafttrust.org)
- Bridging the gap, Holmes and Smale (2018)
- Seriously Awkward, by The Children's Society (2015)
- Unprotected, Overprotected (2015)

Legal

Challenges

The workshop for legal practitioners comprised of immigration, public law and community care solicitors and barrister. The challenges they highlighted centred on survivors in detention. Time to work with such individuals on their case is limited because of imminent removal. There are distinct challenges and traumas for individuals in detention presenting with undiagnosed or late diagnosed conditions where no action has been taken to address their additional support needs, and solicitors are not trained to identify them. An example is the way in which a survivor who has a cognitive disability can take a long time to form a coherent account of their experience of exploitation. If a solicitor has several clients who need a lot of time to work with, this may affect how many clients that a firm can take on, especially those with cognitive disabilities. There are challenges with legal aid as spending more time on a case could mean at court stage where damages are involved, the client needs to pay back more for their legal work if they win. Trauma may mask a cognitive disability and reports that lawyers receive could reference potential cognitive issues

that need more exploration, however a lawyer may not be able to justify - or it may not serve the client or be a priority in the legal case at that time - to get more in-depth reports.

Survivors may have stigma attached to labels and the diagnosis of cognitive disability and, as found in the other workshops, attitudes vary across countries and cultures. There are issues around clients presenting to the local authority as a victim but not identifying their cognitive disability so additional support is not put in place. Establishing stability in an individual's personal life, for example with safe and secure accommodation, is critical before taking legal instruction from them. Practitioners also discussed how the Care Act assessment process is a challenge and the lack of knowledge about trafficking within local authorities. There are challenges in obtaining a statement from a client for a legal process at all because of capacity issues. Solicitors do not all know how to adjust their strategy if someone cannot give a statement or have an interview. Overall, a lack of communication between different agencies, and between agencies and survivors, means that the risk of re-exploitation can be high.

Survivors not being assisted to enter into various support structures and processes was also highlighted as an issue. Caseworkers also suffer limitations in their abilities to support clients as effectively as possible; caseworkers who are supporting cases remotely or through outreach, who only have limited contact with survivors, can struggle putting referrals in place for a survivor with a cognitive disability and lawyers have to go beyond the legal role to offer support. Knowledge gaps for both social services and lawyers must be addressed through training on both cognitive disability and modern slavery.

Finally, the challenge of finding good litigation friends was highlighted, especially when people have complex lives and relationships. A litigation friend is somebody appointed to make decisions about a court case on behalf of an adult who lacks the mental capacity to manage decisions themselves, or a child. Lack of litigation friends for people who are not at court stage is particularly problematic, for example in immigration cases where the Official Solicitor will not act if the individual is not yet at court. Further, there is a lack of understanding about the Court of Protection among some solicitors, and uncertainty over whether legal aid will cover the work involved in immigration cases to apply to the Court of Protection.

Members found it is also worth noting that the regularly evolving landscape of policy is likely to create further challenges.

Best Practice

- Use of empowering language and discussion of entitlements and injustice to open up discussion about disability
- Services or assessments operating under one roof in order to deal with multiple issues of importance to a client, drawing on different expertise from legal, social worker, and reach out to GP as well for supporting evidence
- Focus on practical issues or issues of most concern to the survivor, like physical health, which can help build trust and let you lead onto other things
- Consistency of support may help someone to be able to engage in a legal process and feel safe
- Establishing someone's ability to instruct early on and getting expert opinion early if needed
- Keeping assessment of ability to instruct and capacity under review, with detailed notes on file about the assessments made about someone's capacity
- Use of the Court of Protection where individuals do not have capacity or there are concerns over capacity
- Referring to services where communication passports can be worked on as an outcome of that service

Resources

- [Migrants Organise and NRP Network: guide for individuals lacking capacity and immigration decisions](#)
- [OCSE Handbook section on trauma recovery.](#)
- Care Rights Project – to assist people who are NRP to access local authority care.

MSVCC Subcontractors

Challenges

The workshop members identified issues around Subcontractors' abilities to identify the capacity of an individual. There can be a masking of behaviour towards professionals, but caseworkers can feel that for the individual there is a lack of understanding of consequences. Cognitive disabilities can be episodic and have intervals when no input is needed. Fluctuating capacity seen in some disabilities make them significantly harder to diagnose and to predict support needs for the future. There is a lack of consistent pathways to additional support, and the large spectrum of cognitive disabilities means that it can be hard to find the right service where thresholds are met. It often takes persistence from a caseworker to get the input of a mental health team, and some workshop members found challenges with specialists trusting the caseworker's opinion on the individual's condition. Members also raised concerns on the length of time it took for mental health teams to section individuals with cognitive disabilities to get them to a place of safety. A limited number of beds in psychiatric facilities exacerbates this issue. More broadly, there are increasingly long waiting lists for mental health support: more than 12 months in some areas.

Subcontractors report requesting training on cognitive disability due to an increasing prominence in cases. It was raised that more could be done when supporting individuals with making GP or other relevant health professional visits. The importance of avoiding being patronising, and not assuming what is causing the individual's behaviour, was highlighted. Caseworkers also need to be better familiarized with existing support services to refer survivors to.

However, it was also noted that it can be challenging to establish trust and build relationships between caseworker and individual with cognitive disability when other services are involved, or the individual is sectioned. Practitioners also need to be aware that survivors with a cognitive disability may find the NRM process overwhelming. First Responders could indicate on the NRM referral whether additional support is needed.. Additionally, medical reports at the start of the NRM can support the need for additional services. However, further issues arise with regards to documentation and induction. For example, survivors may need support with simplifying some of the language to make it more accessible and ensure they are able to give full understanding and consent. Mindfulness around needing things repeated or taking more time for appointments are essential. It is important to make reasonable adjustments regarding timings, breaks and deadlines.

Accommodation remains an area with structural access barriers for individuals with disabilities. Some safe houses remain unable to accept individuals with physical disabilities. Support with medication is also rarely given by safehouses, due to a lack of confidence and awareness about medication as most safehouse employees are not medical professionals. There are also issues around accessing services for individuals with no recourse to public funds outside of the NRM. It was suggested that drop-ins for individuals with cognitive disabilities would be extremely beneficial, in order to provide information and explanations around budgeting, finance and paying bills.

Best Practice

- Training on different countries' mental health service structures and perceptions
- Liaison specialists with expertise in working with people with cognitive disabilities to consider suitability of services
- Clear risk rating for individuals. Looking at needs, taking into consideration varying vulnerability areas and the different factors that may affect the support an individual needs i.e. physical or mental health needs.
- Using tools aimed at teenagers or young people, or elderly may be appropriate or useful with certain individuals within this client group

Recommendations

- To address a lack of literacy, use verbal information instead of an NRM leaflet
- An animated video for individuals entering the NRM in a range of languages could also be beneficial

Resources

- [Mild cognitive impairment \(MCI\) | Alzheimer's Society \(alzheimers.org.uk\)](https://www.alzheimers.org.uk)
- [Easy health Other health conditions | Easy Health](#)

Human

Trafficking

Foundation

Blackfriars Settlement
1 Rushworth Street
London
SE1 0RB