7 Minute Briefing – 'YN' Cuckoo Audit

Professionals should maintain a sense of professional curiosity

Professionals demonstrated a lack of curiosity, making assumptions about 'YN's lifestyle and not assessing risk, despite evidence of his vulnerability

Want info or to refer a cuckooing case to SERAC for a multiagency response?

Contact: NCC Exploitation Slavery Team, Adults <u>MSVP@nottinghamcity.gov.uk</u> or 07949254603

Minutes of MDT meetings and decisions should be taken and shared

In this case, minutes of risk management meetings were not always taken or distributed, so the agencies involved did not have a clear understanding of what was happening

Professionals arranging MDT meetings need to invite ALL relevant partner agencies

Although multi-disciplinary meetings had been organised to discuss concerns about 'YN', not all the relevant agencies had been invited. This delayed an effective adult safeguarding response

Audit

Following a multiagency intervention 'YN', a man with a substance misuse and criminal justice history, who had also been a carer for his mother, was found to be a victim of 'cuckooing' by other drug takers and dealers. He was relocated under the National Referral Mechanism scheme and subsequently the agencies involved took part in an audit conducted by Nottingham City Safeguarding Adults Board



Nottingham City Safeguarding Adults Board

The following is a summary of the audit findings:

Cuckooing, a form of modern slavery, can be difficult for professionals to recognise

Professionals did not see 'YN' as a victim of 'cuckooing' because of his substance misuse issues and criminal history

'Abusers' can also be vulnerable. Unconscious bias can stop professionals recognising this

'YN' had previously been assessed as posing a risk to his mother. Subsequently, agencies struggled to identify the risks

that others living in his house posed to 'YN'.

Professionals should make timely safeguarding referrals and follow them up

> In this case, Adult Social Care were asked for information but no safeguarding referral was made. There was also a lack of clarity about whether an agency could make a safeguarding referral or should be instructed by Adult Social Care to do so

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