



Ms W Case Study – Modern Slavery, Coercion and Control

Ms Ws Story.

W came to England from Eastern Europe 10 years ago to work in a factory. She met her partner F and they moved into a small dwelling, described as a large shed in a very rural area.

W had limited English and relied on F for her basic needs. He was said to look after her finances and kept control of her bank card. It was reported that both relied on alcohol and sometimes this caused issues, with the Police being involved on a number of occasions and allegations of violence on both sides. W often had unexplained injuries.

In 2012 and 2013 referrals were made to the Multi-Agency Risk Assessment Conference (MARAC) following domestic abuse incidents where both parties were accused of being the perpetrator. W was advised of local Women's Aid drop ins but it was not easy for her to access these.

Various agencies intervened with W, whose health was deteriorating rapidly due to cancer. Some of the interventions involved trying to link W to community groups from her home country, but she was often reluctant or unable to engage.

She often missed important health appointments and it was said that F controlled her post and appointment letters, which were written in English.

In 2017 Adult and Community Services (ACS) received a letter from the local Health Centre outlining their concerns that W had missed an appointment, they were worried about her.

They had completed a home visit and found W in a neglected and unkempt state. She was found sitting on the bed, her clothes inside out and described as thin, covered in sores and unwell. There were 10 cats and a lot of dead insects in the property, it was described as unfit to live in.

ACS safeguarding teams intervened and helped W to return to her home country, where she died of cancer in 2019.

What went well?

- Evidence of many Interventions from different agencies.
- W's voice and her views are heard, but often with her partner present.
- Interpreters were used and she was encouraged to integrate with her community.
- Good referral to Multi Agency Risk Assessment Conference (MARAC)
- Interventions and plans from single agencies, recognising the risks.

What were we worried about?

- Advocacy could have been used and wasn't.
- No acknowledgement of the coercion and control used by F.
- Little evidence of W being seen on her own.
- Appointment letters were all in English and controlled by F.
- Executive capacity- how would W be able to put plans in place when she had little access to money or transport?
- Multi-agency partners understanding of W's immigration status caused delays in interventions, particularly around her eligibility for services.
- No evidence of support for F and both of them as a couple.

What is the learning from this case?

- An advocate should have been arranged for W, one that could speak her language.
- Partners should contact Welfare Rights if ineligible for housing or status unclear.
- Seek advice as soon as referral is received – get advice on housing, funding options.
- Assumptions were taken as fact i.e. GP recorded W as 'alcohol dependent' and 'Visa not valid' to return home – There was a lack of professional curiosity to challenge these assumptions.
- Professionals meetings should be called once a person is deemed to not have care and support needs but is still a concern. A lead professional to co-ordinate a multi-agency response.
- No evidence of understanding of W's 'lived experience'.
- Multi agency meetings and planning should be held to understand the power imbalance and what life was like for W.
- Lack of suitable options for W, rather than return home to a potentially unsafe and controlling environment.